NOTICE

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx



Department of the Treasury

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

B Ch ✓ Add ✓ Na						
✓ Add — _{Na} — _{Ini}		alendar yea	r, or tax year beginning 01-01-2008 and ending	12-31-2008		
┌ Na ┌ Ini	eck if applicable	i icasc	C Name of organization KAISER FDN HEALTH PLAN OF COLORADO			ntification number
□ Ind	dress change	use IRS label or	Doing Business As		84-059161 E Telephone nu	
_	me change	print or type. See			(510) 271-6	5611
Te	tial return	Specific Instruc-	Number and street (or P O box if mail is not delivered to ONE KAISER PLAZA SUITE 15L	street address) Room/suite		:s \$ 2,570,688,628
— .	mination	tions.				
_	nended return		City or town, state or country, and ZIP + 4 OAKLAND, CA 94612			
Ар	plication pending					_
			ne and address of Principal Officer LYNNE		is a group return	for
		ONEK	AISER PLAZA SUITE 15L	a ffilia	ites	j tes j¥ No
⊤ Ta	ax-exempt statu	•	ND, CA 94612 (3) ◀ (Insert no)	' '	l affiliates include	·
	·		(3) 4 (IIISELLIIO) 4347(d)(1) (I) 327	_	Io," attach a list ip Exemption Nu	See instructions)
ιW	leb site: ► N	/A		H(c) Grou	ip Exemption Nu	mber F
К Тур	oe of organizatio	n 🔽 Corporati	on	L Year of Fo	rmation 1969 M	State of legal domicile CO
				<u>'</u>	· .	
Pa	rt I Sun	nmary				
			e organization's mission or most significant activi	ties		
aı			H-QUALITY, AFFORDABLE HEALTH CARE SER	VICES TO IMPROVE	THE HEALTH OF	OUR MEMBERS AND
≗	THEC	OMMUNITI	ES WE SERVE			
Ē						
Governance	2 Check	this box [f the organization discontinued its operations or	disposed of more than 2	5% of its assets	3
		,	nembers of the governing body (Part VI, line 1a)			14
Activities &		-	dent voting members of the governing body (Part		_	12
al le			ployees (Part V , line 2a)	,	5 _	5,402
į Į	6 Total	number of vo	lunteers (estimate if necessary)		6 _	690
4	7a Total (gross unrelat	7a _	166,785		
	b Netur	related busi	ness taxable income from Form 990-T, line 34		7b	0
<u>a</u>					or Year	Current Year
			grants (Part VIII, line 1h)		11,527,857	9,807,549
Revenue	_		revenue (Part VIII, line 2g)		12,194,881	2,271,435,768
Æ			art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and		638,005	11,996,443
		•	ld lines 8 through 11 (must equal Part VIII, colu	mn (A), line		<u> </u>
	12)			2,	184,902,773	2,310,791,401
			r amounts paid (Part IX, column (A), lines 1-3)		11,238,458	5,804,789
		•	r for members (Part IX, column (A), line 4) mpensation, employee benefits (Part IX, column	(A.) Junes E		0
\$	15 Salar 10)	ies, other co	impensation, employee beliefits (Part 1X, Column	(A), lilles 5-	418,639,196	451,709,125
Expenses	16a Profe	ssional fund	raising fees (Part IX, column (A), line 11e)			0
ਡੌ	b (Total	fundraising exp	enses, Part IX, column (D), line 25 0)		
	17 Othe	rexpenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,	634,653,916	1,739,957,941
			add lines 13–17 (must equal Part IX, line 25, col		064,531,570	2,197,471,855
	19 Reve	nue less exp	enses Subtract line 18 from line 12		120,371,203	113,319,546
07					ing of Year	End of Year
80 0€ 00 0€ 00 0€		assets (Par			048,323,769	1,151,097,036
ssets or Bafances	21 Total	•	art X, line 26)		392,934,159	464,247,937
et Assets or ind Balances			d balances Subtract line 21 from line 20		655,389,610	686,849,099
Net Assets or Fund Balances	22 Neta		ick			he hest of my knowledge
	22 Net a	nature Blo		companying schedules and s	statements and to t	
	22 Net a	nature Blo	gury, I declare that I have examined this return, including a orrect, and complete Declaration of preparer (other than of	ccompanying schedules and s ficer) is based on all informa	statements, and to t tion of which prepare	er has any knowledge
Pa Plea	rt III Sig Under and be	penalties of pe elief, it is true, o	gury, I declare that I have examined this return, including a orrect, and complete $$ Declaration of preparer (other than of	ficer) is based on all informa 2009	statements, and to t tion of which prepare -10-30	er has any knowledge
Pa Plea Sigr	rt III Sig Under and be ase	penalties of pe elief, it is true, o	gury, I declare that I have examined this return, including a orrect, and complete Declaration of preparer (other than of	ficer) is based on all informa I	tion of which prepare	er has any knowledge
Pa Plea Sigr	rt III Sig Under and be a se n	penalties of pe elief, it is true, o	gury, I declare that I have examined this return, including a orrect, and complete Declaration of preparer (other than of r	ficer) is based on all informa 2009	tion of which prepare	er has any knowledge
Pa Plea Sigr	rt III Sig Under and be a se n	penalties of pe elief, it is true, of nature of office BORAH STOKES	gury, I declare that I have examined this return, including a orrect, and complete Declaration of preparer (other than of r VP, CONTROLLER & CAO e and title	ficer) is based on all informa 2009 Date	tion of which prepare	er has any knowledge
Pa Plea Sigr Her	rt II Sig Under and be ase n e DE Type	penalties of pe elief, it is true, of nature of office BORAH STOKES	gury, I declare that I have examined this return, including a orrect, and complete Declaration of preparer (other than of r	check if self-	-10-30 Preparer's PTIN	(See Gen Inst)
Plea Sigr Her	22 Net a rt II Sig Under and be a se a DE Typ d Prosign	penalties of pe elief, it is true, of nature of office BORAH STOKES be or print nam	gury, I declare that I have examined this return, including a orrect, and complete Declaration of preparer (other than of r VP, CONTROLLER & CAO e and title	ficer) is based on all informa 2009 Date Check if	-10-30 Preparer's PTIN	er has any knowledge
Plea Sigr Her	22 Net a rt II Sig Under and be a se n e DE Tyl d parer's	penalties of peller, it is true, of nature of office BORAH STOKES be or print name eparer's inature	gury, I declare that I have examined this return, including a orrect, and complete Declaration of preparer (other than of r VP, CONTROLLER & CAO e and title Date	check if self-	Preparer's PTIN	er has any knowledge
Plea Sigr Here	ve tall Sig Under and be a se	penalties of peelief, it is true, of nature of office BORAH STOKES be or print name	roury, I declare that I have examined this return, including a correct, and complete Declaration of preparer (other than of the control of th	check if self-	-10-30 Preparer's PTIN	er has any knowledge
Plea Sigr Hero Paid Pre Use	ve tall Sig Under and be a se	penalties of peller, it is true, or nature of office BORAH STOKES be or print name eparer's inature	roury, I declare that I have examined this return, including a orrect, and complete Declaration of preparer (other than of r VP, CONTROLLER & CAO e and title Date	check if self-	Preparer's PTIN	(See Gen Inst)

