Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 **Open to Public**

Inspection

A F	or the	2007 ca	lendar yea	r, or tax year beginning	01-01-2007 and ending	12-31-	-2007							
ВС	heck ıf a	pplicable	Please	C Name of organization KAISER FOUNDATION HEA	ITH DIAN OF COLODADO				D Emp	loyer	identification number			
ГА	ddress ch	nange	use IRS	RAISER FOUNDATION TIEA	ETTI FLAN OF COLORADO					0591				
Γ_{N}	ame cha	nge	label or print or	Number and street (or P C ONE KAISER PLAZA SUITE	box if mail is not delivered to	street a	address)	Room/suite	E Tele	ohone	number			
┌ Ir	nitial retu	rn	type. See Specific	ONE KAISER PLAZA SOITE	1330L				(510	510) 271-6611				
	ınal retur		Instruc- tions.	City or town, state or coul OAKLAND, CA 94612	ntry, and ZIP + 4		•			_	nethod Cash 🔽 Accrual			
	mended		tions.	OARDAND, CA 34012							pecify) 🕨			
_														
Į A	pplication	pending	+ Cootion	F01/2)/2)iti			F	l and I are no	ot applic	able to	section 527 organizations			
					and 4947(a)(1) nonexempt chedule A (Form 990 or 99		Die				for affiliates? Tyes V No			
G 1	Neb cit	e: ► N/A	\				H	H(b) If "Yes"	enter n	umber	of affiliates 🟲			
_	TCD SIC	C. F 11/F	<u> </u>				h	H(c) Are all a	affiliates	ınclud	ed?			
J (Organization type (check only one) F 22 501(c) (3) (insert no) 4947(a)(1) or 527									See instructions)				
	Check here If the organization is not a 509(a)(3) supporting organization and its gross receipts are covered by a ground in the organization chooses to file a return,							rn filed by an organization lling? Yes V No						
	be sure to file a complete return I Group Exemp					ption								
								Check I	<u> </u>	the or	ganization is not required to			
					ne 12 🕨 2,318,669,283				•		90, 990-EZ, or 990-PF)			
P	art I				es in Net Assets or	Fund	Balan	ces <i>(See</i>	the i	nstr	uctions.)			
	1		, -	s, grants, and sımılar an onor advısed funds .		ایدا								
	a					1a 1b		2 6 9 9	770					
	Ь .			ort (not included on line oport (not included on lii	•	1c		2,688 5,637,						
	d			ibutions (grants) (not in	•	1d		3,201						
					•			. 3,201	,,,,,	1e	11,527,857			
	e	-	Total (add lines 1a through 1d) (cash $$11,527,857$ noncash $$$											
	2	_			ment rees and contracts	(from P	art VII	, line 93) .	•	3	2,160,542,030			
	3		•	and assessments . Is and temporary cash II	· · · · · · · · · · · · · · · · · · ·				' <u> </u>	4	8,770,472			
	5		_	erest from securities						5	8,770,472			
	6a		ents			 6a		71	870,	3				
	ь		ental exper			6b		, 1	,0 7 0					
	c	Net rental income or (loss) subtract line 6b from line 6a							6c	71,870				
业	7			income (describe 🕨)						7	, = , = .			
Revenue	8a			n sales of assets	(A) Securities			B) O ther						
ά		other th	nan invento	ry	131,952,671	8a		· •	88,248					
	ь	Less cos	st or other bas	sis and sales expenses	132,221,643	8b		1,54	4,867					
	с	Gain or	(loss) (atta	ach schedule)	-268,972	8c		3,69	3,381					
	d	Net gai	n or (loss)	Combine line 8c, columi	ns (A) and (B)					8d	3,424,409			
	9	Special	events and	d activities (attach sche	dule) If any amount is fr	om gan	ning , ch	eck here ► 🏻	- [
	а	Grossi	evenue (no	t including \$	of									
				rted on line 1b)	 .	9a								
	ь	Less d	ırect exper	ises other than fundrais	ing expenses	9b								
	С	Netinc	ome or (los	s) from special events S	Subtract line 9b from line	9a .				9с				
	10a			entory, less returns and		10a								
	Ь		-	ssold		10b								
	C	•	, ,	, ,	n schedule) Subtract line 10b f					10c				
	11				7 01 0- 10111				-	11	566,135			
	12				7, 8d, 9c, 10c, and 11					12	2,184,902,773			
en.	13 14								 	13 14	1,898,284,030			
Expenses	15								<u> </u>	15	166,247,540			
# D	16	Fundraising (from line 44, column (D))						. -	16					
ш	17	Payments to affiliates (attach schedule)						-	17	2,064,531,570				
	18								+	18	120,371,203			
s less	19			·					-	19	503,516,393			
•4	20							-	20	31,502,014				
골	21		=		· Combine lines 18, 19, a				-	21	655,389,610			
				·	see the senarate instruc						Form 990 (2007)			

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.)

	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
22a	Grants paid from donor advised funds (attach Schedule) (cash \$0	22a				
22b	Other grants and allocations (attach schedule) $(\cosh \$^{11,238,458}]$ noncash $\0) If this amount includes foreign grants, check here	22b	44 222 452	44.222.450		
22	Specific assistance to individuals (attach schedule)	-	11,238,458	11,238,458		
23	,	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a				
Ь	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b				
С	Compensation and other distributions not icluded above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	290,469,702	263,761,912	26,707,790	
27	Pension plan contributions not included on lines 25a, b and c	27	32,189,556	26,364,935	5,824,621	
28	Employee benefits not included on lines 25a - 27	28	75,941,577	69,421,523	6,520,054	
29	Payroll taxes	29	20,038,361	18,455,190	1,583,171	
30	Professional fundraising fees	30				
31	Accounting fees	31	901,768		901,768	
32	Legal fees	32	169,849		169,849	
33	Supplies	33	208,229,924	190,849,503	17,380,421	
34	Telephone	34	443,449	422,383	21,066	
35	Postage and shipping	35	3,839,276	3,273,789	565,487	
36	Occupancy	36	11,119,399	11,111,465	7,934	
37	Equipment rental and maintenance	37	5,742,665	5,742,665		
38	Printing and publications	38	4,206,056	3,382,637	823,419	
39	Travel	39	2,231,869	1,643,688	588,181	
40	Conferences, conventions, and meetings	40	725,672		725,672	
41	Interest	41	53,910	53,910		
42	Depreciation, depletion, etc (attach schedule)	42	31,185,418	31,185,418		
43	Other expenses not covered above (Itemize)					
а	See Additional Data Table	43a				
b		43b				
c		43c				
d		43d				
е		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13—15)	44	2,064,531,570	1,898,284,030	166,247,540	0

Pa	art IIII Statement of Program Servi	ce Accomplishments (See the instructions.)							
org The	rm 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular ganization. How the public perceives an organization in such cases may be determined by the information presented on its return perefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and complishments								
All o	organizations must describe their exempt purpose achievolications issued, etc. Discuss achievements that are not rantable trusts must also enter the amount of grants and a	FOR P THE PRIMARY EXEMPT PURPOSE OF KAISER FOUNDATION HEALTH PLAN OF COLORADO (HEALTH PLAN), A COLORADO NOT-FOR-PROFIT CORPORATION ORGANIZED FOR THE PUBLIC BENEFIT AND GENERALLY EXEMPT FROM INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(3), AND COMPARABLE STATE STATUTE, IS TO PROVIDE A PROGRAM OF HEALTHCARE AND MEDICAL SERVICES AS A PREPAID DIRECT CARE GROUP PRACTICE HEALTH MAINTENANCE ORGANIZATION HEALTH PLAN IS A SUBSIDIARY OF KAISER FOUNDATION HEALTH PLAN, INC AN ORGANIZATION ALSO EXEMPT FROM TAX UNDER INTERNAL REVENUE CODE SECTION 501 (C)(3) HEALTH PLAN CONTRACTED WITH KAISER FOUNDATION HOSPITALS (HOSPITALS) AND COLORADO PERMANENTE MEDICAL GROUP PC (MEDICAL GROUP) TO PROVIDE OR ARRANGE FOR HOSPITAL AND MEDICAL SERVICES FOR ITS MEMBERS HOSPITAL IN TURN CONTRACTS WITH COMMUNITY HOSPITALS TO PROVIDE SUCH HOSPITAL BASED MEDICAL CARE WHERE HOSPITALS DOES NOT OWN OR OPERATE FACILITIES CONTRACT PAYMENTS TO COMMUNITY HOSPITALS AND MEDICAL GROUP REPRESENT A SUBSTANTIAL PORTION OF THE EX ements in a clear and concise manner State the number of clients served, neasurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt allocations to others)	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)						
а	(Grants and allocations \$ 11,238,458)	If this amount includes foreign grants, check here 🕨 🦵	1 000 204 020						
b			1,898,284,030						
c	(Grants and allocations \$) If this amount includes foreign grants, check here 🕨 🦵							
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ┌							
d									
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ┌							
е	Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here 🕨 🦵							

f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . .

Pā	art IV	Balance Sheets (See the instru	ctions	s.)			
Not	e:	Where required, attached schedules and amou column should be for end-of-year amounts on		thin the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			6,131,374	45	10,964,525
	46	Savings and temporary cash investments		[175,270,622	46	186,370,585
	47a	Accounts receivable	47a	64,651,732			
	ь	Less allowance for doubtful accounts	47b	19,177,538	56,908,270	47c	45,474,194
	48a	Pledges receivable	48a				
	ь	Less allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50a	Receivables from current and former office key employees (attach schedule)				50a	
£	ь	Receivables from other disqualified person 4958(c)(3)(B) (attach schedule)	•			50b	
	51a	Other notes and loans receivable (attach schedule)	_{51a}	1			
	ь	Less allowance for doubtful accounts	51b			51c	
Assets	52	Inventories for sale or use			24,894,801	52	18,578,527
ব	53	Prepaid expenses and deferred charges .			4,724,971	53	2,745,351
	54a	Investments—publicly-traded securities	. •	- ┌─Cost ┌─FMV	1,073,464	54a	1,088,906
	ь	Investments—other securities (attach sch	edule)	► Cost FMV		54b	
	55a	Investments—land, buildings, and equipment basis	55a	,			
	ь	Less accumulated depreciation (attach schedule)	55b			55c	
	56	Investments—other (attach schedule)		·		56	
	57a	Land, buildings, and equipment basis	57a	563,969,805			
	1	Less accumulated depreciation (attach					
		schedule)	57b	272,582,124	302,358,205	57c	291,387,681
	58	Other assets, including program-related in (describe	296,890,597	58	491,714,000		
	59	Total assets (must equal line 74) Add line	868,252,304	59	1,048,323,769		
-	60	Accounts payable and accrued expenses			145,477,330	60	165,428,663
	61	Grants payable				61	
	62	Deferred revenue			16,445,739	62	26,993,820
ęņ T	63	Loans from officers, directors, trustees, an schedule)	•	· · · · · ·		63	
ķ.;	64a	Tax-exempt bond liabilities (attach schedu		ŀ		64a	
		Mortgages and other notes payable (attach	•			64b	
	65				202,812,842	65	200,511,676
	66	Total liabilities Add lines 60 through 65			364,735,911	66	392,934,159
	Orga	nizations that follow SFAS 117, check here	▶	nd complete lines			
.a		67 through 69 and lines 73 and 74					
õ	67	Unrestricted				67 68	
Balances	68 69	Temporarily restricted		ŀ		69	
<u></u>		nizations that do not follow SFAS 117, chec		09			
· Fund		complete lines 70 through 74	1,110	70	1 110		
Ş	70 71	Capital stock, trust principal, or current fui Paid-in or capital surplus, or land, building	1,110	70 71	1,110		
Sets	72	Retained earnings, endowment, accumulate	503,515,283		655,388,500		
¥.	73	Total net assets or fund balances Add line		´ -	530,010,203	,,,	330,000,000
Net A		through 72 (Column (A) must equal line 19			503,516,393	73	655,389,610
	74	Total liabilities and net assets / fund balance	868,252,304	74	1,048,323,769		
						Form 990 (2007)	

