DLN: 93490312006057

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

and ending 12-31-2005

OMB No 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service A For the 2005 calendar year, or tax year beginning 01-01-2005

Form **990**

	heck if a	pplicable nange	Please use IRS	C Name of organization KAISER FOUNDATION HE	ALTH PLAN OF COLORADO			D Employe 84-059	r identification number 1617
	lame cha	_	label or print or		O box if mail is not delivered t	street add	dress) Room/suite		
	nitial retu	_	type. See	ONE KAISER PLAZA SUITE	1550L				
			Specific Instruc-	City or town, state or cou	ıntry, and ZIP + 4			E Telephor (510) 2	ne number 71-6611
	ınal retur		tions.	OAKLAND, CA 94612				(310) 2	
_	mended							`	method Cash Accrual
J A	pplication	n pending							(specify) 🕨
					and 4947(a)(1) nonexempt Schedule A (Form 990 or 99		e i		to section 527 organizations n for affiliates?
			trusts ii	aust attach a completea t	senedale A (Form 550 of 55	o LL).			er of affiliates
G \	Web sit	e: ► N/A	١				— H(c) Are all a		
J (Organiza	ation type	e (check only	one) 🕨 🔽 🐯 501(c) (3)	◀ (Insert no)) or	27 (If "No.	," attach a lıs	t See instructions)
					nally not more than \$25,000 T		H(d) Is this a		turn filed by an organization
	organızatı	on need n	ot file á returi	n with the IRS, but if the org	janization received a Form 990	Package ın	· •	d by a group	
	ne maii,	it snould t	lie a return wi	triout financial data Some s	states require a complete re	turn.			n Number 🕨
L	Gross re	eceipts	Add lines 6	5b, 8b, 9b, and 10b to l	ine 12 🕨 1,749,393,61	ə	M Check attach	► If the Sch B (Form	organization is not required to 990, 990-EZ, or 990-PF)
P	art I	Reve	nue, Exp	enses, and Chang	jes in Net Assets or	Fund B	alances (See	the instru	ıctıons.)
	1	Contrib	utıons, gıft	s, grants, and sımılar a	mounts received				
	а	Directi	oublic supp	ort		1a	1,181	,901	
	b	Indirec	t public sup	pport		1b	4,721	,000	
	С	Govern	ment contr	ıbutıons (grants)		1c			
	d	Total (a	add lines 1a	a through 1c) (cash \$ <u>5</u>	,902,901 none	ash \$) 1d	5,902,901
	2	Progran	n service r	evenue including gover	nment fees and contracts	(from Pa	rt VII, line 93)	. 2	1,700,912,115
	3	Membe	rship dues	. 3					
	4	Interes	t on saving	ıs and temporary cash ı	4	5,070,549			
	5	Divider	ids and inte	erest from securities .	. 5				
	6a	Gross	ents		,118				
	b		ental exper						
	C		tal ıncome	6с	108,118				
当	7			income (describe ►)				7	
Revenue	8a			n sales of assets	(A) Securities	_	(B) O ther	-2.000	
ä	١.			ry	33,792,162 34,256,943	8a		52,000 11,558	
	b			·	-464,781	8b		39,558	
	c d			· .	nns (A) and (B))	8c			2 254 220
	9	_			edule) If any amount is fi				-2,354,339
		·		•		om gann	ing, check here F	'	
	а			rtincluding \$rted on line 1a)		9a			
	Ь		•	nses other than fundrais		9b			
	c		·		(subtract line 9b from line			. 9c	
	10a		•	•	dallowances	10a			1
	ь	Less c	ost of good	ls sold		10b			
	c	Gross pro	ofit or (loss) fi	rom sales of inventory (attac	ch schedule) (subtract line 10b	from line 10	Da)	10c	
	11	Otherr	evenue (fro	om Part VII, line 103)				. 11	1,555,774
	12	Total re	evenue (add	d lines 1d, 2, 3, 4, 5, 6d	c, 7, 8d, 9c, 10c, and 11)			. 12	1,711,195,118
	13	Progran	n services	(from line 44, column (B))			. 13	1,590,666,442
<u>8</u>	14	_			olumn (C))				119,161,000
Expenses	15							. 15	
ű	16							16	ļ
	17				umn (A))				1,709,827,442
<u> </u>	18		` '	• •	line 17 from line 12)				1,367,676
ē ssēts	19				of year (from line 73, colu				518,818,319
필	20		-		nces (attach explanation)				-1,405,407
_	21	Netass	ets or fund	i balances at end of yea	ir (combine lines 18, 19,	and 20)		. 21	518,780,588

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

	101 others (See		nstructions ,	(3) 0	(2) 11	
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash $\994,827 noncash $\0) If this amount includes foreign grants, check here	22	994,827	994,827		
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc	25	0			
26	Other salaries and wages	26	241,824,165	241,824,165		
27	Pension plan contributions	27	12,274,290	12,274,290		
28	Other employee benefits	28	20,092,581	20,092,581		
29	Payroll taxes	29	66,112,593	66,112,593		
30	Professional fundraising fees	30				
31	Accounting fees	31	1,251,122	1,251,122		
32	Legal fees	32	198,618	198,618		
33	Supplies	33	36,989,494	36,989,494		
34	Telephone	34	558,574	558,574		
35	Postage and shipping	35	3,024,229	3,024,229		
36	Occupancy	36	10,766,013	10,766,013		
37	Equipment rental and maintenance	37	3,283,944	3,283,944		
38	Printing and publications	38	4,180,264	4,180,264		
39	Travel	39	2,528,965	2,528,965		
40	Conferences, conventions, and meetings	40	975,102	975,102		
41	Interest	41	1,619,996	1,619,996		
42	Depreciation, depletion, etc (attach schedule)	42	27,582,476	27,582,476		
43	Other expenses not covered above (itemize)					
а	See Additional Data Table	43a				
b		43b				
С		43c				
d		43d				
е		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13–15)	44	1,709,827,442	1,590,666,442	119,161,000	0

Joint Costs. Check | If you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? | Yes | No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _______, (ii) the amount allocated to Program services \$ _______,

(iii) the amount allocated to Management and general \$ ______, and (iv) the amount allocated to Fundraising \$

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

FOU UNI PRO PRA FOU (HO ARF WIT DO MEI All of publichan	JNDATION HEALTH PLAN OF COLORADO (RPORATION ORGANIZED FOR THE PUBLIC DER INTERNAL REVENUE CODE SECTION ! OVIDE A PROGRAM OF HEALTHCARE AND ACTICE HEALTH MAINTENANCE ORGANIZ JNDATION HEALTH PLAN, INC AN ORGANIZ (ENUE CODE SECTION 501(C)(3) HEALTH PSPITALS) AND COLORADO PERMANENTE RANGE FOR HOSPITAL AND MEDICAL SERV TH COMMUNITY HOSPITALS TO PROVIDE ES NOT OWN OR OPERATE FACILITIES CO DICAL GROUP REPRESENT A SUBSTANTIA	(HEAL BEN 501(C MEDI ATIO IZATI PLAN MEDI VICES SUCH D NTR L POF	In a clear and concise manner State the number of clients served, able (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
	(Grants and allocations \$ 994,827)			1,590,666,442
Ь	(Grants and allocations \$)		
с	(Cramo and anotations \$,	Trains amount morages for sign grants, ones kindle in	
d	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
	Other program services (attach schedule) (Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
f	Total of Program Service Expenses (should en	ual lir	ne 44. column (B). Program services)	1.590.666.442

Fori	m 990	(2005)						Page 4
Pa	rt I\	Balance Sheets (See the instruction	ons.)					
Not	e:	Where required, attached schedules and amou column should be for end-of-year amounts on		hin the description	(A) Beginning of year			(B) End of year
	45	Cash—non-interest-bearing	3,613,131	45		5,016,556		
	46	Savings and temporary cash investments			163,756,829	46		167,520,798
		g,		· · · · · · · ·	· · ·		 	<u> </u>
	47a	Accounts receivable	47a	52,379,855				
	Ь.	Less allowance for doubtful accounts	47b	10,215,712	28,371,433	47c		42.164.143
		Less allowance for doubtful decounts	1,5	10,210,112	25,511,105	7,0		
	48a	Pledges receivable	48a					
	b	Less allowance for doubtful accounts	48b			48c		
	-		460				-	
	49	Grants receivable				49	-	
Assets	50	Receivables from officers, directors, trustee (attach schedule)	es, and	key employees	15,000	50	93	7,500
	51a	Other notes and loans receivable (attach					†	
		schedule)	51a					
	ь	Less allowance for doubtful accounts	51b			51c		
	52	Inventories for sale or use	325		24.374.346		 	23.172.558
	53	Prepaid expenses and deferred charges .		1,430,142	53	+	5,382,888	
	54	•	F Coat F FMV	-,,-		953		
	-	Investments—securities (attach schedule)	•	► Cost FMV	1,073,821	54	723	1,070,607
	55a	Investments—land, buildings, and equipment basis	55a					
	ь	Less accumulated depreciation (attach	55b			55c		
	56	schedule)	330			56	-	
	57a	Land, buildings, and equipment basis	 _{57a}	525,977,746		30	 	
		,	57a	323,377,740				
	Ь	Less accumulated depreciation (attach schedule)	57b	228,441,611	273,106,401	57c		297,536,135
	58	Other assets (describe 🕨)	319,368,770	58	193	227,089,403	
		· ———	,					
	59	Total assets (must equal line 74) Add lines	s 45 thr	ough 58	815,109,873	59		768,960,588
	60	Accounts payable and accrued expenses			170,459,366	60		148,503,584
	61	Grants payable				61		
	62	Deferred revenue			55,455,586	62		16,683,105
ď	63	Loans from officers, directors, trustees, and						
ζŋ L		schedule)	•			63		
<u>;</u> ;	64a	Tax-exempt bond liabilities (attach schedu		F		64a	 	
·	Ь	Mortgages and other notes payable (attach				64b	 	_
	65			F	70,376,602	65	195	84,993,311
	03	Other Habilities (describe F)	70,070,002	- 05	- C	
	66	Total liabilities Add lines 60 through 65 .			296,291,554	66		250,180,000
		nizations that follow SFAS 117, check here						
	5-	67 through 69 and lines 73 and 74	. , ".	Ta complete miles				
Š	67	Unrestricted				67		
Ē	68	Temporarily restricted				68		_
Balances	69	Permanently restricted		69		_		
<u>-</u>	Orga	nnizations that do not follow SFAS 117, chec						
Fund		complete lines 70 through 74						
5	70	Capital stock, trust principal, or current fun	nds .		1,110	70		1,110
Ş	71	Paid-in or capital surplus, or land, building,	and eq	uipment fund		71		
Asse	72	Retained earnings, endowment, accumulate	ed incon	ne, or other funds .	518,817,209	72		518,779,478
Net A	73	Total net assets or fund balances (add lines 70 through 72,	s 67 thr	ough 69 or lines				

column (A) must equal line 19, column (B) must equal line 21) .

Total liabilities and net assets / fund balances Add lines 66 and 73

518,780,588

768,960,588

518,818,319

815,109,873

73

а	the instructions.) Total revenue, gains, and other su	pport per audited financial stat	ements			а	1,711,987,562
b	A mounts included on line a but not						· · · ·
1	Net unrealized gains on investmen		b1	Ι	-1,350,000		
2	Donated services and use of facilit		b2		1,550,000	1	
3	Recoveries of prior year grants .		b3			1 1	
_			03			1	
4	Other (specify)		b4		-444,411		
	Add lines b1 through b4			<u> </u>		Ь	-1,794,411
_	-					H +	
c	Subtract line b from line a					c	1,713,781,973
d .	Amounts included on line 12, but r		1	1			
1	Investment expenses not included		d1			4	
2	o (op oo//		د ا		2 506 055		
	•		d2	_	-2,586,855	1.1	. =
	Add lines d1 and d2				• •	d	-1,794,411
e	Total revenue (line 12) Add lines					e	1,711,195,118
		enses per Audited Fina					
a	Total expenses and losses per aud					а	1,712,025,293
Ь	A mounts included on line a but not		1	ı			
1	Donated services and use of facilit		b1			4	
2	Prior year adjustments reported or		b2				
3	Losses reported on line 20		b3			1	
4	Other (specify) 🏂						
			b 4		2,586,855	1	
	Add lines b1 through b4					Ь	2,586,855
С	Subtract line b from line a					С	1,709,438,438
d	A mounts included on line 17, but r	not on line a:		_			
1	Investment expenses not included	on line 6b	d1				
2	Other (specify)						
			d2		389,004		
	Add lines ${f d1}$ and ${f d2}$					d	389,004
e	Total expenses (line 17) Add lines	s c and d			🕨	e	1,709,827,442
Part	director, trustee, or key instructions.)	ctors, Trustees, and Ke employee at any time dur	y Emplo ing the y	yees (List ear even if	they were i	not com	vas an officer, ipensated.) <i>(See the</i>
	(A) Name and address	(B) Title and average hours per week devoted to position		ompensation aid, enter -0)	(D) Contrib employee ben deferred com plar	efit plans pensation	
1 KA	STATEMENT ISER PLAZA SUITE 1550L LAND,CA 94612	SEE STATMENT 40		0		(0

Page o

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization Does the organization have a written conflict of interest policy? Part V-B Former Officers, Directors, Trustees, and Key, Employees That Received Compensation or other (described below) during the year, list that person below and enter the amount of compensation or other (described below) during the year, list that person below and enter the amount of compensation or other (as a proposed benefit plans and Advances) (A) Name and address (B) Luans and Advances (C) Compensation (C) Compensation (B) Luans and Advances (C) Compensation (B) Luans and Advances (C) Compensation (C) Compensation of each activity Part V-B Try to the organization are activity not previously reported to the IRS? II "Yes," attach a detailed description of each activity The complex benefit plans and detailed description of each activity The complex benefit plans and detailed description of each activity The complex benefit plans and detailed description of each activity The complex benefit plans and detailed description of each activity The complex benefit plans and detailed description of each activity The complex benefit plans and advances The co	es	No
b Are any officers, directors, trustees, or key employees listed in Form 930, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part I, or highest compensated professional and other independent contractors. It is the first of the professional and other independent contractors. It is the inschedule A, Part I, or highest compensated employees listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization must be understood and the other organizations include section 509(a)(3) supporting organizations. If "res," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(3) and describes the compensation arrangements, including amounts paid to each individual by each related organization. Bonefits (If any former officers, Directors, Trustees, and Key Employees That Received Compensation or benefits in the appropriate column. See the instructions.) (A) Reme and address (B) Libraria and Advances (C) Compensation C) Compensation of each activity plans (C) Expensive benefits plans		
employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If I'res," aftect in a statement that identifies the individuals and explains the relationship(s). E Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization. Does the organization have a written conflict of interest policy? Pormer Officers, Directors, Trustees, and Key Employees That Received Compensation Benefits. If any former officer, director, trustee, or key employee received compensation or other (described below) during the year, list that person below and enter the amount of compensation or benefits in the appropriate column. See the instructions.) (A) Name and address (B) Loans and Advances (C) Compensation (C) Compensation (A) Name and address (B) Loans and Advances (C) Compensation (C) Compensation or each activity Try Were any changes made in the organizing or governing documents but not reported to the IRS? 77. Y If "Yes," a statch a conformed copy of the changes 78. D d the organization have uniedaed business goes mome of \$1,000 or more during the year owned by this return? 80. Y Wes there a duplation, dissolution, termination, or bushbaratal contraction during the year? I "Yes," attach a statement of the preservation of the changes, and check whether Its F exempt or Tonn		
contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s). Do any offers, directors, trustees, or key employees listed in From 990, Part V-A, or highest compensated employees listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization intrough common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organizations, and describes the compensation arrangements, including amounts paid to each individual by each related organization Bonefits (If any former officers, Trustees, or key employees That Received Compensation Benefits (If any former officer, director, trustee, or key employee received compensation benefits in the appropriate column. See the instructions.) (A) Name and address (B) Loans and Advances (C) Compensation (C) Contributions to employe benefit plans and determine the amount of compensation or benefits in the appropriate column. See the instructions.) (A) Name and address (B) Loans and Advances (C) Compensation (C) Contributions to employe benefit plans and determine the amount of compensation or benefits in the appropriate column. See the instructions.) (B) Loans and Advances (C) Compensation (C) Contributions to employe benefit plans and determine the arrangement of the instructions.) (B) Loans and Advances (C) Compensation (C) Contributions to employe benefit plans and determine the arrangement of the instructions.) (B) Loans and Advances (C) Compensation (D) Contributions to employe benefit plans and determine the arrangement of the instructions.) (B) Loans and Advances (C) Compensation (B) Compensation (B) Compensation (B) Compensation		
relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s). 75b v c Do any officers, directors, trustees, or key employees listed in Schedule A, Part I, or highest compensated prefers and the product of the pro		
Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part II, or highest compensated professional and other independent contractors listed in Schedule A, Part II, and III is preview compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509 (a)(3) supporting organizations If Yes, "attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization Does the organization have a written conflict of interest ploic? Former Officers, Directors, Trustees, and Key Employees That Received Compensation or benefits in the appropriate column. See the instructions.) (A) Name and addiess (B) Loans and Advances (C) Compensation C) Compensatio		
employees listed in Schedule A, Part II. A or III-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations If 'Yes,' attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization d Does the organization have a written conflict of interest policy? Port V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation Benefits (If any former officer, director, trustee, or key employee received compensation or obenefits in the appropriate column. See the instructions.) (A) Name and address (B) Loans and Advances (C) Compensation (A) Name and address (B) Loans and Advances (C) Compensation (D) Contributions to employee benefit plans and deferred domensation or benefits in the appropriate column. See the instructions.) (D) Contributions to employee benefit plans and deferred domensation or benefits in the appropriate column. See the instructions.) (D) Contributions to employee benefit plans and deferred domensation or benefits in the appropriate column. See the instructions.) (D) Contributions to employee benefit plans and deferred organization and deferred domensation or benefits in the appropriate column. See the instructions.) (D) Contributions to employee benefit plans and deferred organization organization and deferred domensation or benefits plans and deferred domensation organization and deferred domensation organization organization of each activity. The deferminance of the compensation organization and deferred domensation organization organization organization of each activity. The deferminance organization organization and deferred domensation organization organization and deferred domensation.	'es	
contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization d Does the organization have a written conflict of interest policy? 75d Y 2011-VEB Former Officers, Directors, Trustees, and Key Employees That Received Compensation Benefits (If any former officer, director, trustee, or key employee received compensation or other (described below) during the year, list that person below and enter the amount of compensation or benefits in the appropriate column. See the instructions.) (A) Name and address (B) Loans and Advances (C) Compensation (C) Compensation (D) Contributions to employee benefit plans and deferred compensation or other employee benefit plans and deferred compensation or other plans. (E) Expensation of the compensation of each activity of the organization of the compensation or other expenses of the compensation of each activity of the compensation or other expenses of the compensation of each activity of the compensation or other expenses of the compensation of each activity of the compensation or other expenses of the compensation or expenses of the compensation or other expenses of the compensation or expenses or expenses of the compensation or expenses or		
Note. Related organizations include section 509 (a)(3) supporting organizations. If "Yes," "attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization arrangements, including amounts paid to each individual by each related organization. ### Does the organization have a written conflict of interest policy? ### Pormer Officers, Directors, Trustees, and Key Employees That Received Compensation or other (described below) during the year, list that person below and enter the amount of compensation or benefits in the appropriate column. See the instructions.) ### (A) Name and address ### Other Information (See the instructions.) ### (B) Loans and Advances ### (B) Loans and Advances ### Other Information (See the instructions.) ### Other Information (See the in		
Note. Related organizations include section 509(a)(3) supporting organizations If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization Described per organization have a written conflict of interest policy? 75d Yeart V=B Former Officers, Directors, Trustees, and Key Employees That Received Compensation Benefits (If any former officer, director, trustee, or key employee received compensation or other (described below) during the year, list that person below and enter the amount of compensation or benefits in the appropriate column. See the instructions.) (A) Name and address (B) Loans and Advances (C) Compensation (D) Contributions to employee benefit plans and determed compensation or plans (E) Expensive Dentification (See the instructions.) (A) Name and address (B) Loans and Advances (C) Compensation (D) Contributions to employee benefit plans and determed compensation or plans (E) Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity (F) Were any changes made in the organizing or governing documents but not reported to the IRS? (F) Were any changes made in the organizing or governing documents but not reported to the IRS? (F) If "Yes," attach a conformed copy of the changes (F) If "Yes," attach a conformed copy of the changes (F) If "Yes," attach a examination have unrelated business goos moone of \$1,000 or more during the year covered by this return? (F) If "Yes," attach a statement (F) If "Yes," attach a manufactor in nonexempt (F) If "Yes," attach a manufactor in nonexempt (F) If "Yes," attach a stat		
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Part VI Other Information (See the instructions.) 76 Dud the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 77 Were any changes made in the organizing or governing documents but not reported to the IRS?	se acco allowa	
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Were any changes made in the organizing or governing documents but not reported to the IRS?	ſes	No
If "Yes," attach a conformed copy of the changes 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78a Y 78b Y 78b Y 78b Y 78b Y 78b Y 78c If "Yes," has it filed a tax return on Form 990-T for this year? 78b Y 78b Y 78b Y 78b Y 78b Y 78b Y 78c If "Yes," attach a statement 79 If "Yes," attach a statement 70 I		Νo
The properties of the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	'es	
b If "Yes," has it filed a tax return on Form 990-T for this year?	\neg	
Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	es	
Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? BEE ATTACHED STATEMENT and check whether it is vexempt or nonexempt	'es	
governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?		Νo
b If "Yes," enter the name of the organization ► SEE ATTACHED STATEMENTand check whether it is		
and check whether it is vexempt or nonexempt	'es	
and check whether it is vexempt or nonexempt		
31a Enter direct or indirect political expenditures (See line 81 instructions) 81a 0		
b Did the organization file Form 1120-POL for this year?		Νo