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1 See A	Briefly describe the organiz dditional Data Table	zation's mission				
2	the prior Form 990 or 9	90-EZ?		rvices during the ye	ar which were not listed on	┌ Yes ┌ No
3	If "Yes," describe these Did the organization ceaservices? If "Yes," describe these	ase conducting or m	nake significan	t changes in how it c	onducts any program	ΓYes Γ No
4		(4) organizations an	id 4947(a)(1) t	rusts are required to	ee largest program services o report the amount of gran rted	
4 a	surgical care, including urge	nt care services, extend Colorado educates and	led care and home trains medical stud	ent Kaiser Foundation Ho e health care, for its mer dents and other health ca	are professionals and promotes so	
4b	Financial Assistance (MFA) a unable to pay for all or part 578 prescriptions and 1,107	and Charitable Health C of the cost of urgent on outpatient office visits ge More than 4,360 pat	overage (CHC) Pr r emergent care p CHC - these prog ents received con	ograms MFA - Health Pl rovided in Kaiser Permar rams are available to lov nprehensive care for up t	an offers financial assistance to hiente facilities. In 2008, this prog	rable patients through the Medical lelp families and individuals that are ram assisted 1,391 patients, providing are not eligible for other public or
4c	but also in the communities and specialty care to Medica	s we serve As part of th aid beneficiaries In 200 surance Program (CHP+	e State of Colorac 8, Colorado Healtl), serving 4,353 b	lo Medicaid Program's Pr n Plan provided care and	imary Care Physician Program, C services to 3,472 beneficiaries (es 8,383,171) ceive care, not only in our facilities, olorado Health Plan provides primary Colorado Health Plan also participates onal information about Colorado Health
	(Code) (Expenses \$	5,473,309	ıncludıng grants of \$	342,000) (Revenue	• \$ 0)
	SEE SCHEDULE O					
4d	Other program service (Expenses \$,	edule O) luding grants o	of \$ 34	2,000) (Revenue \$	0)
	Total program service	· · ·	1,996,232,03	<u> </u>	(X, Line 25, column (B).	- ,