Form 9	990 (2007)							Page 5
Part	the instructions.)	of Revenu	ie per Audited Finan	icial Stat	tements W	ith Reven	ue per l	Return (See
а	Total revenue, gains, and o	ther suppor	t per audited financial stat	ements .			а	2,222,293,467
b	A mounts included on line a	but not on l	Part I, line 12					
1	Net unrealized gains on inv	estments		b1		2,576,889		
2	Donated services and use o	of facilities		b2]	
3	Recoveries of prior year gra	ants		b3			1	
4	Other (specify) 💆			b4	3	3,268,938		
	Add lines b1 through b4 .						ь	35,845,827
с	Subtract line b from line a						С	2,186,447,640
d	A mounts included on Part I	., line 12, bi	ıt not on line a					
1	Investment expenses not i							
	6b			d1			1 1	
2	Other (specify) 📆							
				d2	-	1,544,867		
	Add lines d1 and d2						d	35,845,827
e	Total revenue (Part I, line 12) Add lines c and d						e	2,184,902,773
Part			es per Audited Fina	ncial Sta	tements	With Expe		r Return
а	Total expenses and losses						а	2,070,420,249
b	A mounts included on line a	but not on l	Part I, line 17					
1	Donated services and use o	of facilities		b1				
2	Prior year adjustments repo	orted on Par	t I, line	_			1	
-	20	l		b2			-	
3	Losses reported on Part I, l			ьз				
4	Other (specify) 🏂						1	
				b4		8,122,422		
	Add lines ${f b1}$ through ${f b4}$.						b	8,122,422
c	Subtract line b from line a						С	2,062,297,827
d	Amounts included on Part I	., line 17, bi	ıt not on line a:					
1	Investment expenses not II	ncluded on I	Part I, line					
	6b			d1]]	
2	Other (specify)			d2	2 222 742			
	Add lines d1 and d2			uz		2,233,743	- d	2,233,743
_	Total expenses (Part I, line							2,064,531,570
е	d	•				e		2,064,531,570
Part			rs, Trustees, and Ke ployee at any time duri				not comp	ensated.) (See the
	(A) Name and address		(B) Title and average hours per week devoted to position		npensation d, enter -0)	employee ben deferred com plan	efit plans & ipensation	(E) Expense account and other allowances
ONE	STATEMENT 16 KAISER PLAZA 15L _AND,CA 94612		SEE STATEMENT 0		0			
								_

ar	t V-A Current Officers, Director	s, Trustees, and Ke	y Employees (conti	inued)		Yes	No
5a	Enter the total number of officers, director	rs, and trustees permitted	d to vote on organization	n business at board			
	meetings		▶ 12				
b	Are any officers, directors, trustees, or ke	y employees listed in Foi	rm 990, Part V - A , or hig	ghest compensated			
	employees listed in Schedule A, Part I, or	highest compensated pr	ofessional and other ind	lependent			
	contractors listed in Schedule A, Part II-	A or II-B, related to each	other through family or	business			
	relationships? If "Yes," attach a statemer	it that identifies the indiv	iduals and explains the	relationship(s) .	75b	Yes	
c	Do any officers, directors, trustees, or key	employees listed in Fori	m 990, Part V-A, or hig	hest compensated			
	employees listed in Schedule A, Part I, or	highest compensated pr	ofessional and other ind	lependent			
	contractors listed in Schedule A, Part II-	A or II-B, receive compe	nsation from any other o	organizations, whether			
	tax exempt or taxable, that are related to organization"				75c	Yes	
	If "Yes," attach a statement that includes						
d	Does the organization have a written conf				75d	Yes	
	t V-B Former Officers, Director)ther
	Benefits (If any former office (described below) during the benefits in the appropriate contents.	year, list that person olumn. See the instruc	below and enter the		sation		er
	(A) Name and address	(B) Loans and Advances	(If not paid enter -0-)	and deferred compensation plans		ner allowa	
ar	t VI Other Information (See the	instructions.)	•			Yes	No
6	Did the organization make a change in its activities	or methods of conducting activ	vities? If "Yes," attach a				
	detailed statement of each change				76		Νo
7	Were any changes made in the organizing If "Yes," attach a conformed copy of the c		but not reported to the	IRS?	77		No
8a	Did the organization have unrelated business gross		ing the year covered by this	return?	78a	Yes	
	If "Yes," has it filed a tax return on Form 9				78b	Yes	
9	Was there a liquidation, dissolution, termination, or			- · ·			
	a statement		,,		79		No
0a	Is the organization related (other than by association	on with a statewide or nationwi	ide organization) through cor	nmon membership.			"
governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?							
h	If "Yes," enter the name of the organization				80a	Yes	
9	1. 163, enter the hame of the organization						
			etheritis 🔽 exempt	or nonexempt			
	Enter direct or indirect political expenditu		<u> </u>	0			
b	Did the organization file Form 1120-POL for	orthis vear?			81b		Νο

	Other Information (continued)	1		- age 7
	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		Νο
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)			
022	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	
			165	NI -
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
b	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 85d	1		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	1		
	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	-		
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
_		asy		
n	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?			
	year	85h		
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a 0			
b	Gross receipts, included on line 12, for public use of club facilities 86b			
87	501(c)(12) orgs. Enter a Gross income from members or shareholders 87a 0	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	•		
00-	· · · · · · · · · · · · · · · · · · ·			
вва	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			
		88a		No
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning			
	of section 512(b)(13)? If yes complete Part XI			
		88b		No
89a	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		No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter A mount of tax on line 89c, above, reimbursed by the organization			
e	All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter			
	transaction?			
_		89e		No
t	All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?			
		89f		No
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting			
	organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time			
	during the year?			
		89g		
	List the states with which a copy of this return is filed F			
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)			4,930
91a	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 P 94612			
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
_	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	Νo
	account)?	91b		Νo
	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			

Form 990 (2007)										Page 8
Part VI Other Information (c	ontinued)								Yes	No
c At any time during the calendar y	ear, did the organization	maıntaın	an office outside o	of the Unite	d States	, 7		91c		No
If "Yes," enter the name of the for	eign country ►									
92 Section 4947(a)(1) nonexempt chari	table trusts filing Form 9	90 ın lıeu	<i>of Form 1041—</i> Ch	eck here .						►
and enter the amount of tax-exem	pt interest received or a	ccrued d	uring the tax year		. 🕨	92				
Part VIII Analysis of Income-	Producing Activitie									
Note: Enter gross amounts unless other	vise indicated.	(A)	business income	Excluded by s	section 51.		or 514	4	(E) Relate	
	E	Business	(B) Amount	Exclusion	A	(D) mount		•	exempt f	unction
03		code		code	1				incon	<u></u>
93 Program service revenue									4 474	050 200
a MEMBERS HEALTH DUE		21400	162.022					-		,950,308
b SUPPL CHARGE/PHARM		21400	163,832		-					,546,783
c NON-PLAN & INDUSTR		21400	8,502					+		,196,140
d OTHER PROGRAM SERV					-				14	,454,626
e								+		224 222
f Medicare/Medicaid payments .	<u> </u>				-			+	544	,221,839
g Fees and contracts from governm								-		
94 Membership dues and assessme				14	+	0 7-	70 472	+		
95 Interest on savings and temporary cash96 Dividends and interest from secu		+		14	+	0,77	70,472	+		
96 Dividends and interest from secul97 Net rental income or (loss) from it		+			+			+		
a debt-financed property					+					
b non debt-financed property .				16	+	-	71,870			
98 Net rental income or (loss) from persona	<u> </u>			10	+		1,070	+		
99 Other investment income	· · · ·									
100 Gain or (loss) from sales of assets other				18		3,42	24,409			
101 Net income or (loss) from specia										
102 Gross profit or (loss) from sales	of inventory									
103 Other revenue a INT INC-AF	FILIATE	İ		14		56	66,135			
с										
d										
e	_									
Subtotal (add columns (B), (D), a	nd (E))		172,334			12,83	32,886		2,160	,369,696
105 Total (add line 104, columns (B),	(D), and (E))					. >		2	.,173,3	74,916
Note: Line 105 plus line 1e, Part I, should	equal the amount on line	12, Part I								
Part VIII Relationship of Ac	tivities to the Acco	mplish	ment of Exem	pt Purpos	ses (Se	ee th	e in	stru	ctions	5.)
Line No. Explain how each activity for v	-				ımportar	itly to	the a	ccon	nplishm	ent
of the organization's exempt p	urposes (other than by p	providing	funds for such pur	poses)						
93 SEE STATEMENT 19										
Part IX Information Regard	ing Taxable Subsid	liaries a	and Disregard	ed Entitio	es <i>(Se</i>	e the	ins	truc	tions.)
(A) Name, address, and EIN of corporation,	(B) Percentage of		(C)			(D)			(E End-of	
partnership, or disregarded entity	ownership interest		Nature of activiti	es	Te	otal inc	ome		ass	•
SEE STATEMENT ONE KAISER PLAZA SUITE 15L										
OAKLAND, CA94612	10000 %	0						0		0
00000000	%	_						_		
	%									
	%									
Part X Information Regard	ing Transfers Asso	ciated	with Personal	Benefit (Contra	cts (See	the		
instructions.)										✓ No
(a) Did the organization, during the year, rec	, , ,						•	•	Yes	
(b) Did the organization, during the year			rectiy, on a perso	nai penefit (contract	· •	•	•	res	i. NO
NOTE: If "Yes" to (b), file Form 8870 a	na Form 4/20 (see instri	ictions).								

	a controlling organ	izativii as ueili	nea in section s	12(0)(13)					
.06 [Did the reporting organiza	ation make anv t	ransfers to a conf	trolled entity as o	defined	ın section 512	2(b)(13) of	Yes	No
	the Code? If "Yes," comp						(-,(-,7,-)		N o
	(A) Name and address o controlled entit		Employer Id	B) lentification nber		(C) Description of transfer	A moun	(D) t of trans	fer
	Totals								
		_						Yes	No
	Did the reporting organiza the Code? if "Yes," comp				as defi	ined in section	512(b)(13) of		No
	(A)		(1	В)		(C)		(D)	
	Name and address o controlled entit		1	lent if icat ion nber		Description of transfer	A moun	t of trans	fer
\perp		<u>-</u>			+				
	Totals								
								Yes	No
	Did the organization have royalties and annuities de			ct on August 17,	2006 0	covering the in	terests, rents,		
	Under penalties of penjury,	•		rn, including accomp	anying so	chedules and state	ements, and to the bes	st of my kno	w led ge
	and belief, it is true, correct	t, and complete De	eclaration of preparer	(other than officer) i	ıs based (1		any knowle	dge -
ease gn	Signature of officer					2008-11 Date	-13		
ere	DEBORAH STOKES VP,								
	Type or print name and	title		.			I		
	Preparer's			Date		Check If elf-	Preparer's SSN or PTI	N (See Gen	Inst V
aid repar	signature					empolyed 🕨 🦵			
se nly	Firm's name (or yours if self-employed), address, and ZIP + 4					EIN ▶			
		KPMG LLP 55 SECOND STREE	T						
	•						Phone no 🕨 (415) 🤉	163 E100	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93490322026538

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ) 牣

Department of the Treasury Internal Revenue Service

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

2007

Name of the organization KAISER FOUNDATION HEALTH PLAN OF COLORADO **Employer identification number**

84-0591617

Part I	Compensation of the Five Highest Paid Employees Other	Than Officers, Directors, and Trustees
	/C 4 - C - - TC	1 - UKI UN

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(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	VP			
1 KAISER PLAZA OAKLAND,CA 94612	40 0	0	0	0
Total number of other employees paid over \$50,000	2,451		1	

Compensation of the Five Highest Paid Independent Contractors for Professional Services (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 357,054,963 DENVER, CO 80231 HCA HEALTHONE LLC MEDICAL SERVICES 5,169,044 4900 S MONACO ST SUITE 380 DENVER, CO 80237 SAINT JOSEPH HOSPITAL 1835 FRANKLIN STREET MEDICAL SERVICES 236,552,781 DENVER, CO 80218 MEMORIAL HOSPITAL - CO SPGS MEDICAL SERVICES PO BOX 460 40,565,387 COLORADO SPRINGS, CO 80901 THE CHILDRENS HOSPITAL ASSOCIATION MEDICAL SERVICES 29,724,861 13123 EAST 16TH AVENUE AURORA, CO 80045 Total number of others receiving over \$50,000 for 425 professional services

Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contrac	tor paid more than \$50,000	(b) Type of service	(c) Compensation
MEDIMPACT HEALTHCARE SYSTEMS			
10680 TREENA STREET STOOP 5		CLAIMS PROCESSING	30,429,369
SAN DIEGO,CA 92131			
ARAMARK MANAGEMENT SERVICES			
PO BOX 100401	MANAGEMENT SERVICES	4,272,123	
PASADENA,CA 91189			
PRECYSE SOLUTIONS LLC-NE			
1275 DRUMMERS LANE SUITE 200		BILLING SERVICES	1,746,396
WAYNE,PA 19087			
MARTIN CONKLIN PC			
90 MADISON STREET SUITE 601		LEGAL SERVICES	850,886
DENVER,CO 80206			
GALLAGHER BENEFIT SERVICES INC			
6399 S FIDDLERS GREEN CIRCLE	ADMINISTRATION SERV	835,713	
GREENWOOD VILLAGE, CO 80111			
Total number of other contractors receiving over	141		
\$50,000 for other services	171		

Par	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt			
	to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in			ı
	connection with the lobbying activities ► \$ 74,415 (Must equal amounts on line 38, Part VI-A, or line			ı
	ı of Part VI-B)	1	Yes	ı
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other			
	organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the			ı
	lobbying activities			ı
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			ı
	substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with			ı
	any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or			ı
	principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) 🕏			ı
а	Sale, exchange, or leasing property?	2a	Yes	
b	Lending of money or other extension of credit?	2b	Yes	
С	Furnishing of goods, services, or facilities?	2c	Yes	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	
e	Transfer of any part of its income or assets?	2e		Νo
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation			
	of how the organization determines that recipients qualify to receive payments)	3a	j	Νo
ь	Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
C	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	Зс		Νο
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Νo
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		Νo
ь	Did the organization make any taxable distributions under section 4966?	4b		Νo
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		Νo
d	Enter the total number of donor advised funds owned at the end of the tax year			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			