01111	330 (2003)			raye z
Par	t VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		No
Ь	If "Yes," you may indicate the value of these items here Do not include this amount as revenue			
_	In Part I or as an expense in Part II (See instructions in Part III)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	qıfts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
ь	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year			
c	Dues assessments, and similar amounts from members 85c			
d	Section 162(e) lobbying and political expenditures	1		
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	1		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
36	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a 0			
ь	Gross receipts, included on line 12, for public use of club facilities 86b			
37	501(c)(12) orgs. Enter a Gross income from members or shareholders 87a 0			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88		No
39a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			
	section 4911 ► 0 , section 4912 ► 0 , section 4955 ► 0			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		Νο
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			(
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			
90a	List the states with which a copy of this return is filed 🕨 CO			
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions)			4,405
)1a	The books are in care of NATIONAL DIRECTOR OF TAX Telephone no (510)	271-6	385	
	ONE KAISER PLAZA 15TH FLOOR Located at DOAKLAND, CA ZIP + 4 DOAKLAND			
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ĺ		l
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	Yes	No No
	If "Yes," enter the name of the foreign country 🛌			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts			
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		No
	If "Yes," enter the name of the foreign country ▶			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here		!	- ┌
	and enter the amount of tax-exempt interest received or accrued during the tax year • 92			

Part VIII A	nalysis of Income-Pro	nducina Activit	ies (Se	e the instructions	1		, ago <u>e</u>
	ss amounts unless otherwis	_		ted business income		ection 512, 513, or 514	(E)
Note: Linter gro	ss amounts umess otherwis	e marcatea.	(A) Business	(B)	(C) Exclusion	(D)	Related or exempt function
			code	Amount	code	Amount	ıncome
93 Program	service revenue						
a MEMBEI	RS HEALTH DUE						1,147,912,574
b SUPPL 0	CHARGE/PHARM		621400	126,847			95,382,882
c NON-PL	AN & INDUSTR		621400	2,784,063			640,679
d OTHER	PRO GRAM SERV						19,822,228
е							
	e/Medicaid payments				1		434,242,842
	d contracts from governmen	-					
_	_	_			1		
	ship dues and assessments	F			14	F 070 F40	
	n savings and temporary cash inve	-			14	5,070,549	
	ds and interest from securiti	_					
	al income or (loss) from rea	-					
a debt-fina	anced property						
b non debt	t-financed property				16	108,118	
98 Net rental	income or (loss) from personal pi	roperty					
99 Other in	vestment income						
100 Gain or (k	oss) from sales of assets other tha	n inventory			18	-2,354,339	
101 Net inco	me or (loss) from special ev	vents					
102 Gross p	rofit or (loss) from sales of i	nventory					
103 Other re	venue a INTINC-AFFIL	.IATE			14	1,555,774	
ь							
. —							
d					1		
е							
	(add columns (B), (D), and	-		2,910,910		4,380,102	1,698,001,205
	d line 104, columns (B), (D)					· · · • <u> </u>	1,705,292,217
Note: Line 105	plus line 1d, Part I, should eq	qual the amount on li	ne 12, Pai	rt I.			
▼ of the	in how each activity for which organization's exempt purport STATEMENT					nportantly to the ac	complishment
Part IX I	nformation Regarding	Tavable Subs	idiarie	s and Disregard	ed Entitie	s (See the instru	ctions)
Felt IX I	(A)	(B)	laries	_	eu Liititie.	•	(E)
	ess, and EIN of corporation, iip, or disregarded entity	Percentage of ownership interest		(C) Nature of activities		(D) Total income	End-of-year assets
-		%					
		%					
		%					
Part X I	nformation Regarding	g Transfers Ass	ociate	d with Personal	Benefit Co	ontracts (See th	<u> </u>
(a) Did the org	anization, during the year, receive	e any funds, directly or	ındırectly, t	to pay premiums on a pe	rsonal benefit co	ontract?	. 「Yes 「No
(b) Did the o	rganization, during the year	, pay premiums, dir	ectly orı	ndirectly, on a perso	nal benefit co	ontract?	┌ Yes ┌ No
	s" to (b), file Form 8870 and						
	der penalties of penury, I declare	•	<u> </u>		schedules and st	atements, and to the b	est of my knowledge
and	belief, it is true, correct, and cor	nplete Declaration of p	reparer (ot	her than officer) is based	on all informati	on of which preparer h	as any knowledge
Please					2006-	11-14	
Sign 7	Signature of officer				Date		
Here	DEBORAH STOKES VP & CONTROLLER						
P	Type or print name and title						
			Di	ate		Prenarer's SSN or P	TIN (See Gen Inst W)
D-:4	Preparer's				Check if self-	Preparer 3 35N of F	TIN (See Gell Ilist W)
Paid	signature				empolyed 🕨 🦵	-	
Preparer's	Firm's name (or yours						
Use	ıf self-employed),					EIN Þ	
Only	address, and ZIP + 4						
						Phone no 🕨	

DLN: 93490312006057

Organization Exempt Under Section 501(c)(3) (Except Private Foundation) and Section 501(e), 501(f), 501(k),

501(n), or 4947(a)(1) Nonexempt Charitable Trust Supplementary Information—(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

2005

OMB No 1545-0047

Name of the organization KAISER FOUNDATION HEALTH PLAN OF COLORADO

SCHEDULE A

(Form 990 or

Department of the

990EZ)

Treasury Internal Revenue

Service

ਿ

Employer identification number

84-0591617

Part I Compensation of the Five (See page 1 of the instruction	Highest Paid Employees ns. List each one. If there ar			nd Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 22	SEE STATEMENT 22			
1 KAISER PLAZA OAKLAND, CA 94612	40	1	1	1
	-			
Total number of other employees paid over	1.056		•	•

\$50.000

Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II-A (See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter

None.)		
(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
COLORADO PERMANENTE MEDICAL GROUP		
10350 E DAKOTA AVE	MEDICAL SERVICES	286,031,337
DENVER,CO 802810119		
HCA HEALTHONE LLC		
4900 S MONACO ST SUITE 380	MEDICAL SERVICES	35,715,367
DENVER,CO 80237		
ST JOSEPH HOSPITAL		
1835 FRANKLIN STREET	MEDICAL SERVICES	205,725,776
DENVER,CO 80281		
THE CHILDERN'S HOSPITAL ASSOCIATION		
DEPT 1611	MEDICAL SERVICES	23,653,098
DENVER,CO 80291		
CATHOLIC HEALTH INITIATIVES CO		
4231 WEST 16TH AVE	MEDICAL SERVICES	18,960,908
DENVER,CO 80204		
Total number of others receiving over \$50,000 for 240		
professional services		

Compensation of the Five Highest Paid Independent Contractors for Other Services Part II-B (List each contractor who performed services other than professional services, whether individual or

firms. If there are none, enter "None". See page X for instructions.)

(a) Name and address of each independent contractor paid more than \$50,0	00 (b) Type of service	(c) Compensation
MEDIMPACT		
10680 TREENA STREET 5TH FLOOR	CLAIMS PROCESSING	19,820,374
SAN DIEGO, CA 92131		
ARAMARK MANAGEMENT SYSTEMS		
1000 WEWATTA STREET	BUILDING MAINTENANCE	4,634,351
DENVER,CO 80204		
PRECYSE SOLUTIONS LLC-NE		
1275 DRUMMERS LANE	CODING SERVICES	1,136,744
WAYNE,PA 19087		
MARTIN CONKLIN PC		
101 UNIVERSITY BLVD SUITE 440	LEGAL SERVICES	910,816
DENVER,CO 80206		
THE BRICKMAN GROUP		
9774 NORTH MOORE ROAD	GROUNDS MAINTENANCE	613,476
LITTLETON,CO 80125		
Total number of other contractors receiving over	102	

		Statements About Activities (See page 2 of the instructions.)		Yes	110
1	Durin	g the year, has the organization attempted to influence national, state, or local legislation, include any attempt			
	to ınf	luence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in			
	conn	ection with the lobbying activities ► \$ 176,176 (Must equal amounts on line 38, Part VI-A, or line			
	ı of P	art VI-B)	1	Yes	
	0 rga	nizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other			
	orgar	nizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the			
	lobby	ing activities			
	Durin	g the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			
	subst	tantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with			
		axable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or			
		ipal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) 🕏			
a		exchange, or leasing property?	2a	Yes	
b	Lend	ng of money or other extension of credit?	2b	Yes	
С	Furni	shing of goods, services, or facilities?	2c	Yes	
t	Paym	ent of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	
е	Trans	sfer of any part of its income or assets?	2e		N
3	Do yo	ou make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you			
	deter	mine that recipients qualify to receive payments)	3a		N
Ь	Doy	ou have a section 403(b) annuity plan for your employees?	3b	Yes	
:	Durin	g the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3с		N
1	Did y	ou maintain any separate account for participating donors where donors have the right to provide advice			
	on th	e use or distribution of funds?	4a		N
)	Do yo	ou provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		N
		A Federal state or local government or governmental unit Section 170/h\/1\/A\/v\			
		A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v) A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital section 170(b)(1)(A)(iii) Enter the hospital section 170(b)(1)(A)(iii) Enter the hospital section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A) An organization that normally receives a substantial part of its support from a governmental unit or from the gene Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A) A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fee receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more to its support from gross investment income and unrelated business taxable income (less section 511 tax) from business.	eral pi es, and	ublic d gross 31/3%	5
b	<u></u>	A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital state An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A) An organization that normally receives a substantial part of its support from a governmental unit or from the gene Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A) A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fee receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more to	eral pressures and sures are part organic 509 (ublic d gross 3 1/3% ses IV-A nizatio	6 6 of
a b	<u></u>	A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(III) Enter the hospital state An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(IV) (Also complete the Support Schedule in Part IV-A) An organization that normally receives a substantial part of its support from a governmental unit or from the gene Section 170(b)(1)(A)(VI) (Also complete the Support Schedule in Part IV-A) A community trust Section 170(b)(1)(A)(VI) (Also complete the Support Schedule in Part IV-A) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fee receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more to its support from gross investment income and unrelated business taxable income (less section 511 tax) from busing acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in An organization that is not controlled by any disqualified persons (other than foundation managers) and supports described in (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of section Check the box that describes the type of supporting organization. Type 1. Type 2. Type 3. Provide the following information about the supported organizations (see page 5 of the instructions.)	eral pressures, and sines organic 509 (ublic d gross 3 1/3% ses IV-A nizatio	s % of) ns
	<u></u>	A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital state An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A) An organization that normally receives a substantial part of its support from a governmental unit or from the gene Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A) A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fee receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more to its support from gross investment income and unrelated business taxable income (less section 511 tax) from busing acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in An organization that is not controlled by any disqualified persons (other than foundation managers) and supports described in (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of section Check the box that describes the type of supporting organization. Type 1. Type 2. Type 3. Provide the following information about the supported organizations (see page 5 of the instructions.)	eral pressures, and sines organic 509 (d gross 3 31/39 ses IV-A nizatio a)(2)	of of of ns

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15	Gifts, grants, and contributions received (Do not	5,471,548	2,028,595	1,589,437	1,545,506	10,635,086
16	nclude unusual grants See line 28) Membership fees received					
17	Gross receipts from admissions, merchandise					
	sold or services performed, or furnishing of	1,498,815,650	1,371,561,711	1,218,432,787	1,039,005,913	5,127,816,061
	facilities in any activity that is related to the	1,450,015,050	1,371,301,711	1,210,432,707	1,033,003,313	3,127,010,001
18	organization's charitable, etc , purpose Gross income from interest, dividends, amounts					
10	received from payments on securities loans					
	(section 512(a)(5)), rents, royalties, and	7,140,417	6,169,396	9,439,948	9,098,254	31,848,015
	unrelated business taxable income (less section 511 taxes) from businesses acquired by the	, ,	, ,		, ,	
	organization after June 30, 1975					
19	Net income from unrelated business activities					
	not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its					C
	behalf					
21	The value of services or facilities furnished to					
	the organization by a governmental unit without					
	charge Do not include the value of services or facilities generally furnished to the public without					C
	charge					
22	Other income Attach a schedule Do not include					
	gain or (loss) from sale of capital assets	1 511 127 615	4 270 750 702	1 220 162 172	1 010 610 670	
23	Total of lines 15 through 22	1,511,427,615	1,379,759,702	1,229,462,172	1,049,649,673	5,170,299,162
24	Line 23 minus line 17	12,611,965 15,114,276	8,197,991 13,797,597	11,029,385 12,294,622	10,643,760 10,496,497	42,483,101
25	Enter 1% of line 23 Organizations described on lines 10 or 11: a En				▶ 26a	
26	Prepare a list for your records to show the name of				- 250	
	governmental unit or publicly supported organizati			=	ed	
	the amount shown in line 26a Do not file this list v	with your return. E	nter the total of a	all these excess	.	
	amounts	24 ()			26b	
	Total support for section 509(a)(1) test Enter line	e 24, column (e)			► 26c	
c	Add Amounts from column (e) for lines 18		19		.	
			26b		26d	
_	Public support (line 26c minus line 26d total)				26e	
f	Public support percentage (line 26e (numerator) d				► 26f	
27	- · J					
	prepare a list for your records to show the name of	,		h year from, each	"disqualified pers	on "
	Do not file this list with your return. Enter the sun		·			
	(2004) 0 (2003) 0		(2002)0		(2001) 0	
Ŀ	For any amount included in line 17 that was receiv					
	records to show the name of, and amount received					
	or (2) \$5,000 (Include in the list organizations de					
	return. After computing the difference between the		and the larger am	ount described in	(1) or (2), enter t	he sum of
	these differences (the excess amounts) for each y					
	(2004) 0 (2003) 0	((2002) <u>0</u>	((2001) 0	
		10.635.6	206	0		
c	Add Amounts from column (e) for lines 15	10,635,0				
	17		<u> </u>	0	27c	5,138,451,147
	Add Line 27a total0	and line 27b tota	·I		► 27d	(
	Public support (line 27c total minus line 27d total)				► 27e	5,138,451,147
f	Total support for section 509(a)(2) test Enter am			27f 5,170),299,162	
ç	Public support percentage (line 27e (numerator) d	ivided by line 27f ((denominator))		► 27g	99 38 %
ŀ	Investment income percentage (line 18, column (e	e) (numerator) divi	ded by line 27f (denominator))	► 27h	0 62 %
28	Unusual Grants: For an organization described in li	ne 10, 11, or 12 th	nat received any	unusual grants du	iring 2001 through	1 2004,
	prepare a list for your records to show, for each ye	ar, the name of the	contributor, the	date and amount	of the grant, and a	brief

description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

Pa	rt V Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
	The Test, please describe, in No, please explain (Tryou need more space, attach a separate statement)			
		1		
		1		
		1		
32	Does the organization maintain the following	7		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
E	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory			
	basis?	32b		
,	· Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c		
	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
c	Copies of an infaterial used by the organization of on its behalf to solicit continuations?	32u		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
	If you allowered two to any of the above, please explain (If you need more space, attach a separate statement)			
		-		
33	Does the organization discriminate by race in any way with respect to	-		
J J	boes the organization discriminate by race in any way with respect to			
_	Students' rights or privileges?	33a		
a	Totalents rights of privileges	334		
	Admissions policies?	33b		
	Authorities.	330		
	Employment of faculty or administrative etaff?	220		
•	Employment of faculty or administrative staff?	33c		
C	Scholarships or other financial assistance?	33d		
€	Educational policies?	33e		
f	Use of facilities?	33f		
ç	Athletic programs?	33g		
ŀ	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
]		
		1		
		1		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
Ŀ	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
-	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		
	Schedule A (Form 9	90 or 99	90-EZ1	2005

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768)

_ ne	ck Fa If the organization belong	sto an anniated group Check F b 1 ir y	you che	скец	a and limited con	troi provisions apply
		bbying Expenditures " means amounts paid or incurred)			(a) A ffiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influe	nce public opinion (grassroots lobbying)		36		
37	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		37		
38	Total lobbying expenditures (add line	es 36 and 37)		38		
39	Other exempt purpose expenditures			39		
40	Total exempt purpose expenditures	(add lines 38 and 39)		40		0
41	Lobbying nontaxable amount Enter t	he amount from the following table—				
	If the amount on line 40 is—	The lobbying nontaxable amount is—				
	Not over \$500,000	20% of the amount on line 40	ηl			
	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		41		
	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	۱ ا			
42	Grassroots nontaxable amount (ente	r 25% of line 41)		42		
43	Subtract line 42 from line 36 Enter	0- If line 42 is more than line 36		43		0
44	Subtract line 41 from line 38 Enter	-0- if line 41 is more than line 38		44		0
	Caution: If there is an amount on either	er line 43 or line 44, you must file Form 4720.				
	4	1-Year Averaging Period Under Sec	tion 5	01(h)	

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

		Lo	bbying Expendit (ıres During 4-Yea	ar Averaging Peri	iod
	Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount					
46	Lobbying ceiling amount (150% of line 45(e))					
47	Total lobbying expenditures					
48	Grassroots nontaxable amount					
49	Grassroots ceiling amount (150% of line 48(e))					
50	Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 1

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- Paid staff or management (Include compensation in expenses reported on lines c through h.)
- Media advertisements
- Mailings to members, legislators, or the public
- Publications, or published or broadcast statements
- Grants to other organizations for lobbying purposes
- Direct contact with legislators, their staffs, government officials, or a legislative body
- Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

1	1 of the instructions.) 🕏								
	Yes	No	A mount						
		Νo							
	Yes								
		Νo							
	Yes		2,00						
		Νo							
	Yes		122,00						
	Yes		50,15						
	Yes		2,00						
	·	•	176,17						

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

			ly engage in any of the following v			sectio	n
			ncharitable exempt organization o			Yes	No
	Cash	-			51a(i)		Νο
(ii)	O ther assets				a(ii)		Νο
b Other	transactions						
(i)	Sales or exchanges of	of assets with a nonch	narıtable exempt organızatıon		b(i)	j i	Νo
(ii)	Purchases of assets	from a noncharitable	exempt organization		b(ii)		Νο
(iii)	Rental of facilities, ed	quipment, or other as	sets		b(iii)		Νο
(iv)	Reimbursement arrar	ngements			b(iv)		Νο
(v)	Loans or loan guaran	tees			b(v)		Νο
(vi)	Performance of servi	ces or membership o	r fundraising solicitations		b(vi)		Νo
c Sharın	ng of facilities, equipm	ent, mailing lists, oth	ier assets, or paid employees		С		Νο
			lete the following schedule Colum porting organization If the organiz				
			ımn (d) the value of the goods, oth	ner assets, or services received			•
(a) Line no	(b) A mount involved	Name of noncha	(c) arıtable exempt organızatıon	(d) Description of transfers, trans		s, and	sharıng
				gg			
descri	bed in section 501(c) s," complete the follow) of the Code (other th	d with, or related to, one or more to nan section 501(c)(3)) or in secti	on 527?	Γ	Yes	▽ 1
	(a) Name of organiza	ation	(b) Type of organization	(c) Description of rela	tıonshıp)	

Form **4797**

Department of the

Internal Revenue Service (99)

Treasury

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

► Attach to your tax return.