Part IV	Chec	klist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		N o
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		No
Ь	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pai	rt V Statements Regarding Other IRS Filings and Tax Complian	ce				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	5,852			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments	to ven	dors and reportable	4 -	V	
3 -	gaming (gambling) winnings to prize winners?	i .		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return		5,402			
b	If at least one is reported in 2a, did the organization file all required federal employ	ment t	ax returns?	2b	Yes	
3a	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file the Did the organization have unrelated business gross income of \$1,000 or more duri					
_	return?			3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sc.			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities a account)?	_	·	4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Financial Accounts.	Report c	of Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time dur	ing the	etax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited	d tax sl	helter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exem	pt Enti	ty Regarding Prohibited	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement to were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo co more?	ntrıbut	ion of \$75 or	7a		No
ь	If "Yes," did the organization notify the donor of the value of the goods or services	provide	ed?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prop	erty for	r which it was required to			
	file Form 8282?			7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pa benefit contract?		niums on a personal	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a per-	sonal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization required?	file a F	Form 1098-C as	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds					
	supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the year?	spons	oring organization, have	8		Νο
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		No
ь	Did the organization make a distribution to a donor, donor advisor, or related perso			9b		No
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
	Gross income from members or shareholders	 11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıeu	of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	, -		I .			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A.	Governing	Body and M	anagement		

					Yes	No		
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,					
1a	Enter the number of voting members of the governing body	1a	14					
Ь	Enter the number of voting members that are independent	1b	12					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b	Yes			
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertaken during the					
а	the governing body?			8a	Yes			
b	each committee with authority to act on behalf of the governing body?			8b	Yes			
9a	Does the organization have local chapters, branches, or affiliates?			9a		Νo		
b	If "Yes," does the organization have written policies and procedures governing the adaffiliates, and branches to ensure their operations are consistent with those of the organization.		•	9b				
10	Was a copy of the Form 990 provided to the organization's governing body before it was to describe in Schedule O the process, if any, the organization uses to review the			10	Yes			
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A the organization's mailing address? If "Yes," provide the names and addresses in Sc			11		Νο		

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νo
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CO
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website 🔽 another's website 🔽 upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