P	art I	Reason for Non-Private	oundation Status	(See pages 4 th	rough 7 of the	instructions.)
Icer	tify th	nat the organization is not a private foun	·	•	· ·	ох)	
5	Γ	A church, convention of churches, or	association of churches	s Section 170(b)(1)(A)(ı)		
6	Γ	A school Section 170(b)(1)(A)(II) (A	Iso complete Part V)				
7	Γ	A hospital or a cooperative hospital s	ervice organization Se	ction 170(b)(1)(A)	(111)		
8	Γ	A federal, state, or local government	or governmental unit S	ection 170(b)(1)(A)(v)		
9	Γ	A medical research organization oper	ated in conjunction with	h a hospital Sectioi	n 170(b)(1)(A)(ıı	ι) Enter the ho	ospital's name, city,
10	Γ	An organization operated for the bene Section 170(b)(1)(A)(iv) (Also comp			ated by a govern	mental unit	
11a	Γ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)					
11b	Γ	A community trust Section 170(b)(1)(A)(vı) (Also complete	e the Support Schec	lule ın Part IV-A)	
12	▽	An organization that normally receive receipts from activities related to its its support from gross investment incacquired by the organization after Jun	charitable, etc , functio ome and unrelated bus	ns—subject to cert iness taxable incon	aın exceptions, a ne (less section	and (2) no more 511 tax) from l	e than 331/3% of ousinesses
13	Γ	An organization that is not controlled requirements of section 509(a)(3)		•		•	ise meets the
		Type I Type II Type	e III - Functionally Int	egrated \Box	Гуре III - Other		
		Provide the following informa	tion about the support	ed organizations. (s	see page 7 of the	instructions.)	
ı	Name	(a) (s) of supported organization(s)	(b) Employer ident if icat ion number	(c) Type of organization (described in lines 5 through 12 above or	(d) Is the sup organization li supporting org governing do	ported sted in the janization's	(e) A mount of support?
				IRC section)	Yes	No	
				 			
Tota						•	٠

An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Schedule A (For	rm 990 or 990-EZ) 2007	Page 4
Part IV-A	Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash in	nethod of accounting.
Note: You may u	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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received (Do not	7,410,249	5,902,901	5,471,548	2,028,	595 20,813,293
16	include unusual grants See line 28) Membership fees received					
17	·					-
17	sold or services performed, or furnishing of					
	facilities in any activity that is related to the	1,919,472,021	1,687,119,405	1,498,815,650	1,371,561,	711 6,476,968,787
	organization's charitable, etc , purpose					
18	, , , , , , , , , , , , , , , , , , , ,					
	received from payments on securities loans (section 512(a)(5)), rents, royalties, and					
	unrelated business taxable income (less section	8,326,803	5,178,667	7,140,417	6,169,	396 26,815,283
	511 taxes) from businesses acquired by the					
	organization after June 30, 1975					
19	Net income from unrelated business activities					
	not included in line 18 Tax revenues levied for the organization's benefit					-
20	and either paid to it or expended on its					
	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					(
	charge					
22	Other income Attach a schedule Do not include					
	gain or (loss) from sale of capital assets					,
23	Total of lines 15 through 22	1,935,209,073	1,698,200,973	1,511,427,615	1,379,759,	702 6,524,597,363
24	Line 23 minus line 17	15,737,052	11,081,568	12,611,965	8,197,	991 47,628,576
25	Enter 1% of line 23	19,352,091	16,982,010	15,114,276	13,797,	597
26	Organizations described on lines 10 or 11: a Er				26a	
Ł	Prepare a list for your records to show the name of	and amount contr	ributed by each p	erson (other		
	than a governmental unit or publicly supported org	anızatıon) whose t	otal gifts for 200	2 through		
	2005 exceeded the amount shown in line 26a Do	not file this list w	ith your return. ⊟	nter the total		
	of all these excess amounts			▶	26b	
•	Total support for section 509(a)(1) test Enter line	e 24, column (e)		▶	26c	
	Add Amounts from column (e) for lines 18		19			
					26d	
•	Public support (line 26c minus line 26d total)				26e	
	Public support percentage (line 26e (numerator) d	ivided by line 26c	(denominator))		26f	
27	Organizations described on line 12: a For amou	-	•			guialified nerson "
	prepare a list for your records to show the name of					
	Do not file this list with your return. Enter the sun			ii year iroiii, caeii	uisquaimeu	pe15011
	(2006) 0(2005)		(2004)	0	(2003)	0
	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 these differences (the excess amounts) for each y		and the larger an	iount described if	1 (1) 01 (2), e1	iter the sum of
	·		(2004)	0	(2003)	0
	(2006) 0(2005)	0	(2004)		(2003)	
	Add Assessed for a column (-) for large	20.012	202 4.6	0		
•	Add Amounts from column (e) for lines 15		293 16	0	- 1	1
	17 6,476,968,787 20		0 21	0	► 27c	6,497,782,080
	Add Line 27a total 0	and line 27b tot		0	► 27d	
	Public support (line 27c total minus line 27d total				▶ 27e	6,497,782,080
f	Total support for section 509(a)(2) test Enter am	ount from line 23,	column (e) 🕨	27f 6,524	4,597,363	
g	Public support percentage (line 27e (numerator) d	ivided by line 27f	(denominator))	•	27g	99 59 %
ŀ	Investment income percentage (line 18, column (e	e) (numerator) div	ided by line 27f (denominator)) 📂	27h	0 41 %
28	Unusual Grants: For an organization described in li	ne 10, 11, or 12 t	hat received any	unusual grants du	uring 2002 thr	ough 2005,

prepare a list for your records to show, for each year, 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

Part V	Private School Questionnaire (See page 7 of the instructions.)			
29 Doe	(To be completed ONLY by schools that checked the box on line 6 in Part IV) es the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	er governing instrument, or in a resolution of its governing body?	29	res	140
		<u> </u>		
	es the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	chures, catalogues, and other written communications with the public dealing with student admissions,			
•	grams, and scholarships?	30		
	s 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			
tha	t 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)			
		1		
		1		
		1		
32 Do	es the organization maintain the following	┪		
	cords indicating the racial composition of the student body, faculty, and administrative staff?	32a		
		JZa		
_	cords documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory			
	us?	32b		
c Col	pies of all catalogues, brochures, announcements, and other written communications to the public dealing			
with	h student admissions, programs, and scholarships?	32c		
d Col	pies of all material used by the organization or on its behalf to solicit contributions?	32d		
Ιfν	ou answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
,	ou anonorous tros any or the above, preudo explain (21 you need more space) attach a separate statement,			
		-		
22 -		4		
33 Doe	es the organization discriminate by race in any way with respect to			
		1		
a Stu	dents' rights or privileges?	33a		
b A dı	missions policies?	33b		
c Em	ployment of faculty or administrative staff?	33c		
a Sch	nolarships or other financial assistance?	33d		
ų os.				
F J.		122-		
e = at	ucational policies?	33e		
f Use	e of facilities?	33f		
g Ath	letic programs?	33g		
_				
ь Oth	ner extracurricular activities?	33h		
••				
Tfv	ou answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
11 y	ou allswelled Tes to any of the above, please explain (IT you need more space, attach a separate statement)			
		4		
		4		
		_		
34a Doo	es the organization receive any financial aid or assistance from a governmental agency?	34a		
ь Ная	s the organization's right to such aid ever been revoked or suspended?	34b		
Ify	ou answered "Yes" to either 34a or b, please explain using an attached statement			
,				
35 Do	es the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
	Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		
	Schedule A (Form 9			

Schedule A (Form 990 or 990-EZ) 2007 Page 6 Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.) (To be completed **ONLY** by an eligible organization that filed Form 5768) Check - a if the organization belongs to an affiliated group Check 🕨 **b** If you checked "a" and "limited control" provisions apply (b) **Limits on Lobbying Expenditures** (a) To be completed Affiliated group for all electing totals (The term "expenditures" means amounts paid or incurred) organizations 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 37 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 38 Total lobbying expenditures (add lines 36 and 37) 38 39 39 Other exempt purpose expenditures 40 40 Total exempt purpose expenditures (add lines 38 and 39) 41 Lobbying nontaxable amount Enter the 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 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 41 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 42 Grassroots nontaxable amount (enter 25% of line 41) 42 Subtract line 42 from line 36 Enter -0 - if line 42 is more than line 36 43 Subtract line 41 from line 38 Enter -0 - if line 41 is more than line 38 44 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720. 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or (a) (b) (c) (d) (e) 2007 2006 2005 2004 fiscal year beginning in) Total Lobbying nontaxable amount 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)) Grassroots lobbying expenditures 50 Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) 🕏 During the year, did the organization attempt to influence national, state or local legislation, including any Yes No A mount attempt to influence public opinion on a legislative matter or referendum, through the use of Νo Volunteers Yes Paid staff or management (Include compensation in expenses reported on lines c through h.) Νo

- 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

Νo

2,275

13,000

56,865

2,275

74,415

Yes

Yes

Yes

Yes

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

			age 12 of the instructions.)				
		•	, , , , ,	with any other organization descr		sectio	n
				7, relating to political organization	ns? r		
		g organization to a no	ncharitable exempt organization	ř	=4 (1)	Yes	No
• •	Cash				51a(i)		No
• •	O ther assets				a(ii)		N o
_	transactions	· 6 b b					NI -
			naritable exempt organization		b(i)		N o
		from a noncharitable	· •		b(ii)		No No
	•	quipment, or other as	sets		b(iii)		N o N o
	Reimbursement arrai Loans or loan guaran	-		-	b(iv) b(v)		No
			r fundraising solicitations	-	b(vi)		No
			er assets, or paid employees	-	c C		No
] mn (b) should always show the faı		t vəlu	
				zation received less than fair man	Ket van	ue III a	iriy
transa	Ction or snaring arrar	igement, snow in colu T	imn (d) the value of the goods, of	her assets, or services received			
(a)	(b)		(c)	(d) Description of transfers, trans	actions	. and	sharına
Line no	A mount involved	Name of noncha	arıtable exempt organızatıon	arrangemen		,	
	-	•	with, or related to, one or more	· · · · · · · · · · · · · · · · · · ·	_	V	
			nan section 501(c)(3)) or in sect	ion 52//	ı	Yes	✓ N
D IT Yes	s," complete the follow	wing schedule	T				
	(a) Name of organiza	ation	(b) Type of organization	(c) Description of relat	uonchin		
	Name of organiza	311011	Type of organization	Description of relati	.ionsinp		



TY 2007 Cash Grants Paid Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF COLORADO

Class of Activity	Recipient's name	Address	Amount	Relationship
	SEE ATTACHED STATEMENT		11,238,458	

TY 2007 Other Assets Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF COLORADO

Description	Beginning of Year Amount	End of Year Amount
DUE FROM KAISER FDN HOSPITALS	283,695,309	480,549,000
OTHER LONG TERM ASSETS	13,195,288	11,165,000

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490322026538

TY 2007 Other Changes in Net Assets Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF COLORADO

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	2,576,889
CHANGE IN PENSION & OTHER RET LIAB	28,925,125

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490322026538

TY 2007 Other Expenses Included Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF COLORADO

Description	Amount
LOSS ON SECURITIES/FIXED	1,544,867
INTER-ENTITY REVENUE - RECLASS	6,577,555



TY 2007 Other Expenses Not Included Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF COLORADO

Description	Amount
BAD DEBT EXPENSE-RECLASS	2,233,743

TY 2007 Other Liabilities Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF COLORADO

Description	Beginning of Year Amount	End of Year Amount
RESERVE FOR SELF-INSURED RISKS	3,832,525	4,137,530
RESERVE FOR PROP/PROF LIAB	12,230,771	13,293,848
RESERVE FOR WORKERS COMP RISKS	3,602,791	4,027,628
POST RETIREMENT LIABILITIES	173,086,649	170,313,758
OTHER LIABILITIES	10,060,106	8,738,912

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490322026538

TY 2007 Other Revenues Included Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF COLORADO

Description	Amount
BAD DEBT EXPENSE-RECLASS	-2,233,743
INTER-ENTITY REVENUE - RECLASS	6,577,556
RETIREMENT LIABILITIES	28,925,125

efile GRAPHIC	print - DO NOT PI	ROCESS As File	ed Data -	DLN: 93490322026538

TY 2007 Other Revenues Not Included Schedule

Name: KAISER FOUNDATION HEALTH PLAN OF COLORADO

Description	Amount
LOSS ON SECURITIES/FIXED	-1,544,867

TY 2007 Non Electing Public Charities Statement

Name: KAISER FOUNDATION HEALTH PLAN OF COLORADO

EIN: 84-0591617

Statement: SEE STATEMENT 18

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93490322026538

TY 2007 Self Dealing Statement

Name: KAISER FOUNDATION HEALTH PLAN OF COLORADO

Line Number	Explanation
2a	STATEMENT
2b	
2c	
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 2007 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
2007	7,410,249		1,919,472,021	8,326,803					1,935,209,073
2004	5,902,901		1,687,119,405	5,178,667					1,698,200,973
2003	5,471,548		1,498,815,650	7,140,417					1,511,427,615
2002	2,028,595		1,371,561,711	6,169,396					1,379,759,702

KAISER FOUNDATION HEALTH PLAN OF COLORADO FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

Recipient Name	Address	Purpose of Grant or Contribution	***************************************	Amount
Alzheliner's Association	455 Sherman St #500 Denvel, CO 80203	Project/Program Support/African American Dutroach	eir	15,000
		Corpurate Giff Matching Program	69	33
		Reason to Hope Luncheon	4,57	4 850
		Memories in the Making Lurchean	643	830
American Diabotes Association Inc.	2480 W, 26th Ave, Sulte 120-8 Denver, CO 80211	Amual Fundraiser/2007 Diabeles EXPO Cook Demonstration	65%	6,850
		Awards Ceremony/3007 Father of the Year Awards	ess इ	2,350
		Project/Program Support/BAD Rida	↔>	2,800
		Project/Program Support/Por Tu Familie and Ventaniles de Saluo	19 ¹ 3	35,000
		Corporate Gift Matching Program	(>)	100
American Heart Association	1280 S Parker Road	Annual Fondreiser/2007 Dorwer Hoart Walk	169	64,850
	OPTURE 22 OUZ31	Annual Fundraiser/2007 Go Rød for Women Luncheon	↔	4,850
		Corporate Off Matching Program	€ %	4,193
Amendan Lung Association	5600 Greenwood Plaza Greenwood Wang OD 20111	Program Support for 2007 Champ Camp	1431	3,500
		Program Support for Run the Rouks	-yes	25,000
		Catch Your Breath 2007	443	1.900
		Program Support for 2008 Chanp Camp	545	3,500