► See separate instructions.

OMB No 1545-0184

Sequence No 27

	e(s) shown on return SER FOUNDATION H		N 0 5 6 0 1 0		·		Ident if yi	ng nun	ber
KAIS	SER FOUNDATION H	IEALIH PLA	N OF COLO	RADO			84-0591	617	
1	Enter the gross prod	eeds from s	ales or exch	anges reported to you f	or 2005 on Form(s) 10	99-B or			
	1099-S (or substitu	ıte statemen	t) that you a	re including on line 2, 1	.0, or 20 (see instructi	ons) .	1		
Pa					e or Business and erty Held More Th				
(a) Description of property	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	bası ımprove	ot or other s, plus ments and se of sale		g) Gain or (loss) ract (f) from the sum of (d) and (e)
2		,.,				J., P.			
	Cain if any from Ea	rm 4604 lm	. 43					3	
	Gain, if any, from Fo	· ·						\vdash	
4	-			m Form 6252, line 26				4	
5	-	` ,		changes from Form 88				5	
6		•		ualty or theft				6	
7		_	_	• •	appropriate line as follo			7	
		_			s. Report the gain or (lo hedule K, line 9 Skip l	•	_		
	from line 7 on line 1 section 1231 losse	1 below and s, or they we	skıp lines 8 re recapture	and 9 Ifline 7 is a gaii	ine 7 is zero or a loss, on and you did not have a er the gain from line 7 a 8, 9, 11, and 12 below	any prior y	ear		
8	Nonrecaptured net	section 1231	L losses from	n prior years (see instru	ıctıons)			8	
9	below If line 9 is m	ore than zero	, enter the a	mount from line 8 on lir	o, enter the gain from ling ne 12 below and enter t (see instructions)	he gaın fro		9	
Pa	rt III Ordinary (Gains and	Losses (s	ee instructions)					
10	Ordinary gains and				ude property held 1 ye	ar or less)			
SAI	LE OF FIXED ASSETS	05- 20- 2004	12- 31- 2005	2,052,000			3,941,55	58	1,889,558
11	Loss, if any, from lir	ie 7						11	()
12	Gain, if any, from lin	e 7, or amou	nt from line 8	B, if applicable				12	
13		•		· · · · · · · ·				13	
14								14	
15								15	
16	· -			ges from Form 8824				16	
17	Combine lines 10 th	•					-	17	-1,889,558
18	For all except indivi	dual returns ,	enter the an		ne appropriate line of yo	our return	and skip		, ,===
а				•	mn (b)(11), enter that pa	rt of the lo	ss here		
	Enter the part of the the loss from proper	loss from in	come-produ n employee	cing property on Sched on Schedule A (Form 1	ule A (Form 1040), line 040), line 22 Identify	27, and tas from "Fo	he part of orm	18a	
b	Redetermine the ga	ın or (loss) o	n line 17 exc	luding the loss, if any,	on line 18a Enter here	and on Fo	rm 1040,	18b	

Pai	t III Gain From Disposition of Property (see instruction)	Und	er Sections 12	245,	L250,	1252, 12	54, aı	nd 12	255	
19	(a) Description of section 1245, 1250, 1252, 1254, or 1255 pro	perty						a	(b) Date cquired(mo , day, yr)	(c) Date solo (mo , day, yr)
Α										
С								+		
D										
hese	columns relate to the properties on lines 19A through 19D		Property A	F	ropert	у В	Proper	ty C	Pro	perty D
20	Gross sales price (Note: See line 1 before completing)	20								
21	Cost or other basis plus expense of sale	21								
22	Depreciation (or depletion) allowed or allowable	22								
23	Adjusted basis Subtract line 22 from line 21 .	23								
24	Total gain Subtract line 23 from line 20	24								
25	If section 1245 property:									
а	Depreciation allowed or allowable from line 22	25a								
b	Enter the smaller of line 24 or 25a	25b								
26	If section 1250 property: If straight line									
	depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291									
а	Additional depreciation after 1975 (see instructions)	26a								
b	Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b								
С	Subtract line 26a from line 24 If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c								
d	Additional depreciation after 1969 and before 1976	26d								
e	Enter the smaller of line 26c or 26d	26e								
f	Sections 291 amount (corporations only)	26f								
g	Add lines 26b, 26e, and 26f	26g								
9 27	If section 1252 property: Skip this section if you	209								
_,	did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)									
а	Soil, water, and land clearing expenses	27a								
b	Line 27a multiplied by applicable percentage (see instructions)	27b								
c	Enter the smaller of line 24 or 27b	27c								
28	If section 1254 property:									
а	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)	28a								
b	Enter the smaller of line 24 or 28a	28b								
29	If section 1255 property:									
а	Applicable percentage of payments excluded from income under section 126 (see instructions)	29a								
b	Enter the smaller of line 24 or 29a (see instructions)	29b								
S	ummary of Part III Gains. Complete prope	erty co	lumns A throug	h D tl	rougl	n line 29b l	oefore	goin	g to line 3	30.
30	Total gains for all properties Add property column	s A thr	ough D, line 24					30		
31	Add property columns A through D, lines 25b, 26g	ј, 27с,	28b, and 29b Ent	er her	e and o	n line 13		31		
32	Subtract line 31 from line 30 Enter the portion fro portion from other than casualty or theft on Form 4				84, line	e 36 Enter		32		
Pa	rt IV Recapture Amounts Under Section (see instructions)	ns 17	9 and 280F(b)	(2) V	Vhen			Drop		
						(a) Secti 179	on		(b) Sect 280F(b)	
33	Section 179 expense deduction or depreciation a	llowabl	e in prior years		33	113			2001 (D)	<u> </u>
2/1	Recomputed depreciation (see instructions)		•		34					

35

35 Recapture amount Subtract line 34 from line 33 See the instructions for where to report

TY 2005 Cash Grants Paid Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF COLORADO

Class of Activity	Recipient's name	Address	Amount	Relationship
	SEE ATTACHED STATEMENT	1 KAISER PLAZA SUITE 1550L OAKLAND, CA 94612	994,827	

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93490312006057

TY 2005 Gain/Loss from Sale of Public Securities Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF COLORADO

EIN: 84-0591617

Gross Sales Price: 33,792,162

Basis: 34,256,943

Sales Expenses:

Total (net): -464,781



TY 2005 Investments - Securities Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF COLORADO

Description	Book Value	Cost/FMV
MARKETABLE SECURITIES	1,070,607	F

TY 2005 Other Assets Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF COLORADO

Description	Beginning of Year Amount	End of Year Amount
DUE FROM KAISER FDN HOSPITALS	298,997,121	202,665,000
INTANGIBLE PENSION ASSETS	15,790,952	8,788,747
LONG TERM DEPOSITS	1,370,387	0
OTHER LONG TERM ASSETS	3,210,310	15,635,656

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TY 2005 Other Changes in Net Assets Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF COLORADO

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	1,350,000
CUMULATIVE EFFECT-CHANGE IN ACCT PRINC	55,407



TY 2005 Other Expenses Included Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF COLORADO

Description	Amount
ASSETS - RECLASS	2,586,855



TY 2005 Other Expenses Not Included Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF COLORADO

Description	Amount
BAD DEBT EXPENSE-RECLASS	389,004

TY 2005 Other Liabilities Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF COLORADO

Description	Beginning of Year Amount	End of Year Amount
RESERVE FOR SELF-INSURED RISKS	2,795,137	3,167,485
RESERVE FOR PROP/PROF LIAB	7,809,161	10,072,762
RESERVE FOR WORKERS COMP RISKS	1,960,357	2,576,909
POST RETIREMENT LIABILITIES	49,340,577	60,950,462
OTHER LIABILITIES	8,471,370	8,225,693

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TY 2005 Other Receivables from Officers Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF COLORADO

EIN: 84-0591617

Travel Advance to Officers:

Item No.	1	
Borrower's Name	LEONID TOKAR	
Borrower's Title		
Original Amount of Loan	37500	
Balance Due	7500	
Date of Note	2001-08	
Maturity Date	2006-08	
Repayment Terms	ANNUAL PAYMENTS OF PRINCIPAL & INTEREST	
Interest Rate	5.12	
Security Provided by Borrower	r SECURED BY DEED OF TRUST	
Purpose of Loan	n EMPLOYEE RELOCATION	
Description of Lender Consideration		
Consideration FMV		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490312006057

TY 2005 Other Revenues Included Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF COLORADO

Description	Amount
ACCOUNTING PRINCIPLE	-55,407
BAD DEBT EXPENSE-RECLASS	-389,004



TY 2005 Other Revenues Not Included Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF COLORADO

Description	Amount
ASSETS - RECLASS	-2,586,855

TY 2005 Non Electing Public Charities Statement

Name: KAISER FOUNDATION HEALTH PLAN OF COLORADO

EIN: 84-0591617

Statement:



TY 2005 Self Dealing Statement

Name: KAISER FOUNDATION HEALTH PLAN OF COLORADO

Line Number	Explanation
2a	SEE STATEMENT

Line Number	Explanation	
2b	SEE STATEMENT	

Line Number	Explanation	
2c	SEE STATEMENT	

Line Number	Explanation	
2d	FORM 990, PART V	

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

TY 2005 Supplemental Support Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF COLORADO

Year	Gifts, Grants and Contributions Received	Membership Fees Received	Gross Receipts From Admissions, Etc.	Gross Investment Income And Post 1975UBI	Net UBI Pre 1975	Tax Revenues Levied For Organization's Benefit	Value Of Services, Facilities Furnished By Government	Other Income	Total
2005	5,471,548		1,498,815,650	7,140,417					1,511,427,615
2004	2,028,595		1,371,561,711	6,169,396					1,379,759,702
2003	1,589,437		1,218,432,787	9,439,948					1,229,462,172
2002	1,545,506		1,039,005,913	9,098,254					1,049,649,673

Form 8868 (Rev	v. 12-2004)			Page 2
		automatic) 3-Month Extension	. complete only Part II and	
_	-	aiready been granted an autor		
	•	onth Extension, complete only		a providuoly modification coop.
		tic) 3-Month Extension o		inal and One Conv
Part II	Name of Exempt Organization		NA W 20000054	Employer identification number
Type or				• •
print		N HEALTH PLAN OF COLO	10 domination of the contract	84-0591617
File by the	Number, street, and room or s	suite no. If a P.O. box, see instruction	S. I	For IRS use only
extended due date for	ONE KAISER PLAZA,			20000000
filing the return. See	City, town or post office, state	e, and ZIP code. For a foreign addres	s, see instructions.	
instructions.	OAKLAND, CA 94612			
Check type	e of return to be filed (File a	separate application for each re	eturn):	
X Forr	n 990	Form 990-T(sec. 401(a) o	or 408(a) trust)	Form 5227
	n 990-BL	Form 990-T (trust other th		Form 6069
	n 990-EZ	Form 1041-A	, <u> </u>	Form 8870
	1 990-PF	Form 4720		, · · · · · · · · · · · · · · · · · · ·
			automatic 3-month extensi	on on a previously filed Form 8868.
				on a previously mea to mit sood.
	· · · · · · · · · · · · · · · · · · ·	ATIONAL DIRECTOR OF T		
	one No. ► <u>510 271-638</u>	· — · · · · · · · · · · · · · · · · · ·	AX No. ► <u>510 271-26</u>	
_		office or place of business in the		
	•	organization's four digit Group	•	. If this is
	• • •	. If it is for part of the grou	ıp, check this box ▶ 🔝	and attach a list with the
	I EINs of all members the ext			
•	iest an additional 3-month e		1/15/2006	
5 Forc	alendar year <u>2005</u> ,or oth	er tax year beginning	and endin	g
6 If this	tax year is for less than 12	months, check reason: 🔃 Init	ial return 🔃 Final return	Change in accounting period
7 State	in detail why you need the e	xtension <u>THIS ENTITY</u> I	S A MEMBER OF A VE	RTICALLY
		TH CARE DELIVERY PRO		
		H MEMBER'S TAX RETUR		
		0-BL, 990-PF, 990-T, 4720, or		tax less any
		ctions		
b If this	application is for Form 990-	PF, 990-T, 4720, or 6069, ent	er any refundable credits ar	nd estimated
	• •	prior year overpayment allo	-	
•	1 91 5 - 0000		·	e
				irod denosit
	· · · · · ·	d, by using EFTPS (Electroni	- · · · · · · · · · · · · · · · · · · ·	- · · · ·
Instru	cuons	Cianatura ar		· · · · · · • · • • · · • · · • · · · ·
Under nepoti	on of parting I declare that I have		nd Verification	and to the best of my knowledge and belief,
it is true, com	ect, and complete, and that I am auth	onzed to prepare this form.	ranying scriedules and statements,	and to the best of my knowledge and belle,
·				•
Signature 🕨	Deloub Stober	Notice to Applicant - To	Title ►VP & CONTROLLE	R Date ▶ 8-1-06
		Notice to Applicant - To	Be Completed by the	IRS
		Please attach this form to the organ		
	have not approved this applica	tion. However, we have granted a	10-day grace period from the	later of the date shown below or the due
d ate	e of the organization's return (in envise required to be made on a	cluding any prior extensions). This timely return. Please attach this for	m to the organization's return	be a valid extension of time for elections
	•		_	rant your request for an extension of time
to fi	le. We are not granting a 10-day	grace period.	•	
☐ We	cannot consider this application	because it was filed after the exte	nded due date of the return for	which an extension was requested
Oth	• •			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	<u> </u>			
		Do. e		
Director		by		Date
	Station Address - Catasta	address if you want the copy of	f this application for an additi	
	-	•	uns application for an addit	
returne d t	o an address different than th	ie une entered above.		EXTENSION APPROVED
	Name			Aug = 4000
Type of		14		AUG 2 2 Z UUG
Type or print	Number and street (include su	ite, room, or apt. no.) or a P.O. box	number	
•	•	2		LINDA WEISKOPF, FIELD DIRECTOR
	City or town, province or state	, and country (including postal or 2	iir codė)	SUBMISSION PROCESSING, OGDEN
JSA	•			Form 8868 (Per 12-2004)

(Rev December 2004) Department of the Treasury

Applica	tion for	Extensio	n of	lime	10	File	ar
• •	Exemp	t Organiz	ation	Retu	rn		

File a separate application for each return

OMB No. 1545-1709

intem	al Revenue S	ervice	P I to a coperate appropriate accompanies	<u> </u>
			Month Extension, complete only Part I and check this box	. x
• 11	f you are fi	ling for an Additional (n	ot automatic) 3-Month Extension, complete only Part II (on pag	e 2 of this form).
			already been granted an automatic 3-month extension on a pre	viously filed Form 8868.
Par	1 Auto	matic 3-Month Exten	sion of Time - Only submit original (no copies needed)	
Forn	n 990-T co	rporations requesting a	n automatic 6-month extension - check this box and complete Pa	nrt I only▶ 🛄
	•	• -	990-C filers) must use Form 7004 to request an extension of time t use Form 8736 to request an extension of time to file Form 1065	
retur	ns noted	below (6 months for co	an be filed electronically if you want a 3-month automatic ext rporate Form 990-T filers). However, you cannot file it electro stead you must submit the fully completed signed page 2 (F	nically if you want the additional
•		•	m, visit www.irs.gov/efile.	
Тур	e or	Name of Exempt Organiza	ntion	Employer identification number
prin	t	KAISER FOUNDA	ATION HEALTH PLAN OF COLORADO	84-0591617
File by	, the	Number, street, and room	or suite no If a P.O. box, see instructions.	
due d	ate for	ONE KAISER PI	AZA, SUITE 1550L	
filing y return		City, town or post office,	state, and ZIP code. For a foreign address, see instructions.	-
instruc	ctions.	OAKLAND, CA	94612	
Che	ck type o	f return to be filed (file a	separate application for each return)	
Х	Form 990)	Form 990-T (corporation)	rm 4720
	Form 990	-BL		rm:5227
	Form 990			rm_6069
	Form 990-	-PF	Form 1041-A Fo	rm ⁻ 8870
IfIf	the organ this is for ne whole g	a Group Return, enter the group, check this box ▶	office or place of business in the United States, check this box see organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box	. If this is and attach a list with the
name 1		Ns of all members the ex	tension will covermonths for a Form 990-T corporation) extension of time until	20/15
•	•		um for the organization named above. The extension is for the	08/15 . 2006 . organization's return for:
2	If this tax	year is for less than 12 r	nonths, check reason: Initial return Final return	Change in accounting period
3a	If this ap	plication is for Form 99	0-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	less any
	nonrefund	dable credits. See instruc	tions	<u>\$</u>
b	If this ap	plication is for Form 990	-PF or 990-T, enter any refundable credits and estimated tax ;	payments
	made. Ind	clude any prior year over	payment allowed as a credit	<u>\$</u>
	Balance	Due. Subtract line 3b fro	om line 3a Include your payment with this form, or, if required	l, deposit
	with FT) coupon or, if require	d, by using EFTPS (Electronic Federal Tax Payment System	em). See
				<u>\$</u>
	_		ectronic fund withdrawal with this Form 8868, see Form 8453-E	O and Form 8879-EO
	aym ent in			·
For F	Privacy Ad	t and Paperwork Reduc	tion Act Notice, see Instructions.	Form 8868 (Rev 12-2004)

75860C 646A

KAISER FOUNDATION HEALTH PLAN OF COLORADO

TIN: 84-0591617 DECEMBER 31, 2005

LOBBYING ACTIVITY BY NONELECTING PUBLIC CHARITIES FORM 990, SCHEDULE A, PART VI-B

The Organization is a member of the Kaiser Permanente Medical Care Program and participated and benefited from lobbying activities conducted at the national level by Kaiser Foundation Health Plan, Inc. for the benefit of its enrolled members and for the health care industry as a whole. As an organization generally exempt from income tax under Internal Revenue Code Section 501(c)(3), Health Plan did not participate in or conduct political campaigns.