NATIONAL DIRECTOR OF TAX ONE KAISER PLAZA 15TH FLOOR OAKLAND, CA 94612 (510) 271-6385

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

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

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

Check this box if the organization did r		sate any			lirec	tor, tr	uste	e or key employee I	<u> </u>	
		Posit t	(C non (: hat a	chec		I				(F)
(A) Name and Title	(B) Average hours per week	ge or Drector True or Drector		Estimated amount of other compensation from the organization and related organizations						
CHRISTINE K CASSEL MD , DIRECTOR	6 0							0	163,750	0
THOMAS W CHAPMAN EDD , DIRECTOR	6 0							0	160,574	68,750
DANIEL P GARCIA , DESIGNATED DIRECTOR WILLIAM R GRABER , DIRECTOR	40 0 6 0							0	_,,	191,025
J EUGENE GRIGSBY III PHD , DIRECTOR	6 0							0	,	0
GEORGE C HALVORSON , EX OFFICIO DIR , CEO & PRES	40 0	х		х				0	5,825,720	59,426
JUDITH A JOHANSEN , DIRECTOR	6 0						_	0	,	0
KIM J KAISER , DIRECTOR PHILIP A MARINEAU , DIRECTOR	6 0 6 0							0	127,000 192,816	0
JENNY J MING , DIRECTOR	6 0							0	,	0
EDWARD PEI , DIRECTOR	6 0							0		15,500
J NEAL PURCELL , DIRECTOR	6 0							0	,	0
CYNTHIA A TELLES PHD , DIRECTOR	6 0							0	209,839	0
SANDRA P THOMPKINS , DIRECTOR MITCHELL S COHEN , REGION LIASON	6 0 40 0			X	_			0	134,187 240,482	56,675 36,997
JENNIFER GARDNER , ASSISTANT SECRETARY	40 0			X			\vdash	0	97,200	27,667
KATHRYN LANCASTER , EVP - CHIEF FINANCIAL OFFICER	40 0			X				0	·	222,026
DONNA LYNNE , REGIONAL PRESIDENT, COLORADO	40 0			х				0	697,801	148,275
CHRISTINE L MALCOLM , SVP, HOSP STRATEGY & NAT FACIL THOMAS R MEIER , SVP & TREASURER	40 0 40 0			X				0	,	302,236 82,695
ARTHUR M SOUTHAM , EVP - HEALTH PLAN								_	,	
OPERATIONS DEBORAH STOKES , VP, CONTROLLER & CAO	40 0 40 0			X				0	_,	259,928 115,567
BERNARD J TYSON , EVP - HP & HOSPITAL OPERATION	40 0			х				0	2,411,186	249,542
STEVEN R ZATKIN , GENERAL COUNSEL & SECRETARY VICTORIA B ZATKIN , DIR BOD SVC & ASST	40 0			х				0	_,,	545,509
SECRETARY DENNIS K HELLING , DIR , PHARMACY OPS &	40 0			×	· ·			0		44,771
THERAPS KERRY KOHNEN , VP, STRATEGY & BUS	40 0				X			0		63,819 87,511
OPERATIONS ANNE E MCDOW , VP, REGIONAL HPA - CO	40 0				X			0	280,299	71,683
VIRGINIA M MCLAIN , VP, HEALTH CARE OPS- P C								_	·	
& M S	40 0				Х			0	229,999	82,205
JAMES NEWSOME , VP & CFO - CO LEONID TOKAR , VP, MARKETING, SALES & BUS	40 0				Х			0	330,713	80,088
DEV	40 0				Х			0	325,068	62,081
NANCY L WOLLEN , VP, HEALTHCARE OPS HOSP	40 0				Х			0	247,648	55,502
BETTY L FRANKO , FINANCE DIR CO CLAIM PROGRAM RICHARD R LYON , EXEC DIR, REG STRATEGY -	40 0					Х		0	236,703	54,665
CO JAIRO RAMIREZ , OUPT PHRM BUS SPRT SVCS SR	40 0					X		0	396,511	34,523
DR ROBIN SADLER , VP, HR FOR THE COLORADO	40 0					Х		224,124		43,840
REGION KRISTIN P SNYDER , VP, EXTERNAL AFFAIRS	40 0 40 0					X		0		64,904 120,043
									,	,
							1			

Part VII Continued

		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
					-					
					\vdash					
										
1b Total			<u>.</u>				>	224,124	23,105,755	3,247,453

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►521

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

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
COLORADO PERMANENTE MEDICAL GROUP 10350 E DAKOTA AVE DENVER, CO 80231	MEDICAL SERVICES	394,627,576
HCA HEALTHONE LLC PO BOX 403171 ATLANTA, GA 303843171	MEDICAL SERVICES	76,195,393
SAINT JOSEPH HOSPITAL 1835 FRANKLIN STREET DENVER, CO 80218	MEDICAL SERVICES	260,566,793
MEMORIAL HOSPITAL - CO SPGS PO BOX 460 COLORADO SPRINGS, CO 80901	MEDICAL SERVICES	42,767,692
THE CHILDRENS HOSPITAL ASSOCIATION 13123 EAST 16TH AVENUE AURORA, CO 80045	MEDICAL SERVICES	42,636,574
Total number of independent contractors (including those in 1) who rec from the organization	. ,	404