STATEMENT 2

KAISER FOUNDATION HEALTH PLAN OF COLORADO FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

Recipient Name	Address	Purpose of Grant or Contribution	**************************************	Amount
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Arapahoe County Early Childhraid Council	8860 S Yasemite Ct. Suite 2000 Centennial, CO 80112	Prugram Support for Assuring Better Child Health & Development	443	87.720
Arapahoe County Servor Posources	1690 W Littleton Bird, Surte 300 Littleton, CO 80120	Program Support for Healthier Living: Mananging Your On-Going Chruino Conditions	Ve4	12,500
Breamfield Community Foundation	4 Garden Center Broomfield, SC 80020	Event Support/Outreach Event	44	2.500
		2007 Heart of Broomfield	₩	5,000
		Heart of Broamfield Spansorship	98	4,860
Center for African American Health	3801 (darun Luther King Bivd Denvisr, CO 80205	Program Support for Health Fair	45°S	1,500
		Amual Dinner - Diamond Sponsor	6 3	5,000
Civia Results	899 Logan St. Suite 311 Deriver, CO ROZO3	Support for Motor Denver Health & Wellness Commission	æ	75,000
		Ganeral Operating/LiveWell 2007 Grant	98	203,477
Cinica Tepoyac	5075 Lincaln Street Derrer, CG 80211	Seneral Operaning Support	en	10,000
Colorado Acadeniy of Family Physicians	2224 S Fraser Street, #1 Aurora, CO 80014	Progan Support for Tar Wars	6-9	10.000
raidheanna		Support for Annual Science Conference	613	2009
Colorado Center fu Nursing Excellence	2485 S Downing St., Suite 210 Derver, CO 80210	Event Support/Sponsorship for Conference	♦>>	4,350

STATEMENT 2

KAISER FOUNDATION HEALTH PLAN OF COLORADO FORM 890, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

Recipient Name	Address	Purposa of Grant or Contribution	***************************************	Amount
Colorado Childran's Automobile Safety Association Foundation	435 S. 43rd Street Boulder, CO 80305	Parmership for car seets	↔ >	2,000
Colorado Cilnical	274 Union Bivd. Sulle 310 Lakewood, CO 80226	Conference Support	69	4,850
Colorado Coalition for the Medicelly Underservad	1660 Sharnan Streat Donver, CO 20203	Support for 11th Annual Medically Underserved Conference	₩	2,850
cro Lentral Prespytenan Church		Training & outreach for Medicaid	849	3,000
		Program Support for Kidz Bilitz	63	12,600
Colorado Department of Pubro Health and Enviruiment	4300 Charry Orchk Drive South Denver, CO 80245-1530	Project support for realth rispantiles	£0	275,000
Colorado Health Nelwork DBA Culurado AIDS Project	2430 41, 26th Ave, Suite 300 Decizer, CO 80211	Omporate Grit Maturing Program	47	878
		AIDS Walk Colorado	84	2,000
Colorado Regional Health Information c/o Colorado Health Institute	1576 Sherman St, Ste 300 Deriver, CO 80203	Program support for legal expenses	6/3	15,000
Colorado School of Public Health Intotive	4200 E 9th Avenue, MS C-245 Denver CO 30262	General Operating/Start-up costs	₩>	78,000
Community Resources, Inc.	3051 S Elm Street Denver, CO 60222	Gameral Project Support	63	\$,000)
The Denvor Foundation	55 Madison Street 2th FI Denver, CO 80205	Commution to the Karsar Pennanyrity Donor Advised Fund to support Healthy Communities	·93	5,175,000
Donzer Good Government Fund	410 17th Street, Ste 1705 Denver, Ct3 80202	General Support	nes.	2,000

SIALEMENTS

Page 3 of 8

KAISER FOUNDATION HEALTH PLAN OF COLORADO FOUNDATION BOO, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

Recipient Name	Address	Purpose of Grant or Contribution		Amount
Deriver Health and Hospital Authority	605 Barmoch Smeet, MC 2600	Gernstal Operating/Live/Well 2007 Grant	43	103 840
	Deriver, CO 80204			
Deriver Healthy People 2010	201 W Coffex, Dept 1009 Derver, CO 80202	General Operating/Live/Well Grant 2007	63	218,820
Denver Museum of Mature and Scieme	2001 Colorado Boulevard Denver, CO 30205	Support for Health Sciences Initiative and exhibition	Ø	3,000.000
Denver Public Sulpois	900 Grant Street	Spanscrehp of 2008 Gara event	49	49 500
	Deriver, CO 30203	2007 Annual Celebration of Decines Public Schools	40	3,000
Denver Urban Galdens	3377 Blake Street, #113 Denver, CD 60205	General Operating/LiveWell Grant 2007	613	134,338
Family Translm.	3805 Marchall St Vireat Ridge, CO 60033	Corporate Oift Matching Program	6/3	4 4 (Q
		Awards Ceredion//Adjievement Dioner	64	2,500
		Awards Ceremony/Feast for Families	49	2,500
FASB Firress Postival, inc	6390 E Crescent Parkway Greenwood Village, CC 80111	Program Support for 2007 Edness Festival	60	20,000
FrontPange Earth Force	2120 W 33rd Avenue Derivel CO 80211	Program Support for Community Action & Problem- Solving	43>	10,000
Tull Circle Inter-Cenerational Project	3050 Richard Allen Ct Denver CO 60205	Genmal Operating/Live/Netl 2007 Grant	ker.	15,000

STATEMENT 2

KAISER FOUNDATION HEALTH PLAN OF COLORADO FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

Recipient Namo	Address:	Purpose of Grant or Contribution		Amount
Girl Scouts of Colorado	400 S Broadwav Denver, CO 80208	Program Support for Healtry Living Initiative	169	5 000
		Carpriala Giff Matrinng Program	98	100
		2007 Warnen af Distinction Dinner	693	2,000
Habitet of Metro Donter	1500 W 12th Ave Denver, CO 80204	Women's Build Adopt-A-Day	¢.c.	3,000
Health and Human Services for the Oity and County of Broomfield	Six Garden Center Broomfield, CO 80020	General Operating/Live/Vell 2007 Grant	564	140,615
Hospico of Metro Deriver do Deriver Hospice	501 S Cherry St., Suto 700 Denver, CD X11246	Share the Care Pilot Project	6/9	5,000
		Share the Care Pilot Proyect - additional funding	€∌	2,400
		Corporate Gift Materials Program	63	127 127
inner City Health Center	3408 Downing St Denver, CO 80205	Program Support for Adult Medical services	49	30,000
Juvenile Dabeles Researc Foundation	5613 DTC Parkway, # 610 Greonwood Village, CO 80111	General Operating	494	2.000
		JDRF Dream Cala	44	2,500
		Annual Fundrainer/2007 Walk to Cure Dubetus	693	3,350
		Corporate Griff Matching Program	69	300
Metru Community Provider Network	3701 S Bradway St Englewood, CO 80113	ProjestiProgram SuppartiProject Support	↔	20,000

STATEMENT 2

KAISER FOUNDATION HEALTH PLAN OF COLORADO FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

Raciplant Name	Address	Purpose of Grant or Contribution		Amount
Metro Vounteers	444 Sherman Street #100 Denver CO 80203	Team works program	6%	3,000
		Heart of Volumeansm Awards	६७	400
		Heart at Work - Voluntorr Recognition Event	80	2,500
Micro Business Development	700 Kalemath Street Denver, CO 80204	Gaineral Ciperating	€≫	90,000
Parent Pathways	6795 E. Tennosseu Ava #500 Denver, CO 80224-1613	Grindral Program Support	<i>4-3</i>	2 500
		General Operating Support	6%	2,500
		Event Support/Walk Spansonship	en	5,000
Pikes Peak Conniunity Foundation	730 N. Nevada Avo Colurado Sprințs, CO 83913	Senaral Operating/LiveWell 2007 Grant	'a	68,320
Poydre Valley Hispital Foundation - CanDo	1024 S. Lymay Ave Fl Oullins, CO 30924	General Operatogit LiveWell 2007 Srant	esp.	183,376
Provers County	1001 5 Main Lamar, CO &1052	General Operating/Line/Vest 2007 Grant	85	38,275
Rocky Mountain Center for Health Promotion and Education	7525 W 10th Ave Lakewood, CO 80214	General Program Support	60	25,000
Rocky Moimiain Stroke Association	56% S Bannock Street Littleton, CO 82120	Stroka Recovery Kir	649	6,000
SafeHaine Denier Inc	1649 Downing Street Denver, CO 80218	Corporate Off Matching Program	66	8
		Evant Supportions Anniversary Event	95)	9,000

STATEMENT 2

स्वत्त्र १ तो छ

KAISER FOUNDATION HEALTH PLAN OF COLORADO FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

Recipient Name	Address	Purpose of Grant or Contribution		Amount
Samt Joseph Hospital Foundation	1835 Franklin Street Donum CO Affolk	Title sponsorsivp for Stadium Stanipede	bæ	3,000
		Support of Stadium Stampede and ennual golf tournemont	↔	10 000
Seniors lina	5640 East Evena Ave. Denrer, CO 80222	Armyal Fundrasor/Aronight Classic	↔>	14,500 000
Southern Ute Community Action Program	285 Lakin Street Ignadid, CO 81137	General Operating/LiveWell 2007 Grant	(?)	154,580
Special Transil	4800 Pwart Street Boilder, CQ 80301	Annual Fundraisen/REV (T (IP)	63	4,850
Suicice Prevention Intervention Network	5859 S University Bird Greenwood Village: CO 30121	General Operating Support	64	2,000
Summit Prevention Alliance	120 S. 4th Avenue Frisco, CD 811443	General Operating/LiveWell 2007 Grant	ю	126,354
The Jefferson Foundation	809 Quali St, Blcg #1 Lakewood, CO 80217	Second Wind Fund	A553	1,000
		Crystal Balli	6/3	5,000
Tri-County Health Disperment	7000 E. Belleview, # 301 Oreenwood //liage, CO 80111- 1628	General Operating/Live/Veil 2007 Grant	↔ >	221.908
University of Colorado Department of Family Medicine	12474 E. 19th Ave. #402 Aurore, CO 30010	Program Support for Pamativo Medicina Fellowardip	ω.	11,000
Valley-Wide Health Systems, inc	128 Market Sheet Alamosa, CO 81101	General Operating/LineWell 2007 Grant	<i>⇔</i>	170,638

KAISER FOUNDATION HEALTH PLAN OF COLORADO FORM 980, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

Boritiant Mamo	å Silven Silven	Purpose of Grant Revivient Name		Amount
3 V.V., 15,5 ST3 15, 19 CS 3 1 V recommencement of the commencement of the commencemen	CTASA SA TASA AN	00000000000000000000000000000000000000	***************************************	
West Chamber Of Jefferson County	1867 W. Cole Bivd, Bidg #18, Suite 400	General Operating Support	843	5.000
	Lakewiod, CO 8040 i	Annual Fundraiser/Taste of the West	6/9	1,000
Small Dollar Grants	**	Support of each organization's mission	663	92,344
(Detail Available Upon Request) KFHP, Inc (c/o National Tax Department) One Kaiser Plaza 1550L Oakland, CA 94612	unrolated public disatters			

Total Charitable Contributions

STATEMENT 2

KAISER FOUNDATION HEALTH PLAN OF COLORADO 84-0591817 12/31/2007

STATEMENT FORM 880 PART V - LIST OF OFFICEMS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

HOURS WEEKLY
. see nake v
Recyclose President Coloran

(A) See Statement 25

KAISER FOUNDATION HEALTH PLAN OF COLORADO 84-0591617 12/31/2007

STATEMENT FORM 999 PART V, LINE 75 - LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

	***************************************	(C1) COMPENSATION	(C2) COMPENSATION	(D1) BENEFIT	(02) BENEFIT	(E) EXP ACCT!
NAME AND ADDRESS	,	PRE 2007	2867	2007	PAID 2268	OTHER ALLOW.
see note 2		Sec Notes 3 & 4	588 Witters 3 & 4"	5-3-8 Notes 2, 4 & 5	See Notes 3, 4 & 5	See Notes 3, 4 & 6
George C Haivorson	Ŝ	7,318 (485	4,358,979	97,742	3,385,154	28,044
Darriel P Carcia		428,859	607,939	371,118	350,617	a
Judith A Johansen		<i>۵</i>	173,400	11,047	0	a
Christine K Cassel		0	187,500	C7	0	C
Thomas W Chapman		0	201,248	13,783	0	යා
William R. Grahar		0	179,500	9,586	0	CD
J. Eugene Origsby !!!		0	195,502	4,285	0	С
Kim J. Kaiser		0	122,500	0	0	
J. Nest Purcell		0	208,350	14,923	0	0
Philip A. Manneau		0	182,000	0,586	C)	0
Edward Pei		0	172,500	0	a	0
Cynthia Talles		***************************************	195,200	9 265	C	0
Jenny Ming		0	145,000	9,586	œ	\$
Sandra Thompkins		0	73,867	0	0	\$
Doma Lynne		0	532,712	168,946	211,120	బ
Kathnyn Lancaster		120,549	980,878	298,679	607,349	0
Arthur M Southam, MD		404.217	1,228,090	353,988	887,341	0
Bernard Tyson		582.812	1,002,203	248,172	785,791	0
Steven R Zafkin		735.427	809,468	550,980	592,290	
Christine Malodin		48,000	621,976	235,791	204,968	0
Thomas R Meier		99,128	362,009	132.515	219,308	0
Deboren Stokes		80,000	417,115	113,287	178,237	0
Milchell Cohen		భ	228,215	41,501	44,926	ఐ
Victoria B Zatkın		4,470	219,697	54,104	48,094	
Jennifer Gardner		0	80,003	18,395	4,020	ట

(A) See Statement 25

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 purt of this return. This Organization is a purticipating 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 Keiser Plaza, Suite 15L Ordway Oakland, CA 94612

Note #3 - The executive compensation program for Kaiser Foundation Health Plant 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, performence-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 fat-risk features designed to focus on strategically important performance goals and to assist in attracting and retaining too 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) [94-1340623] as common paymastor 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 2007. This compensation is effectively reported in Part Vituos – 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 2006 and 2007. For instance column C1 includes distributions from retirement, savings, and deferred compensation plans that were samed in order years, and column D2 includes incentive payments scheduled for 2008 for performance goals achieved in 2007.