During the year this Organization may have made comments or statements concerning legislation which may affect the health care industry. Health Plan may have engaged in telephone conversations and/or written letters to various federal, state, and local officials regarding matters which affected the healthcare industry as a whole. The amount of time and money involved in the activities is detailed on lines a through h. Health Plan has not intervened in any political campaign.

Health Plan has several employees and/or may retain a professional consultant to represent Health Plan's interests in various legislative and regulatory bodies and from time-to-time to keep informed of Federal and State legislation having an impact on Health Plan's charitable activities as an exempt Health Maintenance Organization.

These individuals attempt to ensure that proposed legislation and enacted laws are compatible with the Interest of Health Plan and its members by performing the following activities:

- Collecting, analyzing and distributing within the Organization, public and private policy recommendations regarding proposed legislation and enacted laws that affect the operation of Health Plan and its ability to provide quality health and medical care services to its members in a cost effective environment.
- 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 notfor-profit community.
- Also by preparing written and oral testimony, these individuals appear at legislative hearings, monitor legislative proceedings and meet with legislators and/or their staffs regarding issues pertinent to the mission of Health Plan. Those individuals appearing at such hearings and meetings for and on behalf of Health Plan often are representing the interests of common interest groups as well as the interests of the members of Health Plan.
- 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.

KAISER FOUNDATION HEALTH PLAN OF COLORADO FORM 990 TAX YEAR 2005

84-0591617

FORM 990 PART I, LINE 8.C, COLUMN (B) GAIN OR (LOSS) FROM SALES OF ASSETS OTHER THAN INVENTORY

DESCRIPTION	DATE & HOW ACQUIRED	DATE SOLD	SALES PRICE	COST/ EXPENSE OF SALE	GAIN OR (LOSS)
<u>Investments</u>					
State Street - Various	Various	Various	33,792,162	34,244,369	(452,207)
Miscellaneous				12,574	(12,574)
TOTAL - NET GAIN			33,792,162	34,256,943	(464,781)
SALES SUMMARY ORIGINAL COST AND	EXPENSE OF SA	ALE		34,256,943	
DEPRECIATION			-	-	
NET COST OR OTHER	RBASIS			34,256,943	
LESS GROSS SALES	PROCEEDS		-	33,792,162	
NET GAIN				(464,781)	

Note#1: All of the foregoing fixed assets and equipment were acquired by purchase by the organization for use in its tax-exempt purpose of providing health care to its enrolled members of the community.

KAISER FOUNDATION HEALTH PLAN OF COLORADO 84-0591617 12/31/2005 PART I, LINE 8

	Proceeds	Cost Basis/ Sale Expenses	Gain/(Loss)
Description: Various Property Date Sold: Various Dates	2,052,000	3,941,558	(1,889,558)
Sold To: Various Third Parties			

KAISER FOUNDATION HEALTH AN OF COLORADO FEIN: 84-0591617 DECEMBER 31, 2005 FORM 990, PART II, LINE 22

Name	Purpose	Amount
JVE ONLINE JV D08301	ER MATCH KPHELPS 2005	1,096
A/P - PAYMENTS	SALVATION ARMY	200
A/P - PAYMENTS	C J MEIGS-MOORE	-350
JVE ONLINE JV D08302	ER MATCH KPHELPS 2005	5,708
COLORADO CENTER	PAYABLE AS 2ND YEAR COMMITMENT	50,000
SOUTHERN COLORAD	GRANT FOR ON-SITE/MOBILE HIV T	2,000
THE GREATER COLO	DIVERSITY AWARDS LUNCH 2005	400
ER MATCH KPHELP	ER MATCH KPHELPS 2005	65,459
AMERICAN TELEMED	CONFERENCE SPONSORSHIP	1,000
DENVER METRO CHA	COLO GERONTOLOGICAL SOCIETY ME	2,500
FOOTHILLS MENTAL	GRANT-RESTRICTED TO CARE FOR T	2,500
LATINO/A RESEARC	SPONSORSHIP	500
STOUT STREET CLI	CONTRIBUTION	5,000
PHILIPS MEDICAL	M3868A CARRYING CASE	128
PHILIPS MEDICAL	M3868A CARRYING CASE	4
PHILIPS MEDICAL	M3860A HEARTSTART FR2+ DEFIB W	3,560
PHILIPS MEDICAL	M3860A HEARTSTART FR2+ DEFIB W	125
PHILIPS MEDICAL	M3854A DATA CARD AND TRAY FOR	91
PHILIPS MEDICAL	M3854A DATA CARD AND TRAY FOR	3
PHILIPS MEDICAL	M3857A WALL MOUNT	91
PHILIPS MEDICAL	M3857A WALL MOUNT	3
PHILIPS MEDICAL	M3863A FR2+ LONG LIFE BATTERY	213
PHILIPS MEDICAL	M3863A FR2+ LONG LIFE BATTERY	7
PHILIPS MEDICAL	M3858A AED WALL SIGN	33
PHILIPS MEDICAL	M3858A AED WALL SIGN	1
HOSPICE OF METRO	LIFE QUALITY INSTITUTE GRANT	10,000
HOSPICE OF METRO	LIFE QUALITY INSTITUTE GRANT	10,000
DELTA DENTAL PLA	SPONSORSHIP: SMILE-A-BRATION	10,000
PACIFIC INTERPRE	LANGUAGE INTERPRETING - TELEPH	4,124
PHILIPS MEDICAL	M3860A HEARTSTART FR2+DEFIBRIL	1,780
PHILIPS MEDICAL	M3860A HEARTSTART FR2+DEFIBRIL	62
PHILIPS MEDICAL	M3854A DATA CARD & TRAY FOR FR	45
PHILIPS MEDICAL	M3854A DATA CARD & TRAY FOR FR	2
PHILIPS MEDICAL	M3868A CASE CARRYING FOR FR2	64
PHILIPS MEDICAL	M3868A CASE CARRYING FOR FR2	2
PHILIPS MEDICAL	M3857A WALL MOUNT FOR HEARTSTR	45
PHILIPS MEDICAL	M3857A WALL MOUNT FOR HEARTSTR	2
PHILIPS MEDICAL	M3863A FR2+ BATTERY, LONG LIFE	107
PHILIPS MEDICAL	M3863A FR2+ BATTERY, LONG LIFE	4
PHILIPS MEDICAL	M3858A SIGN AED WALL	16
PHILIPS MEDICAL	M3858A SIGN AED WALL	1
HUMAN SERVICES	GRANT	3,000
SENIOR HOUSING O	BARTH HOTEL - GOLD SPONSOR	2,500
BANK ONE CASH MA	MEIGS-MOORE C.J. MASTER PRINTE	840
EAST MIDDLE SCHO	GRANT/EAST MIDDLE SCHOOL PUPPE	500
BANK ONE CASH MA	MEIGS-MOORE C.J. CASA OF COLO	745
BANK ONE CASH MA	MEIGS-MOORE C.J. MEMORIAL HOSP	500

FEIN: 84-0591617 **DECEMBER 31, 2005**

FORM 990, PART II, LINE 22

Name	Purpose	Amount
JV D08305	ER MATCH KPHELPS 2005	12,469
NBMBAA	SPONSORSHIP NBMBAA	2,000
OFFICESCAPES-SCO	LABOR TO PICK UP THE FOLLOWING	525
OFFICESCAPES-SCO	TRUCK TO TRANSPORT PRODUCT FRO	96
OFFICESCAPES-SCO	DESIGN/PROJECT MANAGEMENT, TO	150
ALAMEDA GATEWAY	COMMUNITY GOVERNANCE CONTRIBUT	2,500
BANK ONE CASH MA	MEIGS-MOORE C.J. LEADERSHIP PI	50
BANK ONE CASH MA	MEIGS-MOORE C.J. JDRF ROCKY MO	578
BANK ONE CASH MA	MEIGS-MOORE C.J. SCHLOTSKYS DE	ϵ
BANK ONE CASH MA	MEIGS-MOORE C.J. EL POMAR FOUN	25
BANK ONE CASH MA	MEIGS-MOORE C.J. EL POMAR FOUN	500
BLACK LEADERSHIP	DONATION NON PROFIT ORGANIZATI	500
CU FOUNDATION	KAREN POSSEHL WOMENS ENDOWMENT	250
GIRL SCOUTS WAGO	GRANT - BODY SMARTS: OBESITY E	5,000
INSIDE/OUT YOUTH	GRANT - HIV PREVENTION	3,000
NATIONAL MS SOCI	GRANT-MATCHING TO NAT. MS SOCI	1,000
NEWBORN HOPE	GRANT	2,500
PIKES PEAK COUNC	MAR 15 2005 BREAKFAST	1,200
GARDEN OF THE GO	DONATION	750
IN THEIR HONOR	SPONSORSHIP COLO SPGS AIR SHOW	160
URBAN LEAGUE OF	SCHOLARSHIP	1,000
KIDS TODAY	ADVERTISING SPONSORSHIP	2,390
N22306	RECLS TO DONATION -OFF.SUPPL	404
COLORADO FOUNDAT	SUMMIT SPONSORSHIP	2,500
COLORADANS FOR R	SUPPORT REFERENDUM C & D	50,000
CROSS COMMUNITY	THRIVING COMMUNITIES GRANT	9,949
DENVER HEALTH &	THRIVING COMMUNITIES GRANT	10,000
DENVER HEALTHY P	THRIVING COMMUNITIES GRANT	9,658
DENVER URBAN GAR	THRIVING COMMUNITIES GRANT	8,651
FOOTHILLS PARK &	THRIVING COMMUNITIES GRANT	4,388
FULL CIRCLE INTE	THRIVING COMMUNITIES GRANT	10,000
HEALTH & HUMAN S	THRIVING COMMUNITIES GRANT	10,000
HEALTHY CHILDREN	THRIVING COMMUNITIES GRANT	10,000
JEFFERSON COUNTY	THRIVING COMMUNITIES GRANT	10,000
LONGMONT COALITI	HOLIDAY OUTREACH	-50
REGIS UNIVERSITY	061605	9,978
TRI-COUNTY HEALT	THRIVING COMMUNITIES GRANT	10,000
COMITUS CRISIS C	HOLIDAY OUTREACH	-50
DENVER RESCUE MI	HOLIDAY OUTREACH	-50
MILE HIGH UNITED	HOLIDAY OUTREACH	-50
ESTELLE CAMPBELL	DONATION IN MEMORY OF ROBERT G	100
ESTELLE CAMPBELL	CONTRIBUTION MEMORY ROBERT G K	100
RECLS P-CARD	RECLS FR C.J. MOORE, SCHLOTSK	-50
RECLS P-CARD	RECLS FR C.J. MOORE, RKY MNT	-578
RECLS P-CARD	RECLS FR C.J. MOORE,EL POMAR	-6
RECLS P-CARD	RECLS FR C.J. MOORE,EL POMAR	-25
RECLS P-CARD	RECLS FR C.J. MOORE, LEADERS	-500

FEIN: 84-0591617 **DECEMBER 31, 2005**

FORM 990, PART II, LINE 22

Name	Purpose	Amount
BANK ONE CASH MA	MEIGS-MOORE C.J. MCCORMICK TRI	500
COLORADO SPRINGS	COMMUNITY AFFAIRS	1,000
RECLS P-CARD	DONATION	500
ER MATCH KPHELP	ER MATCH KPHELPS 2005	25,541
UNIV OF COLO SCH	CURRICULUM INNOVATION PROJECT	37,500
THE CENTER FOR T	CONTRIBUTION	-500
CNF/NIGHTINGALE	HOLIDAY OUTREACH	-50
COLORADO BUSINES	ON MY OWN TIME	-500
MOMMY ROCKS	KP CREW AWARDS BREAKFAST DONAT	-200
CHAMBER NONPROFI	PAYMENT FOR 5 OF 5 FOR LEGACY	-8,750
LAKEWOOD IN PARA	CONTRIBUTION	-250
BANK ONE CASH MA	KEIL SHERRY L IN ROADS	175
C J MEIGS-MOORE	JAN-JULY 2005 EXPENSE REPT	250
C J MEIGS-MOORE	JAN-JULY 2005 EXPENSE REPT	100
C J MEIGS-MOORE	JAN-JULY 2005 EXPENSE REPT	50
CASA	MATCHING GRANT FOR JOANNE MCLE	50
SET OF COLORADO	CYCLE FOR SET/BOARD SUPPORT&GR	500
SET OF COLORADO	GRANT FOR CYCLE FOR SET	500
SET OF COLORADO	CYCLE FOR SET/BOARD SUPPORT&GR	2,500
PHARMACY	MMR	1,211
PHARMACY	HIB	205
PHARMACY	HEP B	190
PHARMACY	HEP A	579
PHARMACY	DTAP	274
PHARMACY	IPV	437
PHARMACY	DT	176
PHARMACY	TD	351
ER MATCH KPHELP	COR D0808	38,552
A/P - PAYMENTS	ANNUAL MEETING GRANT	1,500
BANK ONE CASH MA	PYLICAN LINDA DIANA ARAPAHOE S	440
DCBI TRANSFER	DCBI CC TRANSFER	7,500
BANK ONE CASH MA	MEIGS-MOORE C.J. KING SOOPERS	23
BANK ONE CASH MA	MEIGS-MOORE C.J. PIKES PEAK CO	500
BANK ONE CASH MA	MEIGS-MOORE C.J. CREATIVE HOST	9
CU FOUNDATION	SCHOLARSHIPS	20,000
CITIZENS COALITI	GRANT FOR REF C&D	10,000
AMERICAN HEART A	GO FOR WOMEN PRINTING DONATION	500
PIKES PEAK COMMU	GRANT	1,500
SET OF COLORADO	GRANT	500
BANK ONE CASH MA	MEIGS-MOORE C.J. COLORADO SPRI	500
BANK ONE CASH MA	HAWKINS RAYMOND D SCT SHP - HI	69
CENTER FOR NONPR	CONTRIBUTION	5,000
EL PASO COUNTY 4	ANNUAL GIFT	100
LEADERSHIP PIKES	SPONSORSHIPHEALTH	2,000
PHARMACY	CEPTOLEX	96
PHARMACY	CANT REA	20
PHARMACY	APAP	3

FEIN: 84-0591617 DECEMBER 31, 2005

FORM 990, PART II, LINE 22

Name	Purpose	Amount
PHARMACY	CEPHALEX	11
PHARMACY	AMOXICIL	3
PHARMACY	AEROCHAM	32
PHARMACY	ALBUTERO	31
PHARMACY	NASAREL	94
PHARMACY	ALBUTERO	2
PHARMACY	QUAR	60
PHARMACY	DIPH	1
PHARMACY	BACTRIM	6
PHARMACY	SULFA	1
COLORADO STATE U	SCHLARSHIP FOR AISHA WILLIAMS	500
COMMUNITY COLLEG	SCHOLARSHIP FOR CHANELE HALL C	500
REGIS UNIVERSITY	SCHOLARSHIP FOR MARIE MARTINEZ	1,000
UNIVERSITY OF CO	SCHOLARSHIP FOR NANCY FIATOR 8	1,000
UNIVERSITY OF CO	SCHOLARSHIP FOR BRANDON RAMIRE	500
UNIVERSITY OF CO	SCHOLARSHIP CHRISTIAN DOBBS XX	500
UNIVERSITY OF CO	SCHOLARSHIP FOR SARAH ONYEALI	1,000
UNIVERSITY OF NO	SCHOLARSHIP FOR SAMANTHA MARIE	500
WESTERN STATE CO	SCHOLARSHIP FOR LAURA BAUMBACH	500
KROENKE SPORTS P	KROENKE SPORTS PARTNERSHIP	73,000
BANK ONE CASH MA	MEIGS-MOORE C.J. UNIVERSITY OF	2,000
BANK ONE CASH MA	MEIGS-MOORE C.J. UNIVERSITY OF	2,000
PIKES PEAK HOSPI	SEMINAR-ONE VOICE AT A TIME	2,500
COLO PUB POL GR SPEC I	GRANT FOR HEALTH CARE SURVEY	3,000
CU AGING CTR/CU	GRANT FOR CU AGING INITIATIVE	2,000
ECUMENICAL SOCIA	GRANT FOR PSYCHIATRIC MEDICATI	2,500
AED	FIRE PREVENTION SUPPLIES	14,090
AED	FIRE PREVENTION SUPPLIES	352
CASA	MATCHING GRANT	50
MONUMENT ACADEMY	GRANT FOR PULSE OXIMETER FOR S	275
FRIENDS OF THE C	PIKE BICENTENNIAL PROJECT	500
THE CATAMOUNT IN	AUGUST 28, 2005	150
THE CATAMOUNT IN	AUGUST 28, 2005	4
ER MATCH KPHELP	ER MATCH KPHELPS 2005	31,506
BANK ONE CASH MA	MEIGS-MOORE C.J. COLORADO SPRN	25
BANK ONE CASH MA	MEIGS-MOORE C.J. HOBBY-LOBBY #	18
BANK ONE CASH MA	MEIGS-MOORE C.J. PIONEERS' MUS	500
BANK ONE CASH MA	MEIGS-MOORE C.J. HOBBY-LOBBY #	14
BANK ONE CASH MA	MEIGS-MOORE C.J. INSIDE OUT YO	500
BANK ONE CASH MA	MEIGS-MOORE C.J. MARGARITA AT	111
AMERICAN CANCER	SILVER SPONSORSHIP-HOPE GALA 2	2,500
CASA	MATCHING GRANT	-50
KIDPOWER	GRANT FOR SCHOLARSHIP FUND	2,000
NEWBORN HOPE INC	2005 NEWBORN HOPE LUNCHEON	650
PEAK VISTA COMMU	2005 SPONSORSHIP BREAKFAST OF	15,000
TESSA	SPONSOR MARYANN DE LEO/TERROR	750
BANK ONE CASH MA	MEIGS-MOORE C.J. CHAMBER NONPR	500