Statement of Revenue

					(A) Total Revenue	(B) Related or	(C) Unrelated	(D) Revenue
						Exempt Function Revenue	Business Revenue	Excluded from Tax under IRC 512, 513, or 514
	1a	Federated can	npaigns 1a			Revende		312, 313, 01 314
at se	b	Membership d						
s, gra	С	Fundraising ev	1b rents					
<u>#</u>	d	Related organi	zations	6,608,086				
E, S	e	Government gran	ts (contributions) 1e	407,082				
oution ther s	f	All other contribut similar amounts r	ions, gifts, grants, and not included above 1f	2,792,381				
Contributions, gifts, grants and other similar amounts	g		ributions included in					
<u></u>	h		es 1a-1f)		9,807,549			
<u>9</u>	3-	MEMBER CHEALT	1 015	Business Code	4 505 443 755	1 505 443 355		
re III	2a b	MEMBERS HEALTH SUPPL CHARGE/P		621,400	1,535,417,755	1,535,417,755		
æ	c	NON-PLAN & INDI		621,400 621,400	127,050,464 9,153,419	126,883,752 9,153,346	166,712 73	
ИСР	d	OTHER PROGRAM		621,400		15,366,434	73	
38	e	MEDICARE	- SERV	621,400	,	584,447,696		
Program Serwce Revenue	f		am service revenue		301,111,000	30.1, 1.17, 0.00		
Š	g	Total. Add line ► \$ 2,271,435	es 2a-2f					
	3		come (including divid	dends, interest				
		other sımılar a	mounts)		17,519,192			17,519,192
	4	Income from inve	estment of tax-exempt bo	ond proceeds	0			
	5	Royalties .			0			
			(ı) Real	(11) Personal				
	6a	Gross Rents	73,463					
	ь	Less rental expenses						
	c d	Rental income or (loss)	73,463 ome or (loss)		73,463			73,463
		- Net rental met		>	,			,
	7a	Gross amount	(ı) Securities 259,825,112	(II) O ther 104,564				
		from sales of assets other than inventory		·				
	ь	Less cost or other basis and sales expenses	258,786,268	1,110,959				
	c	Gain or (loss)	1,038,844	-1,006,395	32,449			32,449
	d		<u> </u>	. •	32,449			32,449
	8a	events (not inc						
чпе		\$of contribution 1c) See Part 1	s reported on line					
Other Revenue		Attach Schedul	e G ıf total exceeds					
<u>.</u>	ь		xpensesb					
ġ	С	Net income or	(loss) from fundraisi	ng events	0			
	9a	Gross income activities See	from gaming part IV, line 19					
		Complete Schedexceeds \$15,00						
			а					
	b c		xpensesb (loss) from gaming a		0			
	10a		finventory, less	•				
			а					
	b c		goods sold b (loss) from sales of	inventory	0			
		Miscellaneou		Business Code				
	11a	INT INC-AFF	ILIATE	900,003	11,922,980			11,922,980
	ь							
	с							
	d	All other rever	nue					
	e		es 11a-11d					
	12	Total Revenue	. Add lines 1h, 2g, 3	\$ 11,922,980 , 4, 5, 6d, 7d,	2,310,791,401	2,271,268,983	166,785	29,548,084
		8c,	.1e		·	·	·	

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
Do	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	5,804,789	5,804,789		·					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0								
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0								
4	Benefits paid to or for members	0								
5	Compensation of current officers, directors, trustees, and key employees	0								
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0								
7	Other salaries and wages	314,960,981	284,514,200							
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	29,862,197	26,942,295	2,919,902						
9	Other employee benefits	84,030,266	76,737,164	7,293,102						
10	Payroll taxes	22,855,681	20,820,217	2,035,464						
11	Fees for services (non-employees)									
а	Management	0								
b	Legal	419,437		419,437						
С	Accounting	1,441,392		1,441,392						
d	Lobbying	0								
е	Professional fundraising See Part IV, line 17	0								
f	Investment management fees	0								
g	Other	0								
12	Advertising and promotion	32,655,982	978,217	31,677,765						
13	Office expenses	4,931,679	4,361,860	569,819						
14	Information technology	108,736,506	90,665,893	18,070,613						
15	Royalties	0								
16	Occupancy	13,271,457	12,745,792	525,665						
17	Travel	2,753,575	2,302,628	450,947						
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0								
19	Conferences, conventions and meetings	739,385		739,385						
20	Interest	126,788	126,788							
21	Payments to affiliates	0								
22	Depreciation, depletion, and amortization	31,644,241	31,644,241							
23	Insurance	2,840,250	1,903,864	936,386						
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)									
а	BASIC CONTRACT PAYMENTS	1,080,215,298	1,080,215,298							
b	SUPPLIES	210,657,803	200,181,989	10,475,814						
c	PURCHASED MED SVC - OUTSIDE	95,086,839	76,561,646	18,525,193						
d	PURCHASED SVC - OTHER NON-MEDC	57,664,121	3,788,676	53,875,445						
e	INTER-REGIONAL CHARGES	55,406,034	55,406,034							
f	All other expenses	41,367,154	20,530,443	20,836,711						
25	Total functional expenses. Add lines 1 through 24f	2,197,471,855	1,996,232,034	201,239,821	0					
26	Joint Costs. Check I if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation									
				Fo	rm 990 (2008					