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 Corribution Plan (Plan B), a Section 403(b) Tax Sheltered Annuty Plan (TSA), a Section 457(b) Deferred Compensation Plan (CAP), and I realth 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

KAISER FOUNDATION HEALTH PLAN OF COLORADO

for 2007 accruels for future benefits under Plan A are included in column D1

For other benefit plans available to executives which provide future benefits earned during 2007 (where the specific amounts are available and determinable by the time this tax report is filled), 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 fermination 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 penefit 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-8 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 by Board members on the organication's artains during 2007 is estimated to be five hours. Actual time spent by Board member may very braced on different responsibilities during the year. Key employees, who work foll-time, may work in excess of the standard 40-nour work week and will work on various entries within the program.

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 ouring 2007.

TAXABLE ENTITY RELATIONSHIPS KAISER FOUNDATION HOSPITALS AND HEALTH PLAN INC.

EMPLOYER TAX ID #	ENTITY NAME		Purpose of Entity
KAISER FOUR	Kaiser foundation hospital subsidiaries (taxable):		
94-3245176	KALSER PERKANEN 16 RITERNA HUMAL	7,25	Ap international consulting company
91,2166347	KP ONCALL FLC	377	Cums & comparer was be umadifue services can center
KAISER FOUR	KAISER FOUNDATION HEALTH PLAN INC. SUBSIDIARIES (TAXABLE):		
44.337.38.74	Kaiser permanente health altematues	<u>\$</u>	Provides destal plans and Pout or Sorince meloosliplans in Washinghin plats in ynupoleid stoods
64-3253432	KAISEE PROPERTIES STRUCES, MC.	1,00	I FORM IN CIFE 1989. BUT SHE DUTH-WALLE FLOWING
34-3203401	KAISER PERMANENTE HOURANCE OOMPAN	7.00	msurance company offering indeminal band Lylans
02-0-29/80	CAK TPFF ASSURANCE LTD	TYC	Capters it accentes company to moving work ons companisation às auto in untante constages
94.2471834	COKAHH ASSURANCE (TD	7 KOK	A capture this mance sufficient to those mod social remainance for property & casualty next.
	ORDOVAY BUIEPIGA (KYKAL 110)	7,500	A molding company to provide cifetone tak aleagicatent mole
	DROWAY RIDEPHITY, LTC	17.25i	An offstydd company veed ar a nek managamend byd
31.1814907	CHP COMPANIES RIC	ğ	Hoping company, was mander of OHP. CHP is an inactive nearly pren in sheer fork

KAISER FOUNDATION HEALTH PLAN COLORADO. EMPLOYEE COMPENSATION FOR FORM 990 REPORTING PURPOSES FOR TAX YEAR 2007

	TOP FIVE EMPLOYEES	1					
X 8X 8X 8X 8X 8X 8X 8X 8X 8X 8X 8X 8X 8X		HOURS	(C1) COMPENSATION PRE-2007	(52) COMPENSATION 2017	(D1) 8ENEFITS 2307	(02) BENEFITS PAID 2003	EXP ACCT!
***************************************	***************************************	see note 7	{ « ·	see notes 3 & 4	499 Ming 3, 4 & 5	480 Hotes 3 425	1888 1621664 3, 4 & C
Kerry Kohnen	Ø	Ş	86,358	245.420	113,185	78,937	er er
James R. Newsome	Αķ	64	44,000	372,272	112.786	\$6.107	0
Kristin W Sayder	¢,	4	76,254	245,420	113,160	78.937	e,
RICHARD LYON	dΛ	07	48,000	291,368	45 183	75,248	8,232
LEONID TOKAR	EVEC ORK	177	Ø.	284,410	42,472	98.138	¢.

NOTES: See Statement 12 for notes applicable to the above reporting.

KAISER FOUNDATION HEALTH PLAN OF COLORADO

FEIN: 84-0591617 December 31, 2007

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 21** 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 2007. 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 21**. 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. 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 2007, KFHP did not engage in the lending of money or other extension of credit with any of these persons in 2007. KFHP, Inc. has a program that provides loans to relocate executives. **Statement 12** provides information regarding officer and key employee loans made by KFHP, Inc. as disclosed in the KFHP, Inc. 2007 Form 990, Part IV and Schedule A, Part III, question 2b.

KAISER FOUNDATION HEALTH PLAN OF COLORADO

FEIN: 84-0591617 December 31, 2007

Based on the COI questionnaires for 2007, Statement 17-A lists non-affiliated taxable organizations which did business with KFHP in 2007 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 2007. Based on a review of COI statements for these directors, officers and key employees for 2007, **Statement 17-B** 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 2007, KFHP did not engage in the furnishing of goods, services, or facilities with any of the persons in 2007

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 13** generally describes the transactions between KFHP and those entities.

Based on the COI questionnaires for 2007, **Statement 17-A** lists non-affiliated taxable organizations, which did business with KFHP in 2007 and on which KFHP officers, directors, key employees or their families served as an officer, director, or owner. **Statement 17-A** 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.

KAISER FOUNDATION HEALTH PLAN OF COLORADO FEIN 84-0591617 December 31 2006

FORM 990, SCHEDULE A, PART III

NON-AFFILIATED TAXABLE ORGANIZATION RELATIONSHIPS

NAME	NON-AFFILIATED TAXABLE ORG	TRANSACTIONAL RELATIONSHIP
PHILIP A MARINEAU	LEVISTRAUS & CO - RET.	NONE
J NEAL PURCELL	KPMG INTL - RET OMN: FLICHT	AUDIT & TAX ADVISOR AIR AMBULANCE SERVICES
EDWARD PEI	FIRST HAWAIIAN BANK	BANKING SERVICES IN HAWAII
GEORGE HALVORSON	PERMANENTE FEDERATION	ASSOCIATION OF MEDICAL GROUPS PROVIDING PHYSICIANS TO KAISER FOUNDATION HEALTH PLANS AND KAISER FOUNDATION HOSPITALS

KAISER FOUNDATION HEALTH PLAN OF COLORADO FCIN 84-0591617 December 31 - 2807

FORM 990, SCHEDULE A, PART III

TAXABLE ORGANIZATION FAMILY RELATIONSHIPS

NAME	NON-AFFILIATED TAXABLE ORG	TRANSACTIONAL RELATIONSHIP	FAMILY RELATIONSHIP
KATHRYN LANCASTER	TOP TIER CONSULTING	IT CONSULTING SERVICES	SIBLING, BENIFICIAL BUSINESS OWNER
STEVEN ZATKIN	ARLEN GROUP	BENEFITS CONSULTANT/BROKER	IN-LAVV
VICTORIA ZATKIN	ARLEN GROUP	BENEFITS CONSULTANT/BROKER	IN-LAW
CHRISTINE MALCOM	CONSULTANT	CONSULTING SERVICES	SPOUSE

KAISER FOUNDATION HEALTH PLAN OF COLORADO 84-0591617 DECEMBER 31, 2007

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 efficials 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 he 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 accivities 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 nuterials to legislators and to their staffs that
 pertain to matters of common interest in the bealth care community and in the netfor-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 stalls 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 84-0591617 DECEMBER 31, 2007

STATEMENT FORM 990 PART VII 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.

938 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 OF COLORADO TAX YEAR 2007 FORM 990

SCHEDULE OF FIXED ASSETS AND DEPRECIATION

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

	COST	ST	ACCUMULATED DEPREC/AMORT	DEPREC/AMORT	2087
	BEGINNING OF YEAR	END OF YEAR	BEGINNING OF YEAR	END OF YEAR	DEPNIAMORTN EXPENSE
	32.631,140	39,321,790	0	0	0
LAND HAPROVEIAENTS	13,477,883	14,540,642	5,673,289	6,250,214	614,270
BUILDINGS	321,233 590	317,833,448	135,092,646	145,850,043	15,849,451
LEASEHOLD RAPROVEMENTS	8,179,806	8,898,794	3,658,528	4,561,508	8072,079
EQUIPMENT	138,317,986	134,811,418	38.754.158	102,042,836	13,472,222
CAPITALIZED SOFTWARE	13,794,052	14,139,166	12,477,344	13,735,453	245,286
CAPITAL (ZED LEASES	141,978	141,376	141,976	141,976	5,827
CONSTRUCTION IN PROGRESS	23,789,675	34 234,572	0	£	0
TOTALS	559,163,113	563,969,905	256,804,909	272,582,124	31,089,109
OTHER AMORTIZATION - START UP AND D	UP AND DEFERRED COSTS -	COSTS -			96,309
TOTALS TO: PART IV, LINE 57(A)		563,969.805			
PART IV, LINE 57(B) PART IV, LINE 57(C)	302,358,204	291,387,681		272.582,124	
PART II, LINE 42(A) DEPRECIATION, AMORTIZATION ETC.	ION, AMORTIZATION	# e1C.			31,185,418

KAISER FOUNDATION HEALTH PLAN OF COLORADO 84-0591617 DECEMBER 31, 2007

ATTACHMENT FOR.

FORM 990 PART VI, QUESTION 80 - RELATED AND AFFICIATED ENTITIES

MASSER FOUNDATION HEALTH FLAN, INC. AND KARSER HOURDATION MOSPITIALS, CALIFODNIA MOTHFOR PROTE CORPORATIONS, EXEMPTS ROW INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 601(C)(3), HAVE A CONTROLLING OR AFFILIATED INTEREST IN THE POLITIMEN CORPORATIONS AS OF DECEMBER 31, 2001:

	do to the comment of town:		
EMBLCALE			DIRECT & MORRECT & CONTROLLS
	TO LEE AND TO THE TAXABLE TO THE TAX		87 82.487 18
	es that are owned directly on indirectly by raiser foundation That are also exempt from pederal income tay under inc solichs;		
5.5,0008080	XAREED POLARRATION HEALTH FLAN OF THE GOTHWEET		:8./
P 4 0584847	Kaiser foundation health plan of oulorado		1005
1200 (138) FEB. 120 (138)	NASSER POWNOVION HEALTH FLOW OF TEORGIA INC		.60.0
0.0024983	KAISEE FOUNDATION HEALTH FOAN OF THE IMPLATORATION OTHERS, INC		:66.4
ZE0022.248	KRISER FOUNDATION HEALTH FLAN OF OH O		:58. 🗸
13-7400-486	C COMMUNITY FOLKLING FLAN		38.00
12 3122 4	KAISER HEATT A PRIAN DELETA MATTACEMBAT THAC		18 0
(3-0K)6436Z	KAISER HEALTH AL FERVASTIVES		.5% 4
15 8458 446	SAME BOWE CERTAINED		.35 0
334148525548	>4.		46.0
8 (457,4386)	CMX+4 V/22 8/ 011e. (1.1)		35.08
	ESTHALARE OWNED PRECTLY OR INDRECTLY BY MAISER FOUNDATION		
	THAT ARE LAXABLE FOR PEDERAL AND STATE INCOME TAX PURPOSES.		***
7, 03%/360 7, 03%/360	CAN TREE ACCURANTS, LTD NAICHD PERGONERTE HEACTH ACTE PHATRIES INC		1954 1969:
84 C.L.24957, 44 C.L.49004	MARCH PROMOTOR ELECTRICES AND		:60.7
37 1814(%)*	CNS, CCINRANNIC INC		.60.7
	n health man inc in appliated with the poledwing endires exempt That tax index inc section solicity		
34 3 1-3562 8	RASET FRANKISK RETURN U.S	*(1)	NA
# 15 xx (13	MARKAN MARKAN AR ARDEST STAMAN SAMAN AR	9.3)	2,34
	N HEALTH PLAN, INC IS AFFILIATED WITH THE POLLOWING NOT EXEMPT FROM LEBERAL INCOME TAX.	***	
F10 080000 F1 00 00000	FY/288 MEMICRAFILE (# 45/8/E) FY/288 MEMICRAFILE BLIL OLD MONT	3.3	સ્તિ
8 0444617	CARELGERAL MC	, (1),	REA
1 0164847		1,3	N1-14
77 3774725	FP CMCALL, LLC (White to be broken as a disciplant disciplant of the passion). ARCHRIBES BC	*(.2) *(.2)	8/4
0.34. 1640	HEVE, H. COURE ENDINCEMENT CONTINUENCY (I.)		N/A
50 50 50 50 50 50 50 50 50 50 50 50 50 5	LACE SEEMMANNE WONNERS WAND	33	N/4
N/A	HARE COLORADO ECO I prior materio e principal per a de de conocerte en de la presentación de la presentación d	*{.3} *(.4)	58 ⁷ %
0 CM-1672	the CAT to the second the second to be a second to a second to the secon	*{4}	A'M
0-07 0651			:0%
0.0386517	PARTIES DESIGNABLE DAS COST DE SE ESPACO SE O GENERA PARTIE DAS COST DE SE O DESERTA DE SE ESPACO SE O GENERA PARTIE DE SE O DESERTA DE SE ESPACO SE O GENERA PARTIE DE SE O DE SE O DESERTA DE SE O D	755	16.34
የ ርዓት ጎን፥	HAISER POUNDATION HONDY BER, A CAUD-ORDIA NOT FOR PROFIT CARPORATION ENERGY FROM INCOME THE UNGER THE PROVINCING OF INTERNAL REVIEWS OF OR EROTEOPEROLOXION SHAPPES A COMMICTOR READER OF ICTORS AND RANGER FAN NOW IT WE HELD THE PLAN, INC		
RUIE 403	THESE INTO BE ARE SUPERIORNES OF NA BERROLANDAY RIM ELEMENT A RESIDENCE OF THE PROPERTY OF THE		
ro.e 12	KARRER PERMANENTE INBURANCE COMPANY IL A NON ELEMPT LIFE, ACCIDANT ACT NEACTH MELBRANCE TOVA ANY CHONHON OF THE PREFETANDA FOCA AND THE COMMON ETEXT, AND OWNED BY LARRE 24 TERPAT ON MITAL 14 IT AN INC THE REMAINING ANY OF TOWN ON STOCK IS DANK DEV FORWATTE INTED THEY KENNEY PRACTICE CROOKS		
40.18 4/4)	ic rysers formation for the edge between the libe cortex fixe fits comman		
mak (e)	KAISER FERMANENTE CRECKON FLUE, LLC - THE SCAL MINORIR OF THIS LIGHTED LIABILITY - CRE MIY IS NAISER FOUNDATH IN HEM THIP IN CTITHE NORTH MIXECT		