FEIN: 84-0591617 DECEMBER 31, 2005 FORM 990, PART II, LINE 22 GRANTS PAID

Name	Purpose	Amount
BANK ONE CASH MA	MEIGS-MOORE C.J. IMAGINATION C	570
PIKES PEAK UNITE	SPONSORSHIP-10/21-22/05 MAKE A	1,000
COLORADO STATE U	KPLA SCHOLARSHIP - ANA SILIVA	500
COMMUNITY COLLEG	KPLA SCHOLARSHIP - MELISSA ANN	1,000
COMMUNITY COLLEG	KPLH 2005 SCHOLARSHIP - ANGELA	1,000
FRONT RANGE COMM	KPLA SCHOLARSHIP - OLIVIA CASL	500
METROPOLITAN STA	KPLA SCHOLARSHIP - MONIQUE ANA	1,000
REGIS UNIVERSITY	KPLA SCHOLARSHIP - LAURA JEAN	500
UNIVERSITY OF CO	KPLA 2005 SCHOLARSHIP OSCAR MA	2,000
UNIVERSITY OF CO	KPLA SCHOLARSHIP - MONICA VARG	1,000
UNIVERSITY OF CO	KPLA SCHOLARSHIP - AUNDREA VAN	1,000
UNIVERSITY OF CO	KPLA SCHOLARSHIP - DARCI MARTI	1,000
NAT'L VIDEO	RECLS TO T.CURRIGAN, VIDEO CH	3,756
DENVER HEALTH &	THRIVING COMMUNITIES GRANT	10,000
DENVER HEALTHY P	THRIVING COMMUNITIES GRANT	9,658
DENVER URBAN GAR	THRIVING COMMUNITIES GRANT	8,651
FOOTHILLS PARK &	THRIVING COMMUNITIES GRANT	4,388
HEALTH & HUMAN S	THRIVING COMMUNITIES GRANT	10,000
REGIS UNIVERSITY	THRIVING COMMUNITIES GRANT	9,978
TRI-COUNTY HEALT	THRIVING COMMUNITIES GRANT	10,000
THE DENVER ZOO	FIRST AID ROOM	1,500
RECLS P-CARD	RECLS FR C.J. MOORE,MARGARIT	-110
RECLS P-CARD	RECLS FR C.J.MOORE,PIONEERS	-500
BANK ONE CASH MA	MEIGS-MOORE C.J. TESSA	75
BANK ONE CASH MA	MEIGS-MOORE C.J. GIRL SCOUTS W	250
BANK ONE CASH MA	MEIGS-MOORE C.J. URBAN PEAK	555
BANK ONE CASH MA	MEIGS-MOORE C.J. WOMEN'S RESOU	250
CARE & SHARE	CARE & SHARE GRANT FOR FOOD BA	10,000
RECLS P-CARD	RECLS TO OTHR GRANTS&DONATIO	500
MISC RECLS	RECLS TO DCBI EXP	8,655
SAINT JOSPEH HOS	HEALTHCARE FOUNDATION FUND	25,000
RECLS DCBI	TO RECRD DCBI,GERIATRICS SYM	3,000
COLORADO FOUNDAT	DIABETES PREVENTION & CONTROL	2,000
CROSS COMMUNITY	THRIVING COMMUNITIES GRANT	9,949
FULL CIRCLE INTE	THRIVING COMMUNITIES GRANT	10,000
HEALTHY CHILDREN	THRIVING COMMUNITIES GRANT	5,000
JEFFERSON COUNTY	THRIVING COMMUNITIES GRANT	10,000
CYCLE SAFETY CIR	SUPPORT FOR HELMETS	1,000
CREATING CARING	BULLY-PROOFING INITIATIVE	10,000
DENVER/BOULDER B	LATINO 2006 OUTREACH	10,000
EXEMPLA SAINT JO	CATERED EVENT 12/13/05	429
EXEMPLA SAINT JO	CATERED EVENT 12/13/05	18
BANK ONE CASH MA	SABAD TAMMY M HOBBY-LOBBY #009	10
BANK ONE CASH MA	SABAD TAMMY M HOBBY-LOBBY #009	29
BANK ONE CASH MA	SABAD TAMMY M HOBBY-LOBBY #011	23
BANK ONE CASH MA	· · · · · · · · · · · · · · · · · · ·	4(
BANK ONE CASH MA	SABAD TAMMY M HOBBY-LOBBY #011 SABAD TAMMY M KING SOOPERS #00	22

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FORM 990, PART II, LINE 22

Name	Purpose	Amount
BANK ONE CASH MA	FOSTER RITA K HOBBY-LOBBY #003	42
BANK ONE CASH MA	JONES HARRIET PARTY CITY #117	28
BANK ONE CASH MA	WALTERS SHERRY L WM SUPERCENTE	28
BANK ONE CASH MA	WALTERS SHERRY L FOREVER YOURS	120
BANK ONE CASH MA	WALTERS SHERRY L WAL-MART #123	64
A/P - PAYMENTS	GRANT FOR FOOD STAMP PROCESSIN	750
EAST MIDDLE SCHO	SPONSORSHIP PUPPETEER TROUPE	500
BANK ONE CASH MA	MEIGS-MOORE C.J. RONALD MCDONA	500
CHRISTIAN HEALIN	GRANT FOR DIABETIC CLINIC	2,500
CHRISTIAN HEALIN	GRANT FOR INDIGENT DIABETIC CL	2,500
CPHP PHYSICIANS	DONATION	250
NATIONAL MULTIPL	COPPER SPONSORSHIP 2006	1,500
NEW BORN HOPE IN	DONATION	100
SOUTHERN COLORAD	DONATION	2,000
BANK ONE CASH MA	MEIGS-MOORE C.J. TRAILS&OPENSP	150
COLORADO SPRINGS	GRANT 2005	1,500
GOODWILL INDUSTR	GRANT	1,500
PIKES PEAK COMMU	GRANT COMMUNITY FOUNDATION	2,000
BANK ONE CASH MA	BAKER JANA M ASIAN PACIFIC DEV	600
BANK ONE CASH MA	BAKER JANA M JR ACHIEVEMENT RO	2,500
BANK ONE CASH MA	BAKER JANA M AMERICAN HEART A	1,500
BANK ONE CASH MA	BAKER JANA M RED WALRUS/WINDSO	244
BANK ONE CASH MA	BAKER JANA M SAFEWAY STORE 000	20
BANK ONE CASH MA	BAKER JANA M PANERA BREAD #306	18
BANK ONE CASH MA	BAKER JANA M QUALITY AWARDS IN	74
PETTY CASH CUSTO	PETTY CASH REIMBURSEMENT	39
UNIVERSITY OF CO	GIFT MATCHING	50
ARMENIANS OF COL	2005 FUNDRAISING	900
AORN FOUNDATION	GRANT SPONSORSHIP	1,000
NTL VIDEO RCHRG	NTL VIDEO RCHRG	576
NTL VIDEO RCHRG	NTL VIDEO RCHRG	83
PARKINSON ASSOCI	DONATION	500
DENVER EMS COUNC	RESEARCH FUNDS	500
MENTAL HEALTH OM	GRANT SPONSORSHIP	500
SUNGATE	SPONSORSHIP-FOR THE CHILDREN B	1,000
BUCKLEY FIELD YO	DONATION	200
GLENDALE YMCA AT	DONATION-STRONG KIDS CAMPAIGN	3,000
KEN CARYL RANCH	SPONSORSHIP	250
REEL RECOVERY	DONATION	200
AURORA CHAMBER O	DPMATOPM	300
BANK ONE CASH MA	WALTERS SHERRY L ST JOSEPH HOS	539
CITY PARK WEST N	SPONSORSHIP-CITY PARK FESTIVAL	500
DENVER PUBLIC LI	SPONSORSHIP	500
LABORS COMMUNITY	DONATION	1,000
EXEMPLA ST JOSEP	GOLF TOURNAMENT	3,200
COMMUNITY EDUC	KAISER PERMANENTE SCHOLARSHIP	1,000
NAT VIDEO RECHG	NAT VIDEO,T.CURRIGAN	7,676

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Name	Purpose	Amount
ALZHEIMER'S ASSO	GIFT MATCHING	100
THE ROCKY MTN CE	DONATION	1,000
MISC RECL	MISC P-CARD RECL T.CURRIGAN	4,858
MISC RECL	MISC P-CARD RECL T.CURRIGAN	373
AVON WALK FOR B	GIFT MATCHING	145
AMERICAN SOCIETY OF	ASSIST FUND	500
GIRL SCOUTS TROO	GIFT MATCHING	100
WHIZ KIDS TUTORI	RUN TO READ SPONSORSHIP	1,000
HEATHER GARDEN F	2005 SPONSORSHIP	200
MISC RECLS	RECLS TO OTHR GRANTS, GIFTS	231
MISC RECLS	RECLS TO OTHR GRANTS&DONATIO	1,750
ARMENIANS OF COL	SPONSORSHIP	750
BANK ONE CASH MA	BAKER JANA M FEDEX KINKO'S #04	34
BANK ONE CASH MA	BAKER JANA M STARBUCKS USA 000	340
BANK ONE CASH MA	BAKER JANA M HOBBY-LOBBY #0017	47
LARIMER ARTS ASS	STREET PAINTING SPONSORSHIP	150
UNIV OF COLORADO	GIFT MATCHING	100
CENTER FOR PERSO	PHYSICIAN EXCELLENCE CAMPAIGN	1,000
KOMEN DENVER MET	IN MEMORY OF SHARON WENTZEL	500
THE LEUKEMIA AND	GIFT MATCHING	405
RECLS P-CARD	RECLS TO GIFT MATCHING	4,858
RECLS P-CARD	RECLS TO GIFT MATCHING	373
GILDA'S CLUB DEN	GILDA'S CLUB DENVER - GENERAL	1,000
THE CYSTIC FIBRO	GREAT STRIDES	500
AMERICAN HEART A	GIFT MATCHING - SARA KIOCKARS	50
AMERICAN HEART A	GIFT MATCHING - BROOK BUCHANAN	100
ELIJAH'S RAINBOW	GIFT MATCHING - DAVID G WARD	35
MARCH OF DIMES	GIFT MATCHING CAROL DAUER	100
MS NATIONAL SOCI	GIFT MATCHING - LOIS SHARRETT	25
SUSAN G KOMEN FO	GIFT MATCHING	50
SUSAN G KOMEN FO	GIFT MATCHING-JULIE JENSEN-SMI	100
MHAC	GIFT MATCHING ELENA DAVIS-STEN	25
MLK RECREATION C	GIFT MATCHING - KATRINA HAYES	100
THE CHILDRENS HO	GIFT MATCHING- ADAM JACKSON	100
HOPE HOUSE OF CO	GIFT MATCHING (HIGH TEA)	550
HOPE HOUSE OF CO	GIFT MATCHING (HIGH TEA)	650
BANK ONE CASH MA	FOSTER RITA K SUBWAY#15098	65
BANK ONE CASH MA	BAKER JANA M SAFEWAY STORE 000	55
BANK ONE CASH MA	BAKER JANA M STARBUCKS USA 000	50
COLORADO BUSINES	EVENT SPONSORSHIP	500
OLD FIREHOUSE AR	BUSINESS OF ARTS WORKSHOP SERI	1,000
NATIONAL MULTIPL	GIFT MATCING-BETH NEWSOM	100
NATIONAL MULTIPL	GIFT MATCHING, JOSHUA M. LEVY	65
THE LEUKEMIA AND	GIFT MATCHING - PATTY COUGHLIN	150
MISC RECLS	RECLS TO CHARITABLE DONATION	4,858
MISC RECLS	RECLS TO CHARITABLE DONATION	373
AVON WALK FOR BR	GIFT MATCHING JESSICA SPAULDIN	160

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Name	Purpose	Amount
AVON WALK FOR BR	GIFT MATCHING	200
SUSAN G KOMEN FO	GIFT MATCHING - JONNA FAILING	100
MISC RECLS	RECLS TO GIFT MATCHING	1,000
DENVER AREA COUN	GIFT MATCHING - MARCIA E. AUSM	60
MLK RECREATION C	GIFT MATCHING - NICOLE PARTILL	100
YMCA'S OF METROP	GIFT MATCHING	130
A/P - PAYMENTS	GIFT MATCHING - MARK GOEBEL	100
BANK ONE CASH MA	KERSHNER MARY D ALBERTSONS #83	35
BANK ONE CASH MA	KERSHNER MARY D KING SOOPERS #	9
NAT'L VIDEO	NAT VIDEO RECHG T.CURRIGAN	3,078
ROCKY MOUNTAIN S	STROKE RECOVERY PACKET	1,000
SMOKY HILL PAREN	SHARE BASKET PROJECT	200
RELIZON	FORM DIETARY LOW FAT/LOW CHOLE	-4
RELIZON	FORM DIETARY LOW FAT/LOW CHOLE	C
ALZHEIMERS ASSOC	GIFT MATCHING - MICHELLE WENGE	25
ARTHRITIS FOUNDA	GIFT MATCHING - COLEEN MILLER	100
BANK ONE CASH MA	WENGERT MICHELLE A HYATT HOTEL	876
SPECIAL TRANSIT	MEDICAL TRANSPORTATION PROGRAM	4,500
RECLS P-CARD	RECLS TO GIFT MATCHING	1,250
DENVER AREA COUN	GIFT MATCHING - CARRIE BRVO	50
KENNETH JOHNSON	REIMBURSE EXPENSES JULY 2005	200
THE CHILDRENS HO	GIFT MATCHING - KIMBERLY BISCH	100
COLO COUNCIL ON	GOLD CONTRIBUTION	1,000
DENVER COMMUNITY	DCLF ALUMNI EVENT	500
UPTOWN ON THE HI	UPTOWN SAMPLER	500
ALZHEIMER'S ASSO	GIFT MATCHING	155
ALZHEIMERS ASSOC	GIFT MATCHING - ELIZABETH NOLL	100
NATIONAL ALLIANC	GIFT MATCHING - VERONDA SMITH	100
PIKES PEAK CHALL	GIFT MATCHING - CHERYLE SULLIV	100
JUVENILE DIABETE	JDRF WALK-MATCHING GIFT FOR CO	2,000
MISC RECLS	EE MGMT INVOLEMENT CONCEPT	992
AMERICAN HEART A	GIFT MATCHING	75
KOMEN DENVER MET	GIFT MATCHING - CORINNE CRUM	40
NATIONAL MS SOCI	GIFT MATCHING	175
DENVER AREA COUN	GIFT MATCHING - SUSAN ARNESON	100
THE CHILDRENS HO	GIFT MATCHING - MARY JOHNSON	100
THE CHILDRENS HO	GIFT MATCHING - SUSAN MERRILL	100
THE OTHER PRESENTATION	KERSHNER EXPENSE	40
BANK ONE CASH MA	BAKER JANA M KING SOOPERS #012	6
BANK ONE CASH MA	BAKER JANA M KING SOOPERS #012	
BANK ONE CASH MA	BAKER JANA M SAFEWAY STORE 000	
BANK ONE CASH MA	BAKER JANA M WALGREEN 000	12
MISSIONARIES OF	GIFT MATCHING	100
ALZHEIMER'S ASSO	GIFT MATCHING GIFT MATCHING DONNA LYNNE	50
AMERICAN DIABETE		100
	GIFT MATCHING DERDA LEMKE	
AMERICAN DIABETE	GIFT MATCHING DEBRA LEMKE	25

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FORM 990, PART II, LINE 22

Name	Purpose Purpose	Amount
RECLS P-CARDS	RECLS TO GIFT MATCHING	992
SUSAN G KOMEN FO	GIFT MATCHING LINDA EISENBRAUN	100
ELDORADO ELEMENT	REGESTERED KATIE HAWKSWORTH FO	200
AMERICAN RED CRO	DONATION OF BEHALF OF SHERRI E	200
ASIAN PACIFIC DE	GRANT	2,500
PARTNERSHIP FOR	ANNUAL CORPORATE DONATION	5,000
MISC RECLS	RECLS TO BUS MEETINGS	208
COLORADO PUBLIC	BAKER JANA M SAFEWAY STORE 000	16
A/P - PAYMENTS	GIFT MATCHING	60
A/P - PAYMENTS	GIFT MATCHING	-60
A/P - PAYMENTS	GIFT MATCHING JULIE ROULSTON	25
A/P - PAYMENTS	GIFT MATCHING GLENN GADE, MD P	100
CENTER FOR PERSO	PHYSICIAN EXCELLENCE CAMPAIGN	1,000
CORY ELEMENTARY	GIFT MATCHING - JULIA RAWLINGS	50
DENVER AREA COUN	GIFT MATCHING - ANGELA OBERG	25
REBUILDING TOGET	GIFT MATCHING - REC. FOR NIH P	200
ROCKY MOUNTAIN P	GIFT MATCHING - JOHN A. COOPER	83
NAT'L VIDEO	RECLS TO T.CURRIGAN	1,845
DAY OF CARING	CONTRIBUTING SPONSOR	1,000
ROCKY MOUNTAIN C	GENERAL SUPPORT	2,500
SUSAN G KOMEN BR	GIFT MATCHING, KIRSTEN FISCHER	30
FOOD BANK OF THE	MATCHING GIFTCAROLYN O'BRIAN	100
DEVELYN EDUCATIO	GIFT MATCHING, JENSEN, SWENSON,	400
GIRL SCOUTS TROO	GIFT MATCHING, BETH TODOR	50
GIRLS INCORPORAT	GIRLS AND GUYS NIGHT OUT DONAT	1,000
HYLAND HILLS PAR	DONATION LOW INCOME YOUTH	1,000
SOBRIETY HOUSE	DONATION	500
BANK ONE CASH MA	BAKER JANA M RED LOBSTER US000	30
BANK ONE CASH MA	BAKER JANA M QUALITY AWARDS IN	74
BANK ONE CASH MA	BAKER JANA M WINDSOR GARDENS P	33
DENVER OPTIONS I	KP CREW SPONSORED HOLIDAY OUTR	100
DENVER RESCUE MI	KP CREW HOLIDAY OUTREACH	100
DENVER RESCUE MI	KP CREW SPONSORED HOLIDAY OUTR	100
DENVER RESCUE MI	KP CREW SPONSORED HOLIDAY OUTR	100
DENVER RESCUE MI	KP CREW ONGOING PROJECT KITCHE	200
FAMILY TREE INC	KP CREW HOLIDAY OUTREACH	100
FISH INC	KP CREW SPONSORED HOLIDAY OUTR	100
FOOD BANK OF THE	KP CREW SPONSORED HOLIDAY OUTR	100
KP HELPS CHARITA	KP CREW SPONSORED HOLIDAY OUTR	100
LOVING HANDS MIN	KP CREW SPONSORED HOLIDAY OUTR	100
MOUNT SAINT VINC	KP CREW SPONSORED HOLIDAY OUTR	100
OLD FIREHOUSE AR	MATCHING GRANT CHALLENGE	1,300
RONALD MCDONALD	KP CREW HOLIDAY OUTREACH	100
SAFEHOUSE DENVER	KP CREW SPONSORED HOLIDAY OUTR	100
SAFEHOUSE DENVER	KP CREW HOLIDAY OUTREACH	100
SALVATION ARMY	KP CREW SPONSORED HOLIDAY OUTR	100
THE SALVATION AR	KP CREW SPONSORED HOLIDAY OUTR	100

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Name	Purpose	Amount
VOLUNTEERS OF AM	KP CREW HOLIDAY OUTREACH	100
BANK ONE CASH MA	MEIGS-MOORE C.J. PROFESSIONAL	80
BANK ONE CASH MA	MEIGS-MOORE C.J. WAL-MART #189	700
BANK ONE CASH MA	MEIGS-MOORE C.J. EMPTY STOCKIN	2,500
PIKES PEAK HABIT	SPONSORSHIP GIFT 2005	250
BANK ONE CASH MA	MEIGS-MOORE C.J. COLO FESTIVAL	500
	TOTAL GRANTS PAID	994,827

KAISER FOUNDATION HEALTH PLAN OF COLORADO FORM 990 TAX YEAR 2005

84-0591617

STATEMENT OF FIXED ASSETS AND DEPRECIATION

FORM 990 PART IV, LINE 57 - LAND, BUILDING AND EQUIPMENT, LESS ACCUMULATED DEPRECIATION AND AMORTIZATION; AND PART II, LINE 42, COLUMN (B) - DEPRECIATION AND AMORTIZATION EXPENSE.