Part X	Balance	Shoot

						(A)		(B)
	I					Beginning of year		End of year
	1	Cash—non-interest-bearing	• •			10,964,525	H-	18,775,653
	2	Savings and temporary cash investments			2			
	3	Pledges and grants receivable, net			3			
	4	Accounts receivable, net				45,474,194	4	55,326,648
	5	Receivables from current and former officers, directors, trusted other related parties Complete Part II of Schedule L			es or		5	
	6	Receivables from other disqualified persons (as defined under persons described in section 4958(c)(3)(B) Complete Part II of			6			
	7	Notes and loans receivable, net		7				
	8	Inventories for sale or use				18,578,527	8	19,603,998
22	9	Prepaid expenses and deferred charges				2,745,351	9	11,477,522
Assets	10a	Land, buildings, and equipment cost basis	اما	l ~	14 000 244			
⋖			10a	00)1,969,344			
	ь	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10ь	29	94,045,406	291,387,681	10c	307,923,938
	11	Investments—publicly traded securities				1,088,906		1,085,860
	12	Investments—other securities See Part IV, line 11 Complete	Part VI	II of		186,370,585	\vdash	530,083,910
		Schedule D					12	
	13	Investments—program-related See Part IV, line 11 Complete of Schedule D .			13			
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	e			491,714,000	15	206,819,507
	16	Total assets. Add lines 1 through 15 (must equal line 34)				1,048,323,769	\vdash	1,151,097,036
	17	Accounts payable and accrued expenses .				165,428,663		163,317,594
	18	Grants payable		18				
	19	Deferred revenue	26,993,820	\vdash	22,091,509			
	20	Tax-exempt bond liabilities					20	
8	21	Escrow account liability Complete Part IV of Schedule D	•				21	
≝	22	Payable to current and former officers, directors, trustees, key		•				
Liabilities	22	employees, highest compensated employees, and disqualified					ا ۔۔ ا	
		persons Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third partie	es .	•			23	
	24	Unsecured notes and loans payable			24			
	25	Other liabilities Complete Part X of Schedule D				200,511,676		278,838,834
	26	Total liabilities. Add lines 17 through 25				392,934,159	26	464,247,937
seo		Organizations that follow SFAS 117, check here ▶ ☐ and comthrough 29, and lines 33 and 34.	ıplet e	lines 27				
an	27	Unrestricted net assets					27	
Balance	28	Temporarily restricted net assets					28	
둳	29	Permanently restricted net assets					29	
r Fund		Organizations that do not follow SFAS 117, check here ► $\sqrt{}$ a lines 30 through 34.						
. or	30	Capital stock or trust principal, or current funds				1,110	30	1,110
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			_		31	.,
25.5	32	Retained earnings, endowment, accumulated income, or other		- •	-	655,388,500	\vdash	686,847,989
Net 4	33	Total net assets or fund balances				655,389,610		686,849,099
ž	34	Total liabilities and net assets/fund balances	_			1,048,323,769	\vdash	1,151,097,036
	J	. Sta. Hashities and het assets/fully buildiness.	•			1,210,020,700		.,,
Pa	rt XI	Financial Statements and Reporting						

ParitXI	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			_
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A (Form 990 or

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Service

Name of the organization

KAISER FDN HEALTH PLAN OF COLORADO

990EZ)

Treasury

h

Department of the

Internal Revenue

Employer identification number

84-0591617 Reason for Public Charity Status (to be completed by all organizations) (See Instructions) The organization is not a private foundation because it is (Please check only one organization) A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i). 1 2 A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See Section 509(a)(4). (See instructions.) 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type I **b** Type II c Type III - Functionally Integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11q(i) Νo (ii) a family member of a person described in (i) above? 11g(ii) Νo

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	organız col (i) your go	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		s the ation in rganized US?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
Total									

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the organizations the organization supports

11g(iii)