THE COMMON ADDRESS FOR ALL ENTITIES LISTED ASSOVE IN-

CONAISTRECONDATION HEALTH PEARLYENE FAX PROGRAM CRECO CONTROLLER STEPART YENE FAX ONE NA SER PLACA, 1650 ORTHVAY DAKLAND CA 64817

KAISER FOUNDATION HEALTH PLAN OF COLORADO FORM 990 TAX YEAR 2007

FORM 990 PART 1, LINE 8C, COLUMN (B)

GAIN OR (LOSS) FROM SALES OF ASSETS OTHER THAN INVENTORY

	O ate	Š	Proceeds	Cost/Basis Exnense	Arcii	Ç.
DESCRIPTION	Acquired	S	Sales Price	0.4 Sate	Depreciation	
See Note - #1 GAINS AND LOSSES FROM SALE OF INVESTMENTS	STMENTS	######################################			***************************************	***************************************
Publicy Traded Securities	Vanous	Yarous	131,952,671	132,221,643		(258,972)
Total Realized Gains from Investments			131,952,671	132,221,643	0	(268,972)
GAINS AND LOSSES FROW SALE OF FIXED ASSETS Sales over \$10,000 an asset Building #3 Dec-	DASSETS TO Dec.266	0600	80 80 80 80 80 80	3.287.897	4.865.164	5.228.975
Equipment	Various	Various	100	11,315,770	10,154,382	(1,181,308)
Medicel Equipment	Various	Vanous		2,325,308	1,885,582	(340,244)
Autos and Tricks	Vancus	Nov-07	1,235	C	0	1,235
Miscellaneous Furniture	Vertous	Various	773	127,007	120,324	(5,910)
Miscellaneous Equipment	Vertous	Various	0	189, 122	459,755	(29,367)
Total Gain/(Loss) on Sale of Fixed Assets	Rts		8,653,798	22,148,702	17,185,287	3.693,381
Grand Total			140,606,467	154,357,345	17,185,287	3,424,409

NOTE# 1 THE FOREGOING FIXED ASSETS AND OTHER EQUIPMENT WERE ALL ACQUIRED BY PURCHASE BY THE ORGANIZATION FOR USE IN ITS TAX-EXEMPT PURPOSE

NOTE# 2. SALES NOTED ARE ARMS LENGTH TO UNRELATED THIRD PARTIES.

NOTE #3 BUILDING WAS SOLD TO THE "COUNTY OF BOULDER"

KAISER FOUNDATION HEALTH PLAN OF COLORADO FEIN: 84-0591617

December 31, 2007

Form 990, Part V-A, question 75b

FAMILY AFFILIATIONS REPORTED

NAME	FAMILY MEMBER AFFILIATION
STEVE R ZATKIN	SPOUSE EMPLOYEE OF KEHP INC.
VICTORIA B ZATKIN	SPOUSE, SR. VP. GENERAL COUNSEL AND SECRETARY OF KFH. KFHP INC. AND REGIONAL HEALTH PLANS

2007 COMMUNITY BENEFIT REPORT KAISER FOUNDATION HEALTH PLAN OF COLORADO

Kaiser Foundation Health Plan of Colorado or "Colorado Health Plan", a 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 Georgia, Inc., Kaiser Foundation Health Plan of Georgia, Inc., Kaiser Foundation Health Plan of the Northwest; and Kaiser Foundation Health Plan of the Northwest; and 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 cars 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 KEHP, its subsidiaries, and KEH, combined, as well as the specific community heriefit provided in the Colorado Region.

In 2007, Kaiser Permanente served 8.7 million neopie in nine states: California, Colorado, Georgia, Hawaii, Maryland, Ohio, Oregon, Virgenia, Washington and the District of Columbia. This program is the largest private recoprofit health care program in the United States with more than 132,000 full time employees. 14,000 physicians and 101connsts. The Colorado Health Plan served more than 479,535 members and has 4,567 full time administrative, clerical and technical employees as well as 717 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 Feverue Code 501(c)(3); KFH, a Colifornia 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 Heuliti Plan subsidiaries, ("Health Plan"), Health Plan provides and arranges comprehensive health care sorvices 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 Grunps in the respective Kaiser Permanente regions. The Permanente Medical Groups accepts responsibility for professional care of Health Pian 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 cwiled, leased or contracted by Health Plan or KFH.

KEHP and KEH are separate corporations governed by identical boards of directors. KEH accepts responsibility to provide or arrange packasary hospital services and facilities for Health Plan members. KEH 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 subsidiancs is available without regard to sex itace, 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 solved. Once enrolled, a member is free to maintain members hip regardless of age. It alth status, or employment.

KAISER PERMANENTE'S COMMITMENT TO THE COMMUNITY

Through the Kaiser Permanente mission, the organization contributes to the health or the communities in two related ways. First, kaiser Permanente sitives for excellence in sending the 8.7 million members through market-teading performance in quality, service and affordability. By doing so, Kaiser Permanente provides a discipline in the marketplace by itemoristrating meaningful value and affordability, and generating resources to roinvest in the currimonity's health.

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

The latter approach, which Kaiser Permanente calls the Direct Community Bunefit Investment (DCBI), is fundamental to being a nonprofit organization. It endoctes the organization is commitment to improve the health of communities beyond solvioss to Health Plan members. It is more than traditional corporate obtainship 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 halfit Kaiser Permanente's social purpose, justify its tax-exempt status, and differentiate it from other health our 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 Fermaneme's early participation in publicly linanced programs such as Medicard and Medicare, establishment of residency training and medical research programs, and later, in the development of the Educational Theatre, Safety Net Partnerships, Community Hoalth Initiatives and Chantable Coverage Programs

In 2001, the Board reallismed 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 Inadership in helping to solve major health challenges.
- Create a program that engages the creatively and spirit of the people of Kassar Permanente at all levels.
- Meet the requirements placed on KFH, KFHP, and its subsidiary health plane 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 outle on the organization's integrated healthcare system. In 1007, the KFHP/H Board of Oirectors refined the focus of the organization Community Benefit Program and established the following four priority areas which have come to be known as "streams of work".

- Care and Coverage for Low-Income People Creates and supports programs that lower the financial harners for under- and uninsured
- Community Health Initiatives Designs, delivers, and sustains long-term programs that engage communities in work to improve conditions in their neighborhoods.
- Safety Net Partnerships Builds partnerships with community clinics, local health copartments and public
 hospitals. Provide funding, technical assistance, dissemination of care management and quality
 improvements technology to help improve care and expand treatment capacity for vulnerable populations.
- Developing and Disseminating Knowledge Improve health care by sharing our knowledge- educating
 practitioners, advancing research, empowering consumers and informing policyntakers about the evidence
 hase for care and health.

The Board crabbarated that at least 75% of total community benefit funding will be directed to program promes within the four streams of work and the remaining 25% of funding will be directed by local remains to respond to those community benefit needs and opportunities that may or may only be within the four key focus areas.

The KFHP'H Board has a standing Community Benefit Committee of the Board of Directors to oversee the program wide Community Benefit program. Kaiser Permanente also has a national executive of KFHP and KFH to lead Kin ser Fermanente's Community Benefit Program as a full-time assignment. Raymond J. Baxter, PhD is the

Sonici Vice Prevident for Community Benetit, Research and Health Care Policy 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 primarry prepaid basis trickligh an integrated health care delivery system. 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 penetris, fulfill no charitable mission, and provide alfordable rates rather than to pay dividends to stockholders.

KFHP provides care that emphasizes prevention, minimizes medical indigence and contributes to quality of life in the communities we serve. To best serve the community by providing diffordable, 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 card. In hospital-based Kaiser Parmanente 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 facilities a coordinated approach to care.
- Group Practice The contraction Fermanishto Madical Groups are large multi-specially group practices that take responsibility for providing comprehensive care to a defined population in facilities owned or hased by KFH or KFHP. The recent 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 negoticled annually. Through such fixed payment arrangements (as distinguished from fee for service payments), KFHP removes incentives to perform unmerered 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 feet clinical practices."
- 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 componented on a foll-for-service hasis.
- Renefit Plans KEHP offers a variety of coverage options for unlimited hospital days, physician visits
 preventive services, immunications, well-baby care and prenafal care. In order to maximize affordability and
 encourage people at different income levels to purchase deverage, KEHP offers a variety of cost-sharing
 options. Comprehensive, prepaid coverage with differing levels of premium and cost sharing minimizes
 financial barriers to dare, promoting early consultation, detection and treatment of disease. KEHP actively
 encourages members to maintain their health through regular preventive self-care.
- No Pre-existing Condition Exclusions Pre-existing condition exclusions alik wide amens to exclude coverage for a condition that existed before enrollment with the partie. IKEHP imposes no pre-existing condition exclusions for group members and thereby provides substantial protection for new members who are ill at time of enrollment. KEHP offered health benefits coverage in all its markets without any pre-existing condition exclusions for many years prior to recently environed televal and state statutes prohibiting pre-existing condition explications in certain markets. By ensuring that all our originess are covered for all their medical needs, we reduce the amount of uncomponsated card, promote the health of our members, and prevent medical and gence.
- Fartisipation in Medicare KFHP has participated in Medicare since it was first implemented in 1985. KFHP and its subsidiaries enrolled approximately 847,000 Medicare beneficialies, providing Medicare Part A and Part B services, plus additional drug, optical, and inputient coverage.
- Participation in Medicard KEHP bagain enticling Medicard benclimanes in the mid-1980s. Currently, KEHP
 and cartain subsidiaries provide have to more than 150,000 Medicard managed-care members, and in addition.

serve a large number of Medicard and Medicaid patients on a fee-for-scrvine basis. KFHP also participates in the State Child Health Insurance Program (SCHIP) and served an additional 126,371 dividing in 2007.

THE COMMUNITY BENEFIT PROGRAM IN THE COLORADO REGION

In 2007, Kaiser Permanente spont approximately \$1.05 billion or approximately 2.73% of revenue to support the Community Benefit Program. The Cotorado Health Plan expended \$43.1 million to support community benefit activities. A breakdown of the 2007 Community Benefit dollars attributable to KEMP and KEM nationally is described in Attachment A and those dollars attributable to Health Plan in Cotorado in Attachment B.

The following inentifies many of the signature community benefit programs and services funded by the Health Plan of Colorado provided according to the four rifeams of work.

CARE AND COVERAGE FOR LOW-INCOME PLOPLE

In 2007, the Colorado Henith Plan expended \$26.1 million to address the financing and delivery of health care for populations vulnerable due to 2000-economic status, illness, ethnicity, age or other factors. Program bondin aries (under- and uninsured) received thee or discounted care in a KP facility or a KP provider.

Charitable Care

In the Colorado Region, Health Plan provides charity con- to low-income vulnerable populations through two programs. KP Helps and Connections. In 2007, the Colorado Health Plan Region spent approximately \$19.3 million on under- and uninsured residents in the region.

KP Helps

KP Helps assists patients with financial support to meet their medical needs. Patients can be referred to the program by Kaiser Permanente or attentied health care providers or employees. Eligibility is hased on prescribed level of income, expenses and assets. KPHolps is funded by both Kaiser Providetion Health Plan of Colorado and charitable contributions from employees and physicians. Kaiser Permanente's charity care program also includes discounted charges for unincured patients below 400% federal income guidelines and aligned contracted collection aperior practices with Kaiser Permanente social values. In 2007, 1,204 patients benefited from the program

In addition to KP Helps which primarity operators in Health Plan of Colorado facilities, charity care is also provided through contract hospitals. Any additional follow-up care is provided in Health Plan's medical offices.

Connections is a chantable coverage program that allows uninsured low-innome patients access to health care via a subsidized insurance product. The program offers a 24 month membership with 10th benefits, subsidized premiums and lower co-payments. Referrals to Connections come from community partiers (about 60% of slots) and from Colorado Health Plan members losing their coverage (at-out 33% of slots). Participants must qualify by income and asset standards, and can not be eligible for any other government sponsored health care program or private group health care coverage. Based on income, the plan subsidizes up to 95% of their premium.

Participation in Medicald and Other Government Sponsored Programs

The Colorado Health Plan provided coverage and services valued at \$6,8 million (in expess of reimbursement) for individuals in government appropriate programs.