	СО	ST	ACCUMULATED	DEPREC/AMORT	2004
	BEGINNING	END OF	BEGINNING	END OF	DEP/AMORT
	OF YEAR	YEAR	OF YEAR	YEAR	EXPENSE
LAND	34,635,237	33,675,863	0		
LAND IMPROVEMENTS	9.836,271	13,681,421	4,943,841	5,111,783	574,270
BUILDINGS	281,841,501	313,553,813	111,593,518	120,467,766	14,602,333
LEASEHOLD IMPROVEMENTS	3.076.254	4,931,022	2,422,536	3,013,348	590.812
EQUIPMENT	111,606,317	126,923,573	76,423,508	86,612,586	11,301,339
CAPITALIZED SOFTWARE	15,941,851	13,634,148	15,086,328	13,143,683	520,172
CAPITALIZED LEASES	0	128,994	0	92,445	(6,450)
CONSTRUCTION IN PROGRESS	26,638,701	19,448,912	0	•	\-'
	483,576,132	525,977,746	210,469,731	228,441,611	
OTHER AMORTIZATION - START UP	AND DEFERRED CO	STS -			
TOTALS TO					
PART IV, LINE 57(A)		525,977,746			
PART IV, LINE 57(B)		020,077,740		228,441,611	
PART IV, LINE 57(C)	273,106,401	297,536,135		220, 471,011	
PART II, LINE 42(A) DEPRECIATION.					27 502 476
PART II, LINE 42(A) DEPRECIATION,	AWORTZATION, E	10.			27,582,476

KAISER FOUNDATION HEALTH PLAN OF COLORADO 84-0591617 12/31/2005

STATEMENT FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS HOURS* WEEKLY PRE 2005 2005 2005 see note 2 *see note 7 See Notes 3 & 4 <	Notes 3, 4 & 5 See Notes 3, 4 & 6
DIRECTORS:	
George C Halvorson Director & Chairman 0 0 0	0 0
Daniel P Garcia Director 0 0 0	0 0
Barbara D Blum Director to March 2005 5 0 0 0	0 0
Christine K Cassel Director 11 0 0 0	0 0
Thomas W Chapman Director 8 0 0 0	o a
William R Graber Director 6 0 0 0	0
J. Eugene Grigsby ill Director 8 0 0 0	0 0
Kim J. Kalser Director 7 0 0 0	0 0
J. Neal Purcell Director 8 0 0 0	0 0
Philip A. Marineau Director 5 0 0 0	0 0
Robert L Ridgley Director retired December 2005 5 0 0 0	0 0
Cynthia Telles Director 6 0 0 0	0 0
Sandra Thompkins Director from June 2005 3 0 0 0	0 0
Hans Tjian Director to August 2005 5 0 0 0	0 0
OFFICERS AND KEY EMPLOYEES:	
Christopher L Binkley Regional President-Colorado to February 2005 40 0 0 0	0 0
Donna Lyrine Regional President-Colorado from February 2005 40 0 0 0	0 0
Robert E Briggs * Senior Vice President to February 2005 40 0 0 0	0 0
Kathryn Lancaster Senior Vice President 40 0 0 0	0 0
Arthur M Southam, MD Senior Vice President 40 0 0 0	0 0
Steven R Zatkın Senior Vice President 40 0 0 0	0 0
Thomas R Meier Vice President/Treasurer 40 0 0 0	0 0
Deborah Stokes Vice President/Controller 40 0 0 0	0 0
Mitchell Cohen Assistant Secretary 40 0 0 0	0 0
Victoria B Zatkin Assistant Secretary 40 0 0 0	0 0
Jennifer Gardner Assistant Secretary 40 0 0 0	0 0

KAISER FOUNDATION HEALTH PLAN OF COLORADO 84-0591617 12/31/2005

STATEMENT FORM 990 PART V, LINE 75 - LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	(C1) COMPENSATION PRE 2005	(C2) COMPENSATION 2005	(D1) BENEFIT 2005	(D2) BENEFIT PAID 2006	(E) EXP ACCT/ OTHER ALLOW.
see note 2	See Notes 3 & 4	See Notes 3 & 4	See Notes 3, 4 & 5	See Notes 3, 4 & 5	See Notes 3, 4 & 6
George C Halvorson	0	0	0	0	
Daniel P Garcia	0	0	0	0	0
Barbara D Blum	0	29,625	0	0	0
Christine K Cassel	0	133,000	0	0	0
Thomas W Chapman	0	161,173	14,000	0	0
William R. Graber	0	156,333	0	0	0
J. Eugene Grigsby III	0	159,975	0	0	0
Kim J. Kaiser	0	167,500	0	0	0
J. Neal Purcell	0	158,000	14,000	0	0
Philip A. Marineau	0	139,833	0	0	0
Robert L Ridgley	0	151,182	0	0	0
Cynthia Telles	0	162,475	0	0	0
Hans Tjian	0	86,222	0	22,000	0
Sandra Thompkins	0	91,917	0	0	0
Christopher L Binkley	660,374	506,035	90,020	96,249	0
Donna Lynne	0	253,063	76,826	127,214	12,000
Robert E Briggs *	3,798,344		114,996		
Kathryn Lancaster	156,539		240,701		0
Arthur M Southam, MD	1,308,033		359,644		0
Steven R Zatkin	512,031	The state of the s	657,832		0
Thomas R Meier	166,555		123,589	•	0
Deborah Stokes	184,465		125,771		0
Mitchell Cohen	15,200		37,937		0
Victoria B Zatkin	33,467		60,622		0
Jennifer Gardner	0		9,320		0

NOTES for current and future compensation, benefits and other reimbursements.

Note #1 - This Organization is one of the corporate entities listed on Part VI, Line 80 "Related and Controlled Entities" which is included as a part of this return. This Organization is a participating member of a vertically integrated direct service prepaid health care program.

Note #2 - The Officers and Directors can be contacted in care of:

Kaiser Foundation Health Plan, Inc. Program Office Controller's Department One Kaiser Plaza, Suite 15L Ordway Oakland, CA 94612

Note #3 - The executive compensation program for Kaiser Foundation Health Plan, Inc. and Subsidiaries and Kaiser Foundation Hospitals and Subsidiaries (KFHP/H) 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 an independent committee of the Board of Directors of KFHP/H, which evaluates and approves all programs and payments to executives.

Base pay for executive positions is established at a level comparable to the relevant market. In addition, other components of the compensation program bear 'at-risk' features designed to focus on strategically important performance goals and to assist in attracting and retaining top performers. The executive compensation program is targeted at the median of the comparable external market in which the organization competes for executive leadership. The compensation program focuses on objectives in the areas of quality of member care and service, financial soundness, and the community and social mission of the organization.

Note #4 - Compensation, benefit plan contributions and reimbursement for certain expenses (collectively referred to as "compensation") of Directors, Officers and Key Employees are paid by Kaiser Foundation Health Plan, Inc. (Health Plan) as common paymaster and disbursement agent for the participating member organizations of KFHP/H. Certain Directors, Officers and/or Key Employees perform services for several of the KFHP/H member organizations.

Some of the amounts shown as Compensation were actually earned in years prior to 2005. This compensation is effectively reported in Part V twice – once in the year deferred and again in the year paid. However, the compensation is only paid once. The disclosure rules mandate that significant amounts of compensation are double-counted in both 2004 and 2005. For instance, column C1 includes amounts paid in 2005 for achievement of performance goals for prior years, and column D2 includes payments scheduled for 2006 for performance goals achieved in 2005.

Note #5 – The Organization offers various benefit plans, both qualified and non-qualified. Among the benefits offered to the officers listed on Form 990, Part V-A line 75 c are a qualified Defined Benefit Plan (Plan A), a qualified Defined Contribution Plan (Plan B), a Section 403(b) Tax Sheltered Annuity Plan (TSA), a Section 457(b) Deferred Compensation Plan (CAP), and health and welfare benefit plans. Included in Benefits reported for this purpose are the value of the annual contributions to Plan B, TSA, CAP and certain health and welfare benefit plans. Estimates for 2005 accruals for future benefits under Plan A are included in column D1.

For other benefit plans available to executives which provide future benefits earned during 2005 (where the specific amounts are available and determinable by the time this tax report is filed), the amount is included in the Benefits column D1 reported in this return. Amounts determinable at year-end under termination of employment arrangements calling for future payments in a subsequent year are included in the D1 Benefit Plans column for this purpose. Individuals noted with (*) may have amounts included by reason of termination of employment and from benefit plan accounts that were previously earned.

Certain officers, directors and key employees are eligible for post-retirement medical and life insurance benefits if they meet certain eligibility requirements. Payments are not made to these post-retirement benefit plans on behalf of individuals until retirement, and thus, payments to these plans are not reported on Part V, column D. However, when the retiree benefits are actually paid, they are reported on Part V-B of the Form 990.

Note #6 - The amounts reported as Expense Account/ Other Allowance include amounts for reimbursement of expenses. Under IRS rules, ordinary and necessary business expenditures such as travel, transportation, lodging, meals, business meetings and conferences are not included here. These items are reimbursed on an accountable plan basis, consistent with policies and procedures based on prudent fiduciary responsibilities and standards. The policies under which these individuals account to the payer meet the substantiation requirements of Internal Revenue Code Section 274. This reporting includes taxable moving and relocation reimbursements and allowances.

Note #7 – The average weekly time spent on the organization's affairs during 2005 is reported based on individual records for Directors Kaiser, Ridgley, Graber, Cassel, Grigsby, Chapman, Thompkins, Purcell and Telles; for the other directors the time is estimated to be five hours. Actual time spent by Board member may vary based on different responsibilities during the year. Key employees, who work full-time, may work in excess of the standard 40-hour work week.

Kaiser Foundation Health Plan, Inc., Kaiser Foundation Hospitals, Kaiser Foundation Health Plan of the Northwest, Kaiser Foundation Health Plan of Colorado, and Kaiser Foundation Health Plan of Ohio have the same Directors. The hours reported for outside Directors for Part V represent the total average weekly time spent by each Director on all of these organizations' affairs during 2005.

FEIN: 54-0591617

12/31/05

NON-AFFILIATED TAXABLE ORGANIZATION RELATIONSHIPS

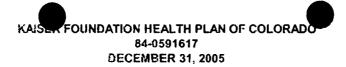
NAME	NON-AFFILIATED TAXABLE ORG	TRANSACTIONAL RELATIONSHIP
PHILIP A MARINEAU	LEVI STRAUS & CO	NONE
HANS TIJAN	WESTAMERICA BANCORPORATION	NONE
ROBERT RIDGLEY	NORTHWEST NATURAL GAS COMPANY	GAS SUPPLIER FOR NORTHWEST REGION

KAISER FOUNDATION HEALTH PLAN OF COLORADO FEIN: **84**-0591617

12/31/2005

FAMILY AFFILIATIONS REPORTED

NAME	FAMILY MEMBER AFFILIATION
STEVE R ZATKIN	SPOUSE EMPLOYEE OF KFHP INC.
VICTORIA B ZATKIN	SPOUSE, SR. VP, GENERAL COUNSEL AND SECRETARY OF KFH, KFHP INC. AND REGIONAL HEALTH PLANS
CYNTHIA TELLES	COUSIN, PHYSICIAN SOUTHERN CALIFORNIA MEDICAL GROUP



ATTACHMENT FOR:

FORM 990 PART VI, QUESTION 80 - RELATED AND AFFILIATED ENTITIES AND/OR

FORM 1120, SCHEDULE K, QUESTIONS 3, 4 AND 5

KAISER FOUNDATION HEALTH PLAN, INC. AND KAISER FOUNDATION HOSPITALS, CALIFORNIA NOT-FOR PROFIT CORPORATIONS, EXEMPT FROM INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(3), HAVE A CONTROLLING OR AFFILIATED INTEREST IN THE FOLLOWING CORPORATIONS AS OF DECEMBER 31 2005

EMPLOYER	ENTITY NAME		DIRECT & INDIRECT % CONTROLLED BY KFHP, INC
	ENTITIES THAT ARE OWNED DIRECTLY OR INDIRECTLY BY KAISER FOUNDATION N, INC THAT ARE ALSO EXEMPT FROM FEDERAL INCOME TAX UNDER IRC 501(C)(3)		
93-0798039	KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST		100%
84-0591617	KAISER FOUNDATION HEALTH PLAN OF COLORADO		100%
58-1592076	KAISER FOUNDATION HEALTH PLAN OF GEORGIA, INC		100%
52-0954403	KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC		100 %
34-0922268	KAISER FOUNDATION HEALTH PLAN OF OHIO		100%
23-7425486	COMMUNITY HEALTH PLAN		100%
94-3239124	KAISER HEALTH PLAN ASSET MANAGEMENT, INC		100%
93-0954562	KAISER HEALTH ALTERNATIVES		100%
94-3299123	CAMP BOWIE SERVICE CENTER		100%
93-0480268	OHP		100%
91-2171891	LOKAHI ASSURANCE, LTD		100%
	ENTITIES THAT ARE OWNED DIRECTLY OR INDIRECTLY BY KAISER FOUNDATION N, INC. THAT ARE TAXABLE FOR FEDERAL AND STATE INCOME TAX PURPOSES		
03-0329760	OAK TREE ASSURANCE, LTD		100%
94-3113684	KAISER PERMANENTE HEALTH ALTERNATIVES, INC		100%
94-3259432	KAISER PROPERTIES SERVICES INC		100%
91-1814507	CHP COMPANIES, INC		100%
94-1105628 94-3299125	KAISER FOUNDATION HOSPITALS KAISER HOSPITALS ASSET MANAGEMENT, INC	*(1) *(2)	N/A N/A
	IDATION HEALTH PLAN, INC. IS AFFILIATED WITH THE FOLLOWING IT ARE NOT EXEMPT FROM FEDERAL INCOME TAX:		
94-3245176	KAISER PERMANENTE INTERNATIONAL	*(2)	N/A
94-3292262	KAISER PERMANENTE VENTURES	*(2)	N/A
68-0444615	CARETOUCH INC	*(2)	N/A
91-2166347	KP ONCALL, LLC (elected to be treated as a disregarded entity for tax purposes)	*(2)	N/A
94-3203402	KAISER PERMANENTE INSURANCE COMPANY	*(3)	50%
N/A	HAMI - COLORADO LLC (elected to be treated as a disregarded entity for tax purposes)	*(4)	N/A
20-2961620	KP CAL		100%
20-2712661	KPCAL_LLC (elected to be treated as a disregarded entity for tax purposes)		100%
NOTE *(1)	KAISER FOUNDATION HOSPITALS A CALIFORNIA NOT-FOR-PROFIT CORPORATION, EXEMPT FROM INCOME TAX UNDER THE PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3) SHARES A COMMON BOARD OF DIRECTORS WITH KAISER FOUNDATION HEALTH PLAN INC		
NOTE *(2)	THESE ENTITIES ARE SUBSIDIARIES OF KAISER FOUNDATION HOSPITALS		
NOTE *(3)	KAISER PERMANENTE INSURANCE COMPANY IS A NON-EXEMPT LIFE, ACCIDENT AND HEALTH INSURANCE COMPANY OF WHICH 100% OF THE PREFERRED STOCK AND 50% OF THE COMMON STOCK ARE OWNED BY KAISER FOUNDATION HEALTH PLAN, INC THE REMAINING 50% OF COMMON STOCK IS OWNED BY NON-AFFILIATED PHYSICIANS PRACTICE GROUPS		
NOTE *(4)	HAMI - COLORADO, LLC - THE SOLE MEMBER OF THIS LIMITED LIABILITY COMPANY IS KAISER HOSPITALS ASSET MANAGEMENT. INC		

THE COMMON ADDRESS FOR ALL ENTITIES LISTED ABOVE IS:

C/O KAISER FOUNDATION HEALTH PLAN, INC PROGRAM OFFICE CONTROLLER'S DEPARTMENT - TAX ONE KAISER PLAZA, 1550 ORDWAY CAKLAND, CA 94612

TIN: 84-0591617 DECEMBER 31, 2005

STATEMENT FORM 990 PART VIII RELATIONSHIP OF ACTIVITIES TO EXEMPT PURPOSE

LINE NUMBER 93:

93A MEMBERS HEALTH CARE PREMIUMS

Revenue received from or on behalf of members, for prepaid health care coverage under the HMO care plans offered by Health Plan to its members. Revenue excluded under the provisions of Revenue Ruling 68-27.

93B SUPPLEMENTAL CHARGES / PHARMACY

Revenue received for co-payments from or on behalf of members for health care services provided under the plans referred to in 93A above. Pharmaceutical sales to members. Revenue excluded under the provisions of Internal Revenue Regulation 1.501(c)(3)-1.

93C NON-PLAN AND INDUSTRIAL REVENUE

Revenue received from non-members for health care and from outside insurers for reimbursement for health care services provided to members for work-related injuries or conditions. Revenue excluded under the provisions of Internal Revenue Regulation 1.501(c)(3)-1.

93D OTHER PROGRAM SERVICE REVENUE

Revenue received from or on behalf of members for health care services provided under the plans referred to in 93A above.

93F MEDICARE / MEDICAID PAYMENTS

Revenue received from the Social Security Administration for medical and health care services provided to Plan members covered under Part B of Medicare. Revenue excluded under the provisions of Internal Revenue Regulation 1.501(c)(3)-1.

KAISER FOUNDATION HEALTH PLAN COLORADO. EMPLOYEE COMPENSATION FOR FORM 990 REPORTING PURPOSES FOR TAX YEAR 2005

TOP FIVE EMPLOYEES

NAME	TITLE	HOURS see note 7	(C1) COMPENSATION PRE-2005 see notes 3 & 4	COMPENSATION 2005 see notes 3 & 4	(D1) BENEFITS 2005 see notes 3, 4 & 5	(D2) BENEFITS PAID 2006 see Notes 3, 4 & 5	(E) EXP ACCT/ OTHER ALLOW. see notes 3, 4 & 6
KERRY KOHNEN	VP	40	91,041	254,249	43,788	34,285	0
TERESA SALERNO	VP	40	33,161	221,091	61,828	35,699	o
KRISTIN M SNYDER	VP	40	132,164	227,757	108,267	32,539	0
JAMES ERIC NEWSOME	VP	40	149,374	280,325	92,448	45,515	0
BARBARA ANN GRIMM	VP	40	142,989	281,821	103,240	45,576	0

NOTES: See Statement ⊋ for notes applicable to the above reporting.

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Schedule A, Part III, Question 2a:

Kaiser Foundation Health Plan of Colorado (KFHP) is organized for the public benefit and provides health and medical care services for its members. KFHP and Kaiser Foundation Health Plan, Inc. (KFHP Inc.) and Kaiser Foundation Hospitals (KFH) have common Boards of Directors. KFHP, KFHP, Inc. and KFH are operated as separate charitable corporations. See **Statement 24** for a list of tax-exempt and non-exempt related entities.

Based on a review of KFHP records and Conflict of Interest (COI) statements for these directors, officers and key employees for 2005, KFHP did not engage in the sale, exchange, or leasing of property with any of the persons listed on Form 990, Part V.

Based on a review of the records of the affiliated taxable entities for transactions with these individuals, none of these taxable entities engaged in any sale, exchange or lease of property with KFHP individual directors or officers.

In the normal course of business in carrying out its charitable purposes, KFHP may have entered into the sale, exchange, or leasing of property with some of the related entities described in **Statement 24**. KFHP relationships with such organizations are conducted at a price which is not less than cost or more fair market value.

Schedule A, Part III, Question 2b:

Statement 23, page 2 provides a list of the directors, officers and key employee family members with whom KFHP did business or who were employed by KFHP or any KFHP affiliate. KFHP does not have trustees, creators or substantial contributors.