Νo

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

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

	(Complete only if you check						
	ction A. Public Support				. n T		
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and	F 471 F40	E 003 001	7 410 340	11 527 057	0.007.540	40,120,104
	membership fees received (Do not	5,471,548	5,902,901	7,410,249	11,527,857	9,807,549	40,120,104
_	include any "unusual grants ")	+	+	+			
2	Gross receipts from admissions, merchandise sold or services performed,						
	or facilities furnished in any activity that	1,497,586,951	1,700,912,115	1,934,216,148	2,160,542,030	2,271,435,768	9,564,693,012
	is related to the organization's tax-	2, 151, 755, 755	1,100,512,110	2,50 1,220,210	2,200,012,000	2,2,1,100,100	5,00 .,050,012
	exempt purpose						
3	Gross receipts from activities that are						
•	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total Add lines 1-5	1,503,058,499	1,706,815,016	1,941,626,397	2,172,069,887	2,281,243,317	9,604,813,116
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						9,604,813,116
	line 6)						
	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6	1,503,058,499	1,706,815,016	1,941,626,397	2,172,069,887	2,281,243,317	9,604,813,116
10a	Gross income from interest, dividends,						
IUa							
IUa	payments received on securities loans,	7,140,417	6,734,441	8,326,803	9,408,477	29,515,635	61,125,773
10a	payments received on securities loans, rents, royalties and income from similar	7,140,417	6,734,441	8,326,803	9,408,477	29,515,635	61,125,773
	payments received on securities loans, rents, royalties and income from similar sources	7,140,417	6,734,441	8,326,803	9,408,477	29,515,635	61,125,773
b	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less	7,140,417	6,734,441	8,326,803	9,408,477	29,515,635	61,125,773
	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	7,140,417	6,734,441	8,326,803	9,408,477	29,515,635	61,125,773
b	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
b c	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b	7,140,417	6,734,441	8,326,803 8,326,803	9,408,477	29,515,635	61,125,773
b	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business						
b c	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,						
b c	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly						
ь с 11	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
b c	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or						
ь с 11	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets						
b c 11	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						61,125,773
ь с 11	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and						
b c 11 12	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12)	7,140,417	6,734,441	8,326,803	9,408,477	29,515,635	61,125,773 9,665,938,889
b c 11	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and	7,140,417	6,734,441	8,326,803	9,408,477	29,515,635	61,125,773 9,665,938,889
b c 11 12	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the or	7,140,417	6,734,441	8,326,803	9,408,477	29,515,635	9,665,938,889
b c 11 12 13 14	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here	7,140,417 rganization's firs	6,734,441 t, second, third	8,326,803 8,326,803	9,408,477	29,515,635	9,665,938,889
b c 11 12 13 14	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here	7,140,417 rganization's firs	6,734,441 t, second, third	8,326,803 8,326,803	9,408,477	29,515,635	9,665,938,889
b c 11 12 13 14	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here	rganization's firs	t, second, third	8,326,803 8,326,803	9,408,477	29,515,635 01(c)(3) organiza	9,665,938,889
b c 11 12 13 14 Co 15 16	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here mputation of Public Support Percet Public Support Percentage for 2008 (line 8	7,140,417 rganization's firs entage column (f) divide	t, second, third	8,326,803 8,326,803	9,408,477	29,515,635 D1(c)(3) organiza	9,665,938,889 ation, 99 368 %
b c 11 12 13 14 Co 15 16	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here mputation of Public Support Percetage Fublic Support Percetage for 2008 (line 8)	rganization's firs entage column (f) divide ule A, Part IV-A	t, second, third	8,326,803 , fourth, or fifth t	9,408,477	29,515,635 01(c)(3) organiza 15 16	9,665,938,889 ation, 99 368 % 99 589 %
c 11 12 13 14 Co 15 16 Co	payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total Support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the ocheck this box and stop here mputation of Public Support Percet Public Support Percentage for 2008 (line 8) Public Support Percentage for 2007 Sched	rganization's firs entage column (f) divide ule A, Part IV-A Percentage ne 10c column (t, second, third ed by line 13 co	8,326,803 , fourth, or fifth t	9,408,477	29,515,635 D1(c)(3) organiza	9,665,938,889 ation, 99 368 %

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions



▶▽

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

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DLN: 93493314004239

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

5

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities) Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C ◆ Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B Section 527 organizations complete Part I-A only If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities) ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) ◆ Section 501(c)(4), (5), or (6) organizations complete Part III Name of the organization Employer identification number KAISER FDN HEALTH PLAN OF COLORADO 84-0591617 Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.) Provide a description of the organization's direct and indirect political campaign activities in Part IV 1 2 Political expenditures 3 Volunteer hours Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.) Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 3 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? Was a correction made? **4a** If "Yes," describe in Part IV Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.) Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? 4

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

State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments

were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

	(election under sec	organizations exempt under section 501(tion 501(h)). (See the instructions for Schedul belongs to an affiliated group		768
	<u> </u>	checked box A and "limited control" provisions apply		
	Limits on Lo	bbying Expenditures— s" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1a	Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
c	Total lobbying expenditures (add line	es 1a and 1b)		
d	Other exempt purpose expenditures			
е	Total exempt purpose expenditures	(add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter to columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000	The lobbying nontaxable amount is: 20% of the amount on line 1e \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (ente	r 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -	0 - If line g is more than line a		
i	Subtract line 1f from line 1c Enter -	0- ıf lıne f ıs more than lıne c		
j 	If there is an amount other than zero section 4911 tax for this year?	on either line 1h or line 1i, did the organization file Form	m 4720 reporting	┌ Yes ┌ No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total	
2a	Lobbying non-taxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
С	Total lobbying expenditures						
d	Grassroots non-taxable amount						
e	Grassroots ceiling amount (150% of line d, column (e))						
f	Grassroots lobbying expenditures						

Part II-B
To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

		(a	(a) (
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?	Yes		2,390
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?	Yes		15,390
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		59,742
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	Yes		32,390
i	Other activities If "Yes," describe in Part IV		Νo	
j	Total lines 1c through 1			109,912
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	
	\star TTL A. To be completed by all organizations exempt under section E01(c)(4)		E04/-	\/F\