Medicaid - As part of the State of Colorado Medicard Program a Phimary Care Physician Program,
Colorado Hearth Plan provides primary and specialty care to Medicaid beneficiaries that select Kalser
Permanente as their primary core provider. Beneficiaries have access to both primary and specialty care in
Health Plan facilities, as well as pharmiscy and durable medical equipment benefits. Health Plan submits
charges to the state for payment on a tee-for-service basis. Additional outside services provided are billed
directly to the state. In 2007. Colorado Health Plan provided care and services to more than 2,000
beneficiance.

Child Health Plan Plus (CHP+) — Colorado Health Plan participates in this program, earving 4 235
transficianes in a fully capitated HMO arrangement. CHP+ serves children under age 19 and pregnant
women age 19 and over. Eligibility includes proof of US orizenship or permanent residency, ineligibility for
Meticalifier Medicare and fack of access to employer-appropried insurance.

COMMINITY HEALTH INHATIVES

As an innovator in Ivalith, Kaiser Permanente designs, delivers and sustains long-term programs that engage communities in work to improve the conditions in their neighborhoods, workplaces and schools that can support good health, particularly Healthy Eating, Active Living (HEAL). The Colorado Health Plan spent \$3.7 million on community health initiatives curing 2007.

Community Health Education and Prevention Programs

The Colorado Health Plan provides a variety of health education closses, events and programs for the general public. The health education department staffed bouths at local health fairs, conducted smoking ovasation, weight toos, purenting cleases, and hosted a series of seminars on health-related topics, such as diabeles, attess management, and managing chronic illness. Expendituring in this category exclude program odat for health education programs targeting or restricted to Health.

Grants and Donations for Community Health Initiatives

The Colorado Health Plan denated approximately \$3.2 million to 122 honorefit organizations for a variety of community health initiatives including Healthy Eating Active Living. The following are a few examples of the community programs and services funded in 2007:

- A \$3 million grant was made to the Denver Museum of Nature and Science to spungar their new health science
 exhibit. This new exhibit will allow visitors to investigate how their own remarkable bodies function, and
 empower them to use that knowledge to live healther every day.
- The Rocky Mountain Center for Health Promotion and Education received a \$25,000 grant to support the unlization of the coordinated school health (CSH) model to better coordinate and integrate physical activity, nutrition, tobacco prevention and other health issues into all programs throughout the school system. The Roadmap to Health Schools, a CSH document for achool-level teams, is being used by nearly 100 school bisms.
- Colorado Hoalth Pinn continued to support and fund Healthy Easing Active Living community sites across the state of Colorado including Securitied. Wheatridge, Poudre Valley, Common City and West Danver.
- On behalf or the Colorado Health Plan, KFHP, Inclinade a \$16.6 million grant to tuve Well Colorado to address
 obesity prevention and support convergence efforts.

SAFETY NET PARTNERSHIPS

Through funding, technical assistance, influencing public policy, training and volunteering, diesemination of care management and quality improvement techniclogies. Kaiser Permanente helps these vital health care providers improve care and expand tresument capacity for communities and vulnerable people they serve

Grants and Conations for Safety Net Partnerships

The Colorado Health Plan contributed \$5.5 million to 29 community-based health care providers nimed at increasing access to ticath care for low-income, uninsured or undomisured individuals. The following are examples of programs and services funded in 2007:

 The Colorado Health Plan made a \$5.2 million donation to the Kaiser Permonente Healthy Communities donor advised fund at the Denver Foundation

- General operating grants were awarded to two safety net providers in the Deriver area, Clinica Tepsyac and Inner City Health Center
- The Metro Community Provider Network (MCPM) provides a referral service to specialty care for the uninsured, chronically iii, and homeless patients. Colorado Health Plan donated \$20,000 to MCN to develop a network of specialists and extabilety a medical management system for clients.

DEVELOPING AND DISSEMINATING KNOWLEDGE

Kaiser Permanente aims to improve health care by sharing its knowledge, educating practitioners, advancing presearch, empowering consumers, and informing policymakers about the evidence base for care and health. The Cororado Hoalth Plan spent \$5.8 million to support programs and services for the development and dissertination of knowledge and provinked grants and donations to hooprofit organizations.

Clinical and Health Services Research

In 2007, the Culorado Health Plan spent approximately \$469,000 to support Community Banefit focused dinical and health services research. Many of the research studies address current health issues and improve one for community-based efforts, and are broadly disseminated through articles and professional presentations. Health Plan researchers conducted 167 research studies during 2007.

The Colorado Institute for Health Research (IMR) remains committed in its vision to conduct research that translates into practice and results—improvements in care processes and outcomes for Health Flan members and the community. By working closely with climinal operations departments, the IMR contributes directly to making the Colorado Region the leader in high-quality, obst-effective care. Much of the internal work of the IMR contributes to Kalear Permanente's social mission as a non-profit health care organization. The community benefit budget supports studies lad by Colorado Permanente Medical Group physicians or Kalear Permanente staff in the Colorado Peokin. The following are a few examples of these research projects.

Colorado community grantees in their evaluation team was created to guide and susport the 11 LiveWeil Colorado community grantees in their evaluation efforts, and to report the overall outcomes and impact of LiveWeil initiatives. The team uses a multi-mathod approach to determine the public hociliti impact of community-based strategies to promine Healthy Eating Active Living (HEAL) at the local level. Evaluation efforts include both unaktative and qualitative review of community action plans and annual reports. An increative voice response (fVR) automated telephone survey is administered annually to collect local resident data on eating and physical activity, and to gauge progress over time. The evaluation team conducts site visits to assist in development of progress reports; participates in quantity educational meetings sponsored by the Connido Physical Activity and Numbon Program (COPAN) and provides on-going evaluation training and support. The evaluation also provides geographic information system (GIS) and fVR support to Kaiser Permanente national LiveWeil efforts. Plans in 2008 include expanding data management, analysis and reporting copabilities to evaluate statewide progress, capture Lest practices and map interioria community networks related to key riEAL mitatives.

Depression Care Management (DCM) for Connections Charitable Health Coverage Program – Data from Health True indicates that patients in the Connections program are diagnosed with depression vivide as often as members from other groups. Patients with depression often fail to follow-up with or adhare to treatment recommendations, including appropriate continuation of artidepressant medication, leading to prolongation or percistence of symptoms. The goal or this project is to imprement a quality improvement initiative to better truck and provide follow-up card to depressed Connections patients via this Depression Care Management Follow-up program.

Medical Financial Assistance Focus — This research project was started in 2007 to investigate the advantage of iron due to indigent normiember. The study will examine three periods or patients, health and visit history, the year pror to receiving fix c health care, the year they receive card and the year after receiving care. Results will be available in 2009.

Tumor Board and Cancer Registry

Culorado Haalth Plan collects specific cancer patient dats to be sent to the state at particular intervals after diagnosis. Each patient is followed on an annual basis for the remainder of nie or her life.

Educational Theatre Programs

The Colorado Health Plan spent approximately \$1.3 million in 2007 to produce the Educational Theatre Programs (ETP) in Colorado. Since 1985, ETP has performed tree, award-winning, health education plays for nearly one million youth in grades K-12. In 2007, ETP presented 253 performances and workshops for more than 31 000 children and setuits. There are five programs in Colorado s ETP repertoire:

- What Would You Do? Program messages nemer around self-respect and respecting others for uppar elementary students
- Keys to Personal Power Program is a shoist skill ruilding workshop for elementary students.
- Amoung Food Debetive Program delivers lourkey multilion and activity increages for elementary students.
- Teens Take It On Healthy Eating & Active Living is a long term residency program for high school students
 who are coached to advocate for change in activity or nutrition in their school. The students also serve as peer
 educators through presenting a play to inicition school students on health eating and active fiving.
- VOICES This specialty program is used in a variety or settings for any ago of audience. The program uses
 photography and treatm to address health and wellness issues.

Graduate Medical Education

Colorado Health Plan spent approximately \$2 million to support the graduate medical education of 100+ residents in collaboration with the University of Colorado. The program runs two tracks, from January through June, residents rotate through preventive medicine, urology, and obtaining ology. From July through December, residents were rates only through urology and obtaining longy. An additional 176 medical residents participate in a primary care or specially area precedensing.

Nurse Practitioner and Other Non-Physician Training Programs

Colorado Health Plan spent approximately \$1 million in training programs for physician assistants, pharmacy residents, and technicians and other non-physician health professionals. During 2007, 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 minsing students and rotations with CPMC physicians for physician assistants from Red Ruck Community College. Several programs are described below.

- Nurse Procepting Health Plan offers nurses the apportunity for preceptorship in printingly citipatient settings.
 Over 500 nurses uniqually participate in this program.
- Pharmacy Resident Program Colorado Hoalth Plan offers a unique residency training program for second year pharmacy residents that provides them with the opportunity to acquire advanced knowledge and skill in ambulatory care pharmacotherapy in a managed care environment. In 2007, eight residents participated in this program.
- Various Clinical Internships: Henith Plan also offers mernships in various clinical areas such as nursing, pharmacy, clinical laboratory, radiology: eye care, social work (palliative care), and surgical technology. These various departments continue to establish robust relational tips with colleges, universities and invitibles to promote their related professions and to offer our resources as clinical internisties for students. Through the program, Health Plan denates funds, time, expertise, equipment, and a unique internship expertence for students.

Grants and Donations for Knowledge Dissemination

The Colorado Health Plan also supported the training and education of health care professionals in the community by donating community bonefit funds to designated programs. In 2007, \$156,250 was donated to community organizations in support of programs that provide direct training for health care professionals. The following are community or organization supported in 2007.

- \$87.7.0 grant was awarded to the Ampahoe County Early Childhood Council to asset with their Assuring
 Botter Child Health and Development project. The project is a national offert to increase the use of
 standardized developmental schooling tools in primery care entirings and to promote early intervention and
 referral when disabilities are discovered.
- A donation was made to the Colorado Clinical Guidalines Collaborative (CCGC). The CCGC is coalition of health plans, physicians, hospitals, government eponcies, quality improvement organizations and other entities working together to implement systems and processes, using evidence-based clinical guidelines to improve healthcard in Colorado.

OTHER COMMUNITY BENEFITS

The Colorado Health Plan expended approximately \$2 million to support a variety of other community benefit programs and services to improve community health.

Youth and Other Self Sufficiency Programs

The Colorado Health Plan spent approximately \$190,000 to support two Summer Youth and 20 INRCADS interns in 2007.

- The Summer Youth Employment Program provides underserved high school students with supportive and meaningful employment experiences in the field of healthcare. During the summer months, perticipants are employed throughout the organization. In addition to their work assignments, the youth participate in educational sessions and motivational workshops that introduce them to the possibility of pursuing a career in health care white ontaining their job skills and work performance. Many former Summer Youth participants are now employed with the organization as nurses, department administrators, lab technicians, optimizers and engineers.
- Health Plan of Colorado works with INROADS to employ undergraduate college interns of color interested to
 pursuing professional health care outgets. The interns work in clinical areas to learn and gain exposure to
 incidene inuraing, pharmacy & research. The expirituality-recused intent is for students to gain interest and
 acceptance into these professional programs and pareers.

Community Giving Campaign

The Employee Civing Campaign held in September of 2007 raised over \$500,000. Two community chanties, Mile High United Way and Parmarship for Colorado, and two internal programs, KP Helps and Kent Nelson Momorial Scholarship Fund, benedited from this giving program.

Other Grants and Donations

Colorado Health Plan donated \$405,499 to 54 horiprofit organizations to address athor community benefits beyond the national streams of work.

Funds were provided to a number of organizations to sponsor events and fundhours recognizing community efforts Organizations included für. American Diabetes Association' father of the Year award banquet, American Lung Association's Run the Pecks, Colorado Coalinon for the Medically Underserved 11⁸ Annual Conference, and the Colorado Health Pian' Corporate Matching Gift Program. Operating support funds were also provided to several happrofits including the Denver Godo Government Fund. Full Circle Inter-Generational Project and Micro Business Development.

CB Operations

The Colurado Health Plan has a dedicated Community Benefit Department with 12 full time employees to support regional community benefit programs and services and coordinate CB immirrors.

ATTACHMENT A

2007 NATIONAL DIRECT COMMUNITY BENEFIT INVESTMENT PROGRAM

The following chart summarized 2007 Community Benefit investments nationally for KPHP and KPH. The investments in the community reflected in the chart are unaudited.

	NATIONAL HEALTH PLAN TOTAL	National Hospital Total	NATIONAL CB TOTAL
CARE & COVERAGE			
Chantable Care & Coverage Programs	5133 062,198	\$65,430,129	\$203,492,327
Government Sponsored Programs	339,924 653	188 539,811	526,464.464
Grants & Donations for Care & Coverage	6,000,200	26,888,040	31,889,140
Care & Coverage CB Operations	3,954,334	489,788	4,444.1.22
Subtolat:	\$497,941,385	\$278,348,668	\$766 290,053
COMMUNITY HEALTH INITIATIVES			
Community Health Education	\$932.592	\$883,470	\$1,821,068
Grants & Donations for Community Health Initiatives	32 973,619	17,207,231	50.180,850
Community Health Initiatives CB Operations	625,786	0	625,786
Sutsola!	\$34,537,997	\$18,095,707	\$50,627,704
SAFETY NET PARTNERSHIPS			
Grants & Donations for Safety Net Partnerships	\$14,020,889	\$31,126,227	\$46,153,086
Safety Net CB Operations	500,000	Ų	500,000
Subtotal:	\$14,526,859	\$31,126,227	\$45,653,986
KNOWLEDGE DISSEMINATION			
Modical Research	\$1,683,272	\$16,260,945	\$17,944,217
Health Care Public Policy	069,000,1	0	1,500,000
Educational Theatre Program	3,603,344	7,769,790	14,383,404
Hawlin Cara Training & Education Programs	153,680,5	61,085,817	64 171,448
Graum & Conations for Knowledge Dissemination	61,170,920	3,141,940	84,312,889
Knowledge Dissemination CB Operations	0	0	٥
Suktotel:	\$81,063,137	88,246 492	\$149.311,829
OTHER COMMUNITY BENEFITS			
Soft Suffigency Programs	\$218,880	\$5,289,942	\$5,508 8.52
Other CB Grants & Docusions	7,333,835	5,430(354	15 764,109
Other CB Operations	5,573,396	12,030,137	17,803,833
Subtotal	\$10,126.111	\$25,780,413	\$38,876 524
TOTAL	\$611,189,489	\$441,569,506	\$1,052,758,995

ATTACHMENT B

2007 COMMUNITY BENEFIT INVESTMENT - COLORADO REGION

The following chart summarities 2007 Community Bonefit investments by the Colorado Health Plan. The investments in the community reflected in the chart are unaudited.