Based on a review of KFHP records and COI statements for these directors, officers and key employees for 2005, KFHP did not engage in the lending of money or other extension of credit with any of these persons in 2005. KFHP, Inc. has a program that provides loans to relocate executives. The program was modified in August 2002 to take into consideration the Section 402 provisions of the Sarbanes Oxley Act, limiting certain employees' eligibility for loans. **Statement 22** provides information regarding officer and key employee loans made by KFHP, Inc. as disclosed in the KFHP, Inc. 2005 Form 990, Part IV and Schedule A, Part III, question 2b.

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Based on the COI questionnaires for 2005, **Statement 23, page 1** lists non-affiliated taxable organizations which did business with KFHP in 2005 and on which KFHP officers, directors, key employees or their families served as an officer, director, or owner. KFHP relationships with such organizations are conducted on a fair market value basis and the KFHP officer director or key employee abstained from voting on any such matter.

Schedule A, Part III, Question 2c:

Form 990, Part V lists the officers, directors and key employees of KFHP in 2005.

Based on a review of COI statements for these directors, officers and key employees for 2005, **Statement 23, page 2** provides a list of their family members with whom KFHP did business or who were employed by KFHP or any KFHP affiliate. KFHP does not have trustees, creators or substantial contributors. Any such transactions are conducted on a fair market value basis.

Based on a review of KFHP records and COI statements for these directors, officers and key employees for 2005, KFHP did not engage in the furnishing of goods, services, or facilities with any of the persons in 2005.

In the normal course of business in carrying out its charitable purposes, KFHP may have entered into the furnishing of goods, services, or facilities with some of the related taxable entities. **Statement 28** generally describes the transactions between KFHP and those entities.

Based on the COI questionnaires for 2005, **Statement 23, page 1** lists non-affiliated taxable organizations, which did business with KFHP in 2005 and on which KFHP officers, directors, key employees or their families served as an officer, director, or owner. **Statement 23, page 1** also provides a general summary of the transactional relationship (if any) between KFHP and such organizations. KFHP relationships with such organizations are conducted on a fair market value basis and the officer, director or key employee abstained from voting on any such transaction.

TAXABLE ENTITY RELATIONSHIPS KAISER FOUNDATION HOSPITALS AND HEALTH PLAN INC.

EMPLOYER TAX ID #	ENTITY NAME		Purpose of Entity
KAISER FOU	NDATION HOSPITAL SUBSIDIARIES (TAXABLE):		
94-3245176	KAISER PERMANENTE INTERNATIONAL	Txbl	An International consulting company
94-3292262	KAISER PERMANENTE VENTURES	Txbl	Inactive.
68-0444615	CARETOUCH, INC.	Txbl	Retail health products (web based) enterprise. Winding up its business affairs.
91-2166347	KP ONCALL, LLC	LLC	Owns & operates nurse telemedicine services call center.
KAISER FOU	INDATION HEALTH PLAN INC. SUBSIDIARIES (TAXAB	<u>LE):</u>	
94-3113684	KAISER PERMANENTE HEALTH ALTERNATIVES	Txbl	Provides dental plans and Point of Service medical plans in Washington state to groups/individuals.
94-3259432	KAISER PROPERTIES SERVICES, INC.	Txbl	Holds a CA real estate brokerage license.
94-3203402	KAISER PERMANENTE INSURANCE COMPANY	Txbl	Insurance company offering indemnity benefit plans
03-0329760	OAK TREE ASSURANCE, LTD.	Txbl	Captive insurance company to insure workers compensation & auto insurance coverage
91-2171891	LOKAHI ASSURANCE LTD	Txbl	A captive insurance company to insure and secure reinsurance for property & casualty risks
	ORDWAY INTERNATIONAL, LTD.	Txbl	A holding company to provide offshore risk management tools.
	ORDWAY INDEMNITY, LTD.	Txbl	An offshore company used as a risk management tool.
91-1814507	CHP COMPANIES, INC.	Txbi	Holding company, sole member of CHP. CHP is an inactive health plan in New York.

2005 COMMUNITY BENEFIT REPORT KAISER FOUNDATION HEALTH PLAN OF COLORADO

Kaiser Foundation Health Plan of Colorado or "Colorado Health Plan" is a tax-exempt subsidiary health plan of Kaiser Foundation Health Plan, Inc. (KFHP). KFHP, with its five principal operating tax-exempt subsidiary health plans—Kaiser Foundation Health Plan of Colorado; Kaiser Foundation Health Plan of Georgia, Inc.; Kaiser Foundation Health Plan of the Northwest; and Kaiser Foundation Health Plan of Ohio—as well as Kaiser Foundation Hospitals (KFH) are nonprofit corporations that are part of the integrated health care delivery system known as the Kaiser Permanente Medical Care Program or "Kaiser Permanente."

This report describes the structure of Kaiser Permanente and documents the National Community Benefit activities, programs and services of KFHP, its subsidiaries, and KFH, combined, as well as the specific community benefit provided in the Colorado Region.

In 2005, Kaiser Permanente served over 8.4 million people in nine states: California, Colorado, Georgia, Hawaii, Maryland, Ohio, Oregon, Virginia, Washington and the District of Columbia. This program is the largest private nonprofit health care program in the United States and has more than 148,000 employees and nearly 13,000 physicians and 120 dentists. The Colorado Health Plan serves more than 453,000 members with 4,852 administrative, clerical and technical employees as well as 782 full-time Permanente physicians.

In the Colorado region, three separate legal organizations comprise Kaiser Permanente: Colorado Health Plan, a Colorado nonprofit corporation exempt from federal income tax under Internal Revenue Code 501(c)(3); KFH, a California nonprofit public benefit corporation exempt from federal income tax under Internal Revenue Code 501(c)(3); and the Colorado Permanente Medical Group, an independent multi-specialty group of physicians organized as a professional corporation.

Persons enroll in Kaiser Permanente through KFHP or one of the Health Plan subsidiaries or "Health Plan." Health Plan provides and arranges comprehensive health care services for members on a predominantly prepaid basis and fulfills its contractual obligations to group and individual members by contracting with KFH, and a Permanente Medical Group to provide the required health care services.

Members receive services from various Permanente Medical Groups in the respective Kaiser Permanente regions. The Permanente Medical Groups accept responsibility for professional care of Health Plan members and are responsible for their own physician recruitment, selection and staffing; they are legally separate entities independent from Health Plan, KFH and each other. The Permanente Medical Groups generally treat members in facilities owned, leased or contracted by Health Plan or KFH.

KFHP and KFH are separate corporations governed by identical boards of directors. KFH accepts responsibility to provide or arrange necessary hospital services and facilities for Health Plan members. KFH also contracts with other community hospitals to provide hospital services to members for specialized care and other services.

Membership in KFHP and its health plan subsidiaries is available without regard to sex, race, religion, ethnic background, sexual orientation, occupational status, or income level. Health Plan members are broadly representative of the various ages, social, and income groups within the areas served. Once enrolled, a member is free to maintain membership regardless of age, health status, or employment.

KAISER PERMANENTE'S COMMITMENT TO THE COMMUNITY

Through the Kaiser Permanente mission, the organization contributes to the health of the communities in two related ways. First, Kaiser Permanente strives for excellence in serving its more than eight million members, through market-leading performance in quality, service and affordability. By doing so, Kaiser Permanente provides a discipline in the marketplace by demonstrating meaningful value and affordability, and generating resources to reinvest in the community's health.

Second, Kaiser Permanente directly invests in improvements to community health by working to increase access for the underserved, disseminating care improvements, altering the social determinants of health, educating healthcare workers and consumers, and informing public policy.

This latter approach, which Kaiser Permanente calls the Direct Community Benefit Investment (DCBI) is fundamental to being a nonprofit organization. It embodies the organization's commitment to improve the health of communities beyond services to Health Plan members. It is more than traditional corporate citizenship or corporate philanthropy. It is an intentional, planned, budgeted, measurable, accountable creation for better health in our communities. It is done in collaboration with, not in isolation from, the community. DCBI serves to fulfill Kaiser Permanente's social purpose, justify its tax-exempt status, and differentiate it from other health care organizations.

This tradition of community benefit dates from the earliest days of the Program, when charitable care to non-employees, and later, nonmembers, was initiated. That heritage has continued through the years in Kaiser Permanente's early participation in publicly financed programs such as Medicaid and Medicare, establishment of residency training and medical research programs, and later, in the development of the Educational Theatre, Safety Net Partnership, Community Health Initiatives and Charitable Coverage Programs.

In 2001, the Board reaffirmed DCBI as a national program and set the following four goals:

- Address critical questions in American health care that the Program's history, culture and competencies
 position it uniquely to examine
- · Build the reputation of Kaiser Permanente for its leadership in helping to solve major health challenges
- Create a program that engages the creativity and spirit of the people of Kaiser Permanente at all levels
- Meet the requirements placed on KFH, KFHP, and it subsidiary health plans, as tax-exempt organizations that
 return value to the communities served beyond the provision of health care to members

The Board directed that this new DCBI program be guided by a national strategy, with continued local flexibility and implementation. The program is supported by national and regional funding pools, and built on the organization's integrated healthcare system. Community benefit investments are concentrated in four areas:

- Vulnerable Populations Address the financing and delivery problems of populations that are vulnerable due to socioeconomic status, illness, ethnicity, age, or other disabling factors
- Evidence-based Medicine Develop and communicate the evidence base to determine what form of medical
 care works, for which patients and populations, under what circumstances, at what cost and in which delivery
 settings
- Education Evaluate and demonstrate educational models for the health professions in integrated care systems
 and for health care consumers for managing their own health and obtaining health care services
- Public Policy Develop and disseminate public policy information that reflects the interests of the nation as a whole

The Board elaborated that at least 75% of total community benefit funding will be directed to Program priorities within the four focus areas and the remaining 25% of funding will be directed by local Regions to respond to local community benefit needs and opportunities that may or may not be within the four key focus areas.

As part of the new approach, the Board approved the formation of a national Community Benefit Governance Council and established a standing community benefit committee of the Board of Directors to oversee the new program. The Board also designated a national executive of KFHP and KFH to lead Kaiser Permanente's Community Benefit Program as a full-time assignment. Raymond J. Baxter, PhD is the Senior Vice President for Community Benefit, reporting to the CEO and Chairman of the Board.

COMMUNITY BENEFIT PROVIDED BY KAISER FOUNDATION HEALTH PLAN, INC.

KFHP provides comprehensive health care services on a prepaid basis through an integrated health care delivery system, available to the community as a whole. Because the Health Plan is a nonprofit organization, revenues that exceed the cost of operations and provision of care are reinvested in the program to improve facilities and service, increase benefits, fulfills our charitable mission, and provide affordable rates rather than to pay dividends to stockholders.

KFHP provides care that emphasizes prevention to minimize medical indigence and contributes to quality of life in the communities we serve. To bests serve the community by providing affordable, comprehensive health care and support in its social mission, KFHP is organized and operated as a fully integrated delivery system.

- Integrated Services and Facilities KFHP has organized and integrated the professional and physical
 resources required to provide comprehensive health care. In hospital-based Kaiser Permanente regions, this
 care primarily occurs at major medical centers, as well as nearby outpatient medical offices owned by KFH and
 medical office buildings owned or leased by KFHP. Our members typically have all the services and
 professional care they require available in one place, which facilitates a coordinated approach to care.
 Equipment and supporting personnel are shared and high-technology services, such as neurosurgery, openheart surgery, and cancer treatment are also centralized to facilitate development and transfer of best clinical
 practices among all Permanente providers.
- Group Practice Contracting Permanente Medical Groups are organized into large multi-specialty group
 practices that take responsibility for providing comprehensive care to a defined population in facilities owned or
 leased by KFH or KFHP. The income that Permanente Medical Groups and their physicians receive is in
 consideration of their professional medical and related services. The amounts paid to the Permanente Medical
 Groups are negotiated annually. By altering the direct relationship between service performed and income
 received, KFHP removes incentives to perform unneeded services, and encourages use of the most
 appropriate medical care. Group practice enhances quality and appropriateness of care for members and for
 the community by facilitating development and sharing of "best clinical practices" throughout the community and
 across the nation.
- Prepayment Generally, KFHP pays the Permanente Medical Groups a per member payment on a budgeted, prepaid basis that does not vary with the amount of services provided. Permanente Medical Group physicians are generally not compensated on a fee-for-service basis.
- Comprehensive Benefits –KFHP offers a variety of coverage options for unlimited hospital days, physician
 visits, preventive services, immunizations, well-baby care and prenatal care. In order to maximize affordability
 and encourage people at different income levels to purchase coverage, KFHP offers a variety of cost-sharing
 options. Comprehensive, prepaid coverage with differing levels of premium and cost sharing minimizes
 financial barriers to care, promoting early consultation, detection and treatment of disease. KFHP actively
 encourages members to maintain their health through regular preventive self care.
- No Pre-existing Condition Exclusions Pre-existing condition exclusions allow carriers to exclude coverage for a condition that existed before enrollment with the carrier. KFHP imposes no pre-existing condition exclusions for group members and thereby provides substantial protection for new members who are ill at time of enrollment. KFHP offered health benefits coverage in all its markets without any pre-existing condition exclusions for many years prior to recently enacted federal and state statutes prohibiting pre-existing condition exclusions in certain markets. By ensuring that all our enrollees are covered for all their medical needs, we reduce the amount of uncompensated care, promote the health of our members, and prevent medical indigence.
- Participation in Medicare KFHP has participated in Medicare since it was first implemented in 1965. KFHP
 and its subsidiaries enrolled approximately 896,000 Medicare beneficiaries, providing Medicare Part A and Part
 B services, plus additional drug, optical, and inpatient coverage.

Participation in Medicaid – KFHP began enrolling Medicaid beneficiaries in the mid-1960s. Currently, KFHP and certain subsidiaries provide care to 139,000 Medicaid managed-care members, and in addition serve a large number of Medicare and Medicaid patients on a fee-for-service basis. KFHP also participates in the State Child Health Insurance Program (SCHIP) and served an additional 91,000 children in 2005.

THE COMMUNITY BENEFIT PROGRAM IN THE COLORADO REGION

In 2005, Kaiser Permanente spent approximately \$668 million or approximately 2.2% of revenue, to support the Community Benefit Program in the community. The Colorado Health Plan spent more than \$29 million to support Colorado communities. A breakdown of the 2005 DCBI dollars attributable to KFHP and KFH nationally is described in Attachment A and those dollars attributable to Health Plan in Colorado in Attachment B.

The following identifies many of the signature community benefit programs and services in the Colorado Region, according to the national focus areas:

VULNERABLE POPULATIONS

In 2005, the Colorado Health Plan spent \$22.2 million to address the financing and delivery of health care for populations vulnerable due to socio-economic status, illness, ethnicity, age or other factors. Following are highlights of the programs and services offered by Colorado Health Plan for vulnerable populations.

MEDICAL CARE SERVICES

The Colorado Health Plan provided medical care services for vulnerable populations in many ways. These include Charitable Care Programs, participation in public programs for low-income individuals such as Medicaid and the State Children's Health Insurance Program (SCHIP).

Charitable Care (Charitable Fund and Charitable Health Coverage)

In the Colorado Region, Health Plan provides charity care to low-income vulnerable populations through two programs — the Charitable Fund Program and Charitable Health Coverage Program. In 2005, the Colorado Health Plan Region spent approximately \$14.7 million on under- and uninsured residents in the region.

KPHelps! Charitable Fund assists members with financial support to meet their medical needs. This onetime, temporary co-payment assistance fund is a valuable opportunity to provide health care resources for
Kaiser Permanente Colorado members in need. Eligibility is based on gross monthly household income,
household financial assets—including stocks, personal savings, investments, etc.—as well as household
size and personal monthly medical expenses.

Certain restrictions apply to Medicare, Medicaid and Child Health Plan Plus members, as well as members who have chosen the deductible and coinsurance products. The following provide funding: Kaiser Permanente Colorado staff, physicians, the Kaiser Foundation Health Plan of Colorado, and Colorado Permanente Medical Group. Kaiser Permanente staff or physicians refer members to KPHelps! Charitable Fund. This fund provides a bridge for health care providers and administrators to assist members with their health needs, as well as their financial needs, proving that Kaiser Permanente Colorado focuses on the total health of our members.

Health Plan of Colorado extended six months of free health care services to approximately 160 Hurricane Katrina and Hurricane Rita evacuees. These free services included primary care visits, specialty care visits, pharmaceuticals, lab work, radiology services and hospitalization. KPCO partnered with various community referral sources including the Red Cross, Volunteers of America, Mile High United Way and others to reach out to this new Colorado population.

Charitable Health Coverage Programs

In Colorado, Health Plan committed approximately \$9.2 million to provide subsidized coverage to more than 1,900 low-income adults and children who are not eligible for other public or privately sponsored coverage.

Connections – Colorado Health Plan's charitable coverage program provides individuals the opportunity to
continue their health care coverage at reduced costs when they are in transition, experience financial

difficulties due to job loss, involuntary reduction in work hours, death, divorce, or legal separation from a spouse. Participants must not be eligible for any other public or private group health care coverage. Based on income, the plan subsidizes up to 95% of their premium. Connections provides coverage for uninsured adults and children who do not qualify for public programs due to immigration status or families who might be slightly over income guidelines.

Persons eligible for the *Connections* charitable coverage program must: a) be referred by a participating community agency or be a terminating Health Plan of Colorado member; b) have gross income below 250% of federal income guidelines and liquid assets less than \$10,000, c. not be eligible for or enrolled in Medicare, Medicaid, Child Health Plan Plus (CHP+), or an employer-sponsored health plan. Program enrollment was closed after first quarter in 2005 due to budgetary capacity.

Participation in Medicaid and Other Publicly Financed Programs

The Colorado Health Plan provided coverage and services valued at \$4 million (in excess of reimbursement) for individuals participating in government-sponsored programs.

- Medicaid In 2005, the Colorado Health Plan served approximately 1,932 Medicaid beneficiaries enrolled in Medicaid's Primary Care Physician Program. The program operates like a fee-for-service Medicaid program but assigns participants to primary care physicians to improve continuity of care. These beneficiaries were subsidized approximately \$2.6 million.
- **Medicaid Fee-for-Service** Health Plan also subsidized Medicaid enrollees who were not enrolled in the prepaid program in an amount equal to \$532 thousand in Colorado.
- Child Health Plan Plus (CHP+) Colorado's Child Health Plan Plus (CHP+) program serves children under age 19, and pregnant women age 19 and over. Effective 7/1/05, income criteria was raised from 185% to 200% of the federal income guidelines. Eligible children or pregnant women must be U.S. citizens or permanent U.S. residents who entered the U.S. at least five years ago, not eligible for Medicaid or Medicare, nor have access to employer-sponsored insurance. Prenatal Care Program participants are assigned to the state's network provider rather than participating health plans. Health Plan's total subsidy for 3225 Child Health Plan patients in 2005 was \$2.6 million.