	REGIONAL HEALTH PLAN TOTAL	Regional Hospital Total		Torat
CARE & COVERAGE				
Charitoble Care & Coverage Programs	\$19,289,396	\$	0	\$18,289,395
Government Sponscred Programs	6.827,341		6	6,827,341
Grants & Donations for Care & Covernge	200		Ü	(KEL
Carc & Coverage CB Operations	0		0	٥
Subrotal	\$28,116,936	\$	វ	\$16,110,936
COMMUNITY HEALTH INITIATIVES				
Community Health Education	\$503,130	5	Ø	\$603,133
Grants & Donations for Community Health initiatives	3,235,426		13	3,236,426
Community Health Initiatives CB Operations	0		0	Ŭ
Subtotalt	\$9,736.559	\$	0	\$3,738,659
SAFETY NET PARTNERSHIPS				
Grants & Donations for Safety Net Parinerships	\$5,497,614	\$	()	\$5,497,614
Sallety Net CB Operations	0		Û	Č.
Subtotal:	\$5,497,614	\$	0	\$5,497,614
KNOWLEDGE DISSEMINATION		_		
Medical Research	\$899,079	\$	Ü	\$899 079
Health Care Public Policy	Ü		0	3
Educational Theatre Projecti	1.318,031		Ù	1,319,044
Height Care Training & Education Programs	2,979 498		i3	2,979,498
Grants & Donations for Knowledge Dissemination	585,370		Ü	565.370
Krrowiedge Dissemination CB Operations	Q		ú	0
Subtotal.	\$5,781,991	2.	Û	\$5,761,991
OTHER COMMUNITY BENEFITS				St. 4. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
Self Sufficiency Programs	\$190.182	\$	0	\$190,182
Other CB Grants & Donations	405,499		0	405,499
Other CB Operations	1,398,399		0	1 396,999
Sublabil	\$1,992,680	\$	0	\$1,992,580
TOTAL	\$43,107,780	\$	0	\$43,107,780

KAISER FOUNDATION HEALTH PLAN OF THE COLORADO, INC. 84-0591617

Chief Executive Officer & President Compensation

Mr. Halvorson, CEO & President, received a one-time payment in 2007 from a supplemental retirement plan. That plan provided for vesting and payment of accrued benefits in 2007 and was part of the compensation package the Board of Directors approved while recruiting him to lead Kaiser in 2002. Those amounts were reported in prior years on the Form 990 as they were accrued. Excluding this one-time payment, his reported compensation and benefits in the 2007 filling would be \$8,749,719 (total from all columns). That number still has a substantial "double-count" of multiple years' incentive compensation, which is required under the Internal Revenue Service's guidance for reporting compensation on the organizations Form 990. "Double-count" means the compensation was reported in prior years as it was accrued, and also reported in the year paid. Excluding the currently "double-counted" compensation, Mr. Halvorson's compensation for 2007 (paid during 2007, excluding amounts earned in previous years, and including amounts earned in 2008) is \$6,219,719.

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 BASIC CONTRACT PAYMENTS	43a	990,080,730	990,080,730	0	
b PURCHASED MED SVC - OUTSIDE	43b	64,176,897	63,958,246	218,651	
c PURCHASED SVC - OTHER NON-MEDC	43c	86,714,729	66,993,225	19,721,504	
d PROFESSIONAL & PUBLIC LIAB INS	43d	6,925,112	6,924,245	867	
e OTHERINSURANCE	43e	882,660	882,660	0	
f MEMBERSHIP, PROFLICENSES	43f	576,366	576,366	0	
g SUBSCRIPTIONS	43g	246,760	239,331	7,429	
h STATE BUSINESS TAXES/LICENSES	43h	92,603	92,465	138	
i EMPLOYEE DEVELOPMENT	43i	2,107,412	1,908,642	198,770	
j EMPLOYEE RELATED EXPENSES	43j	1,523,876	1,461,498	62,378	
k ADVERTISING & MARKETING EXPNS	43k	30,703,137	676,765	30,026,372	
I INTER-REGIONAL CHARGES	431	55,950,015	53,582,773	2,367,242	
m INFORMATION TECHNOLOGY SERVICE	43m	96,214,587	63,959,844	32,254,743	
n MISCELLANEOUS EXPENSE	43n	16,190,629	0	16,190,629	
o PROPERTY TAX	43o	5,676,755	5,676,755	0	
p BAD DEBT EXPENSE	43p	2,233,743	2,233,743	0	
q FEES - BANK SVC, CREDIT CARD	43q	3,313,129	0	3,313,129	
r EMPLOYEE - RELOCATION, PARKING	43r	66,255	0	66,255	
s SMALL TOOL, EQUIPMENT	43s	2,129,266	2,129,266	0	

8453-E0 Exempt Organization Declaration and Signature for Electronic Filing **or reservable year 2007, or tax year beginning ________, 2007 and ending _______, 20 **Of the control of t



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

2.2 - 0.3 March 2 - 200400				
ESTANCE AND AND AND AND HEALTH PLAN OF COLORADO	Employer clerithration number 84 (059161)			
Type of Return and Return Information (Whole Dollars Only)				
Cherk the hox for the intum for which you are using this form 8453-80 and effer the epipalate it you oner kills boy on and ta. 2a, 3a, 4a, or 5a heliay and the amount or that line for the return easi blank, then terve line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank tide not elever-0-1 then enter-0- on the applicable line below. Do not complete more than one line in Pa I.I.	nct aith philit sic roy i citiw rati			
To Form 990 check here ➤ ♥ b Total revenue, it any (form 990 and 1") 2a Form 990-EZ check here ➤ □ b Total revenue, if any (form 990-EZ, line 6) 3a Form 1120-POL check here ➤ □ b Total tax (form 1100-POL, line 22) 4a Form 990-PF check here ➤ □ b Tax based on investment income (form 990-PF, Fun 11 b) 5a Form 9868 check here ➤ □ b Balance due (Furn 2004, line 3n)	1b 2,184,962,773 2b			
[2:11] Declaration of Officer				
6 Thathon is the U.S. Treasury and its designated Financial Adont to initiate an ACF elements to the tinancial neather on account and cases, in the text preparation, softweek for payment of the on time returnment than the rinancial instruction to debt the only to this account. To revise a poving financial Agent at 1568-353-1637 or later man trustness days prior to the payment to themse instructions involved in the processing of the section in payment of taxes to receive confidential payment and reserves issues to all discrete payment.	unds will have joined debig entro on gandbooks redeal takes oved at, I must come a the IPS Towsun it date I also buthoave the froncial			
I did nopy of this return is being Had with a state again yillian regularing charities as best of the fill executive this is expressed discretized consons contained within this return allowing over gody 490-47 490-49 (an specifically identified in Partification in the associated state againstyles)	88 Feb State program Figertic that locking by the IMS on this Form			
tinger penalties of penuly, it declare that I am an omeon of the above named organization and if a consistency is 100% electronic learn and accompanying schedules and eletterests and to the bost of true, consect and complete it further declars that the amount in Paul I above is the amount although electronic returns it consect to allow my informational services crowder, transmitter, or declaration or expansion in return to the IRG or a to receive from the IRG (a) an arknowledgement in receive to) an information of any return officer (b) the mason for any delay it processing the return or return, a	my knowledge and belief they are on the copy of the organization's turn organization (ERC) to send the niformarching (ERC) to send the			
Sign Charact Street	English Systems 89, controller cao			
Here Sandy cotons at the sandy sandy sandy	IVERAL WAS			
Declaration of Electronic Return Originator (ERO) and Paid Preparer (se	e metroctione;			
I conduct that I have reviewed the above organization's return and that the entires on form 89n3/10 as of not come edge, it is an only a concern, I am not responsible for reteeming the return and only don a the eath on the return. The organization of ose will have algred that ten of the I submit the return come and into ration to be fred with the IRS, and have followed all other requirements in Potr 1973. In a Author ced entire Potycone, it is an algorithe Part Precisien on tenies of perpay ticks a a that there return and accompanying schoolins and at itements, and to the Leaf of my knowledge and before the Part Precisien which I have any knowledge.	ore that they to may make yore feets. In I gave, the lottles a copy of all documentes her make i hele a least make m seeks make data and a coganization se			
ERO'S Express & C. Mar C. 1262 12 12 N. W. 200 00000 1 8000 10	130 8 83 N ox 1° N ox []			
USB Conference of Canthia Larser CPA KTHP, INC. Only Construct of Conference One Kaiser PLAZA, Shift 161, Oakland, Ca 94612	2052 276 (A22			
throng pervalues of people's Edector that those expressed the above our land accommon excremites and states	norte a u to the best of his his weeps			
and maken they are now conect, and coincides, decidiation of departure a based on all intermittee in which the pre $\left(\begin{array}{cccccccccccccccccccccccccccccccccccc$	babasa, 122, ar bor. Basa sammak 2 zamelek			
Paid Serveture / Kegn X Hau CPB 100300 Proper	. O POUS 76.936			
Use Only State and Book State	13 5565207			
USE UNITY SECOND STREET, SAN FRANCISCO, CA 94105	>propries : 415 · 963-5100			

Earn 8868

(2002 shirt \$300)

Application for Extension of Time To File an Exempt Organization Return

	388	× +	1545-1	. W
3	. 1137	274.5	300,00	

Department of the Treasury File a separate application for each oscin internal source of transition If you are filed for an Automatic 3-Month Extension, complete only Part I and check this box If you are filting for an Additional (not automatic) 3-Month Extension, complete only Part II (or page 2 of titls forci) Do not complete Part If unless you have already been gramed an automatic 3-month extension on a previously filed Form 8868. Automatic 3-Month Extension of Time. Only submit original (no copies needed) Section 501(c) corporations required to the Form 990-T and requesting an automatic bi-month extension - chaos this time All other corporations uncluding 11000 flightly partnerships. REMICs, and trusts must use Fram 7004 to request an extension of time to file income tox roturns. Electronic Filling (edite). Generally, you can electronically tile from 8868 if you want a 3-month automatic ordens on of time to be are of the returns noted below (6 months for section 501rr) corporations required to file Form 990-T). However, you cannot be Form 8868 electronically if (1) you want for additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated From 990-T. Instruct, you must submit the fully completed and signed page 2 (Pon II) of Form 8868. For more details on the executanic filing of this form, view www.irs.gov/offlo and click on e-ble for Chandles & Konyvolits. Employer identification number Name of Exempt Organization Type or print KAISER POUNDATION HEALTH PLAN OF COLORADO 84-0591617 Number, surest, and room at suite too if a P.O. bas, see instructions. Fake by this our date for ONE KAISER PLAZA, SULTE 1550L Sinn your Oity, town or post affice, mate, and ZIP exite. For a horeign audies silver instruments 81713137556 CAKLAND, CA 94612 Check type of return to be filed (he a separate application for each return). Point 4720 Fcare 990 Form 590-T (compration) X 888 5227 From 990-01 Form 990-7 (sec. 401(a) or 408(a) trust) Form 6089 Form 980 T (trust other than ab wai) Form 990 U F.am 8870 Lorn 1941-A 112 MB (88)-115 The books de note and or > NATIONAL DIRECTOR OF TAX Telephone No. > 510 271-6385 FAX No 🔉 510 271-2611 If this organization does not have an office or place of business in the United States, check this box . If the is If these is for a Camp Repart, enter the organization's four digit Group Exemption Number (GEN) for the whose group inteck this box 👂 🔝 If it is for part of the group, check this box 🕨 🔝 and attach a ner with the numers earli Fitts of all members the extension will cover Frequestran automatic 3-month (6 months for a section 50 v(c) corporation required to his Form 990-T) extension of time 08/15 2008 to file the exempt organization recurs for the organization named above. The extension is for the organization's return for x calendar year 2007 or tax year beginning , and ending In the tax year is for it as than 12 months, check reasons. I Initial return. [Final return Change in accounting benefit If this application is for Form 990-PE, 990-PF, 990 T, 4720, or 0069, enter the tentative tox, less any nomectandople aredits. See instructions 3a]\$ SONS to it this application is for Form 990-PF or 990-T, enter any retundable credits and columbed to polyments made, include any phoryear everpayment affected as a medit. NONE Balance Due, Subject the 3d from line 3e Include your payment with this form or, it required, deposit with E10 coupon or, if required, by using EETES (Electronic Federal Tax Payment System). Sec Caution. If you are going to make an electronic fund withdrawnt with this Form 8666, see Form 8453-FO and Form 6679 EU to payment instantives For Privacy Act and Paperwork Reduction Act Notice, see instructions. Com. \$868 : Rev. 4-(907)