Grants and Donations for Medical Care Services for Vulnerable Populations

The Colorado Health Plan donated more than \$509,000 to support the delivery of medical care services to a variety of individuals who were seeking services from community providers. More than 30 grants were made to organizations in this category. The following are examples of programs and organizations funded in 2005:

- The Colorado Health Plan awarded more than \$164,000 in planning grants to 11 metro area communities as part of its Health Eating, Active Living initiative. The grants, part of Health Plan's long term commitment to building thriving communities, supported planning efforts for 11 communities who were selected through a request for proposal process. The communities each have used a multi-sector approach, involving businesses, health departments, nonprofit agencies and schools.
- Delta Dental Foundation was given a \$10,000 grant to support a community-wide event, called Smile-a-Bration. This event provides free dental care to hundreds of uninsured individuals and families throughout the Denver metro area. In addition to the cash grant, Colorado Health Plan offered in-kind the services of its Call Center to schedule all of the more than 1,000 dental appointments.
- A \$5,000 grant was awarded to the Stout Street Clinic, a local community clinic, for purchase of muchneeded medications for clinic patients. This is part of Colorado Health Plan's Reach Out program, which is
 designed to provide a broad range of support to area safety net clinics. Support ranges from cash grants to
 using Colorado Health Plan medical providers and expertise in safety net clinic settings.

COMMUNITY-BASED PROGRAMS FOR VULNERABLE POPULATIONS

The Colorado Health Plan spent approximately \$406,000 to provide programs to nonmembers who live and work in the communities served by the Colorado Region. Following are examples of community-based programs funded in 2005:

Youth and Other Employment Programs

The Colorado Health Plan spent \$232,000 to support 21 *INROADS* program interns in 2005. The INROADS program is aimed at improving education and job skills or providing employment opportunities for targeted populations. It focuses on developing minority college students for leadership roles in corporations and in the community. Student interns typically work two to five summers at Kaiser Permanente with the goal of permanent placement upon graduation from college.

Grants and Donations for Community-Based Programs

The Colorado Health Plan donated approximately \$173,000 to more than 70 community organizations for a variety of other programs and services for vulnerable populations. The following are a few examples of the community programs and services funded in 2005:

- A \$10,000 grant was awarded to the Local Government Commission in support of their New Partners in Smart Growth conference. The grant was used to support targeted sessions aimed at building healthier communities. The sessions addressed integration of the built environment, public health and other community strategies to improve physical activity and nutrition in communities.
- A \$2,500 grant was made to the Community Foundation Serving Boulder County to underwrite the cost of
 their luncheon series designed to provide nonprofits with technical assistance and other tools to help them
 carry out their mission. The grant aligns with one of Health Plan's community benefit values, which is to
 build the capacity of community agencies to deliver services to their community.
- Health Plan awarded a \$10,000 grant to Creating Caring Communities (CCC). The grant provided 10 scholarships for teachers and trainers to attend CCC's Bully-Proofing Your School trainer certification program. The program complements Colorado Health Plan's Educational Theater Programs and their efforts to teach youth how to make healthy choices in life.

EVIDENCE-BASED MEDICINE

Colorado Health Plan spent approximately \$1.3 million to support evidence-based health care activities. From the beginning, research has been a core value at Kaiser Permanente. Kaiser Permanente conducts more research than any other non-academic institution in the United States. Kaiser Permanente partners with several prominent academic research institutions including: Duke University, Harvard, Oregon Health & Sciences University, Stanford University, University of California (Los Angeles, Berkeley and San Francisco), University of Colorado, University of Southern California, University of Washington, and also partners with the National Institutes of Health and the Centers for Disease Control and Prevention. A complete description of community benefit research activities is provided below:

Clinical and Health Services Research

In 2005, the Colorado Health Plan spent approximately \$991,000 to support clinical and health services research. Community Benefit funds support research that meets important medical and social needs, such as studies to evaluate the effectiveness of care coordination for both pediatric and adult patients with chronic illnesses, for the prevention of heart-attack risk in preoperative patients, to educate clinicians to attempt more breast biopsies before sending a patient to general surgery, to assess the quality of life in Multiple Sclerosis patients, to study patient adherence to weight-loss medication and to understand effective self-care for fibromyalgia patients. Health Plan researchers conducted 323 research studies and wrote 70 journal articles to disseminate key findings.

The Colorado Clinical Research Unit (CRU) remains committed in its vision to conduct research that translates into practice and results—improvements in care processes and outcomes for our members and the community. By working closely with clinical operations departments, the CRU contributes directly to making the Colorado Region the leader in high-quality, cost-effective care. Much of the internal work of the CRU contributes to Kaiser

Permanente's social mission as a non-profit health care organization. The community benefit budget supports studies led by Colorado Permanente Medical Group physicians or Kaiser Permanente staff in the Colorado Region.

Research studies undertaken address current health policy issues, improve care for common conditions where treatment often is linked to community-based efforts, and are broadly disseminated through articles and professional presentations. The following are a few examples of these research projects:

Study: Connecting with Families to Support Healthy Weight Management

• The significant increase in prevalence of childhood overweight over the past three decades has incurred related co-morbidity and health risks, including the development of type 2 - diabetes in the pediatric population. Although there is some support for brief physician counseling and provision of prevention materials at well-child visits, literature does not support the theory that simply advising patients to be more active and eat better will induce sustained behavior change and facilitate long-term weight management. Research has shown that family-based interventions to treat weight issues in children less than 12 years of age are more efficacious than solely targeting children as the agents of change. To this end, the CRU and the KPCO Pediatric and Prevention Departments are collaborating on Family Connections, a study managed by a Fellow at the Centers for Disease Control and Prevention. This unique team will determine whether a short-term intervention aimed at parents is more effective than standard care and, equally important, whether this family-based intervention can be translated into regular practice.

Study: Diabetes Prevention

• There are many different ways to assist patients in managing diabetes. Numerous studies have demonstrated that behavior change is more successful with continuous supportive messages delivered at frequent intervals. One area that has not been evaluated in the Kaiser Permanente health care system is supportive interactive voice response (IVR). This study sought to determine how supportive IVR messages would affect weight outcomes following diabetes prevention classes offered to persons with pre-diabetes. A team consisting of a dietician and a weight management specialist teaches the 90-minute Kaiser Permanente Diabetes Prevention (DP) classes. The objective of the class is to promote health behavior change in an attempt to prevent progression to diabetes. If effective, IVR messages would be a practical, low-cost extension of the classes, which are the current standard of care.

Study: Assessing Immunization Safety

• Kaiser Permanente has been active in the Centers for Disease Control and Prevention's Vaccine Safety Datalink (VSD). The VSD is a large, linked database that allows for the monitoring of vaccine safety. This study reviewed over 45,000 children who received nearly 70,000 vaccines. In this population there were very few medically attended events (MAEs) and no serious MAEs found to be associated with TIV. This finding has been important in helping to define national vaccine policy, since the annual flu vaccine has only been recommended in this age group since 2004.

Study: Tumor Board and Cancer Registry

 Colorado Health Plan spent approximately \$301,000 to collect specific cancer patient data to be sent to the state at particular intervals after diagnosis. Each patient is followed on an annual basis for the remainder of his or her life.

Grants and Donations for Evidence-Based Medicine

Health Plan contributed \$9,000 to support the Colorado Clinical Guidelines Collaborative (CCGC) to develop clinical guidelines for community health practitioners. CCGC is a coalition of community and healthcare leaders committed to identifying and developing the best guidelines, processes, and results in Colorado medical practices.

EDUCATION

The Colorado Health Plan spent approximately \$5.3 million to educate consumers and health care professionals during 2005 in the Colorado Region.

CONSUMERS

The Colorado Health Plan spent \$1.4 million on community wellness and health education programs in the Colorado Region.

Community Health Education and Prevention Programs

The Colorado Health Plan provides a variety of health education classes, events and programs to both members and the general public. The health education department staffed booths at local health fairs, conducted smoking cessation, weight loss, parenting classes, and hosted a series of seminars on health-related topics, such as diabetes, stress management, and managing chronic illness.

Educational Theatre Programs

The Colorado Health Plan spent approximately \$1 million in 2005 to produce the Educational Theatre Programs (ETP) in Colorado. Since 1985, ETP has performed free, award-winning, health education plays for nearly one million youth in grades K-12. In 2005, ETP presented 247 performances and workshops for more than 23,000 people. There are five programs in Colorado's ETP repertoire:

- The Amazing Food Detective This K-3 program explores the consequences of a poor diet and lack of
 physical activity on one's health. The program is intended to give children the tools to make responsible
 choices and equip them to face the day-to-day influences that sway them from healthier behaviors.
- The Keys To Personal Power Workshop This presentation for 3rd grade students illustrates the four keys
 to personal power. It is followed by an interactive session where students practice their new skills. The
 program is intended to build students' skills to manage their frustrations and feel they have control over
 things that happen to them.
- What Would You Do This interactive program challenges 4th and 5th grade students to resolve conflicts in a way that demonstrates respect for themselves and others. The program introduces problem-solving techniques for issues, such as peer pressure, bullying and recognizing individual strengths to set the stage for discussions about creating a caring school environment.
- Teens Take It On This residency program is in selected middle and high schools that train students in healthy nutrition and active living. The program encourages students to identify and commit to making healthy changes in their lives while acting as ambassadors for change among teens.
- The VOICES Project This is an in-depth program using theatre, movement, writing and photography as a
 way for nonprofit organizations, faith communities and other community groups to present solutions to
 issues that impact the health and well-being of their communities. Facilitated by educational theatre
 programs actor-educators.
- Creative Connections This half-day workshop enhances communication, creativity, and teamwork in nonprofit organizations, schools, and other community groups. The educational theatre program's actoreducators apply improvisational theatre techniques to improve the way people interact and how groups function.

Grants and Donations for Consumer Health Education

The Colorado Health Plan donated approximately \$119,000 of community benefit funds to support 37 nonprofit community-based organizations providing consumer health education programs and services. The American Lung Associations, Catholic Charities, and Colorado Department of Public Health and environment are just a few the agencies funded in 2005.

HEALTH CARE PROFESSIONALS

The Colorado Health Plan spent \$3.9 million to support the training and education of physicians and other healthcare providers.

Continuing Medical Education

Colorado Health Plan spent approximately \$1.3 million to provide continuing medical education to community physicians and providers, as well as physicians affiliated with the Permanente Medical Groups and other health care providers. More than 10,000 CME credits were earned in these programs.

Nurse Practitioner and Other Non-Physician Training Programs

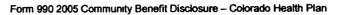
Colorado Health Plan spent approximately \$2 million in training programs for physician assistants, pharmacy residents and technicians and other non-physician health professionals. During 2005, the Health Plan supported the training and education of students, interns and externs pursuing a career, or working in, the health care field including preceptorships, clinical internships nursing students and rotations with CPMG physicians for physician assistants from Red Rock Community College. Several programs are described below.

- Pharmacy Student Program Experiential unpaid training opportunities exist for PharmD students from
 Colorado and other states. Students spend time at each of the medical offices in the Colorado region in a
 variety of outpatient, operational, clinical and specialty areas within pharmacy services. These rotations are
 generally 6 weeks in length. Students are able to have "hands-on" learning in the provision of care to our
 members.
- Pharmacy Intern Program Interns are pharmacy students in various stages of pharmacy school who
 desire to acquire "hands on" training. Interns have a paid, structured learning experience that involves set
 objectives and experiences.
- Pharmacy Resident Program Colorado Health Plan offers a unique one-year specialty residency
 training program that provides opportunity for pharmacists to acquire advanced knowledge and skill in
 primary care, mental health or cardiovascular pharmacotherapy in an integrated managed care setting.
- **Kent Nelson Scholarship Program** was created to cultivate student interest in careers in clinical pharmacy. The scholarship winners were awarded monetary assistance as well as a mentoring program with the clinical pharmacy services leadership with the Colorado Region.
- **Pharmacy Technician Training Program** offers paid and unpaid experiential training opportunities to students enrolled in a pharmacy technician program. Student may complete up to 160 hours of experiential training after finishing their didactic course work.

Grants and Donations for the Education of Health Care Professionals

The Colorado Health Plan also supported the training and education of health care professionals in the community by donating community benefit funds to designated programs. In 2005, \$118,000 was donated to 17 organizations in support of programs that provide direct training for health care professionals. The following are some examples:

- Colorado Health Plan awarded a \$20,000 grant to the Hospice of Metro Denver (HMD) for support of their Life Quality Institute, which trains health care professionals in palliative care. The program at HMD fills a critical gap in physician training and is designed to better prepare physicians and other health professionals to serve their patients who are terminally ill.
- In collaboration with the Colorado Region's African-American and Latino employee associations, Health Plan awarded \$15,500 in medical scholarships to disadvantaged youth, which helps address critical shortages in the health care professions.
- A \$50,000 grant was awarded to the Colorado Center for Nursing Excellence (CNE) to support their effort to
 address the critical shortage of nurses in the community. The grant supports CNE's work to create, not
 only nursing, but also faculty capacity to train nurses.



PUBLIC POLICY

During 2005, the Colorado Health Plan used its expertise and convening power to develop and disseminate information on health policy issues that reflect both the interest of the country and residents of Colorado. Health Plan was active in providing information that informs public policy as it relates to improving community health.

OTHER COMMUNITY BENEFITS

The Colorado Health Plan spent approximately \$450,000 on other community benefit contributions. Among the many organizations receiving support in 2005: Mile High United Way, Partnership for Colorado, Hospice of Metro Denver, and the Boulder Community Foundation. Health Plan employees play active roles in many of the organizations receiving grants in this category. Colorado Health Plan employees served on numerous community nonprofit boards, including the Better Business Bureau, the Make-a-Wish Foundation, the Salvation Army and the YMCA.

ATTACHMENT A

2005 NATIONAL DIRECT COMMUNITY BENEFIT INVESTMENT PROGRAM

The following charts summarize 2005 Community Benefit investments nationally for KFHP and for KFH. The investments in the community reflected in the charts are unaudited.

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VULNERABLE POPULATIONS	And Chile and Market English Chile 2 and 2 and 2	3 Carlot S Brog L. De part Corro Marchell and Lamin Ladd Philameter Carlot Rev Landson Co. A.	Basic Countries (1996) (1996) (1996) (1996) (1996) (1996) (1996) (1996) (1996) (1996) (1996) (1996) (1996) (1996)
Medical Care Services	\$317,528,265	\$202,427,756	\$519,956,021
Community-Based Programs	930,380	13,391,455	14,321,835
Other Vulnerable Populations	20,957,834	6,663,432	27,621,266
Subtotal:	\$339,416,479	\$222,482,643	\$561,899,122
EVIDENCE-BASE			
Research	1,272,089	15,144,352	16,416,442
Medical Libraries	91,309	3,614,633	3,705,942
Other	309,976	1,833,846	2,143,822
Subtotal:	1,673,374	20,592,831	22,266,206
EDUCATION			
Consumer	3,516,584	8,082,297	11,598,881
Health Professionals	4,250,165	55,304,203	59,554,368
Subtotal:	7,766,749	63,386,500	71,153,249
PUBLIC POLICY			
Public Policy Grants/Expenses	1,314,750	1,066,257	2,381,007
Subtotal:	1,314,750	1,066,257	2,381,007
OTHER COMMUNITY BENEFITS			
Other CB Grants/Expense	3,142,977	6,371,103	9,514,080
Community Giving Campaign	215,468	560,304	775,772
Subtotal:	3,358,445	6,931,407	10,289,852
TOTAL	\$353,529,797	\$314,459,638	\$667,989,435

ATTACHMENT B

2005 COMMUNITY BENEFIT INVESTMENT - COLORADO REGION

The following chart summarizes 2005 community benefits investments by the Colorado Health Plan. The investments in the community reflected in the chart are unaudited.

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VULNERABLE POPULATIONS			
Medical Care Services	\$21,769,063	\$0	\$21,769,063
Community-Based Programs	405,688	0	405,688
Other Vulnerable Populations	0		0
Subtotal:	22,174,751	0	22,174,751
EVIDENCE-BASED MEDICINE			
Research	990,677	0	990,677
Medical Libraries	0	0	0
Other	309,976		309,976
Subtotal:	1,300,653	0	1,300,653
EDUCATION			
Consumers	1,412,140	_0	1,412,140
Health Professionals	3,863,668	0	3,863,668
Subtotal:	5,275,808	0	5,275,808
PUBLIC POLICY			
Public Policy Grants/Expenses	66,750	0	66,750
Subtotal:	66,750	0	66,750
OTHER COMMUNITY BENEFITS			
Other CB Grants/Expense	265,977	0	265,977
Community Giving Campaign	183,712	_0	183,712
Subtotal:	449,689	0	449,689
TOTAL	\$29,267,651	\$0	\$29,267,651

Additional Data

Software ID: Software Version:

EIN: 84-0591617

Name: KAISER FOUNDATION HEALTH PLAN OF COLORADO

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a PURCHASED MEDICAL SVC	43a	836,450,150	836,450,150		
b PURCHASED MED SVC - OUTSIDE	43b	95,199,376	95,199,376		
c PURCHASED SVC - OTHER NON-MEDC	43c	5,630,681	5,630,681		
d PURCHASED SVC - OTHER	43d	40,150,943	40,150,943		
e PROFESSIONAL & PUBLIC LIAB INS	43e	9,370,031	9,370,031		
f OTHERINSURANCE	43f	830,880	830,880		
g MEMBERSHIP, PROFLICENSES	43g	597,871	597,871		
h SUBSCRIPTIONS	43h	485,573	485,573		
i STATE BUSINESS TAXES/LICENSES	43i	12,160	12,160		
j EMPLOYEE DEVELOPMENT	43j	2,421,589	2,421,589		
k EMPLOYEE RELATED EXPENSES	43k	1,780,460	1,780,460		
I ADVERTISING & MARKETING EXPNS	43I	26,429,268	26,429,268		
m INTER-REGIONAL CHARGES	43m	33,652,247	33,652,247		
n INFORMATION TECHNOLOGY SERVICE	43n	89,435,390	89,435,390		
• MISCELLANEOUS EXPENSE	43o	4,578,924	4,578,924		
p ALLOCATED ADMINISTRATIVE COSTS	43p	119,161,000		119,161,000	
q PROPERTY TAX	43q	4,529,763	4,529,763		
r BAD DEBT EXPENSE	43r	389,004	389,004		
s VARIOUS COMMUNITY BENEFIT EXPS	43s	4,464,879	4,464,879		

Form 8453-EO

Exempt Organization Declaration and Signature for Electronic Filing

OMB No	1545-1879
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Department of the Treasury

For calendar year 2005, or tax year beginning _____, 2005, and ending ____, 20 ___

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions on back. internal Revenue Service Employer identification number FOUNDATION HEALTH PLAN OF COLORADO 84-0591617 Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b whichever is applicable, blank (i.e. do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. b Total revenue, if any (Form 990-EZ, line 9) 2b Form 990-EZ check here ▶ Form 1120-POL check here **b** Total tax (Form 1120-POL, line 22) 3b Form 990-PF check here b Tax based on investment Income (Form 990-PF, Part VI, line 5) 4b Form 8868 check here Part II **Declaration of Officer** I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. If a copy of this return is being filed with a state agency(s) regulating charities as part of the IRS Fed/State program, I certify that executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(s) Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2005 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. Sign VP & CONTROLLER المحوراه 11/14/2006 Here Signature of officer Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions) I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge if I am only a collector. I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized IRS e-file Providers for Exempt Organization Filings If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge Check d Check ERO's SSN or PTIN ıf self-ERO's also paid ERO's P00297006 signature preparer employed Use EIN Firm's name (or Only yours if self-employed), 510.271.6385 address and ZIP code Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge Preparer's SSN or PTIN Date Check of self-Paid signature employed Preparer's 13-5565207 KPMG LLP Firm's name (or

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

SECOND STREET

SAN FRANCISCO

yours if self-employed).

address, and ZIP code

Form 8453-EO (2005)

Phone no 415.963.5100

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