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

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

Part III-B
To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

1 Dues, assessments and similar amounts from members

-	bues, assessments and similar amounts from members	- Ψ
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
а	Current Year	2a \$
b	Carryover from last year	2b\$
c	Total	2c \$
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 \$
_	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$
_	i axable allibulit bi lobbylliu allu bolitical expellultules (IIIIe 2C total IIIIIus 3 allu 4)	133

Part IV Supplemental Information

Part IV Supplemental Information				
Ident if ier	Return Reference	Explanation		

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasurv Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization **Employer identification number** KAISER FDN HEALTH PLAN OF COLORADO 84-0591617 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 1,856,739 Aggregate Contributions to (during year) Aggregate Grants from (during year) 864,649 4 Aggregate value at end of year 1,406,102 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ▼ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art,

historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 relating to these items

Cat No 52283D

Schedule D (Form 990) 2008

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Part	***	Organizations Maintaining Collect	tions of Art,	His [.]	<u>tori</u>	cal Treas	ures, or Ot	:he	<u>r Similar</u>	Asse	ts (co	ntınued)
3	Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)											
а	Γ	Public exhibition		d	Γ	Loan or ex	change progra	ms				
b	Γ	Scholarly research		e	Γ	Other						
С	Γ	Preservation for future generations										
4	Prov Part	ide a description of the organization's collecti XIV	ons and explain	how	v they	further the	e organization's	sex	empt purpo	ose in		
5		ng the year, did the organization solicit or rec ets to be sold to raise funds rather than to be i							ılar	Г	Yes	┌ No
Par	t IV	Trust, Escrow and Custodial Arra Part IV, line 9, or reported an amoun					ganızatıon an	ISW	ered "Yes	" to Fo	orm 9	90,
1a		ne organization an agent, trustee, custodian oi ided on Form 990, Part X?	r other intermed	ıary	for c	ontributions	s or other asse	ts r	not	Γ	Yes	┌ No
b	If"Y	es," explain why in Part XIV and complete the	e following table									
							_			A mou	nt	
С	Beg	inning balance					_1	Lc				
d	Add	itions during the year					_1	Ld				
е	Dist	ributions during the year					_1	Le				
f	End	ing balance					_ 1	Lf				
2a	Did t	the organization include an amount on Form 9	90, Part X, line	21?						Γ	Yes	┌ No
		es," explain the arrangement in Part XIV										
Pai	rt V	Endowment Funds. Complete if the	Organization Current Year		were Prior Y		Form 990, wo Years Back				1 Faur Va	na ra Da ak
1a	Beau	inning of year balance	iculient real	(0)	PHOLI	eai (C)	WO TEATS DACK	(u)	illiee reals c	back (e	roul te	ears back
ь		tributions										
c		estment earnings or losses										
d		nts or scholarships										
e		er expenditures for facilities										
	and	programs										
f	Adm	ninistrative expenses										
g	End	of year balance										
2	Prov	ide the estimated percentage of the year end	balance held as									
а	Boar	d designated or quasi-endowment 🕨										
ь	Pern	nanent endowment 🕨										
С	Tern	n endowment 🕨										
3a		there endowment funds not in the possession nization by	of the organizat	ıon t	hat a	re held and	admınıstered	for	the		Yes	No
	-	nrelated organizations								3a(i)	res	140
		related organizations								3a(ii)		
b	If "Y	es" to 3a(II), are the related organizations lis	ted as required	on S	ched	ule R? .				3b		
4		cribe in Part XIV the intended uses of the org	anızatıon's endo	wme	nt fu	nds						
Par	t VI	Investments—Land, Buildings, an	d Equipmen	t. S	ee F	orm 990,	Part X, line 1	LO.				
		Description of investment				Cost or other (investment)	(b) Cost or other basis (other)		(c) Deprecia	ation	(d) Boo	ok value
1a L	.and						39,321,7	90			3	9,321,790
b E	Buildii	ngs		[350,686,8	48	158,29	4,094	19	2,392,754
c L	.ease	hold improvements		. [9,524,5	86	5,01	3,882		4,510,704
d E	quipi	ment		. [156,299,7	72	123,78	1,163	3.	2,518,609
e (ther						46,136,3	48	6,95	6,267	3	9,180,081

Part VII Investments—Other Securities. See	Form 990, Part X, line 13	2.
(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other MARKETABLE SECURITIES	530,083,910	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	530,083,910	
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		· .
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) 🕨		
Part IX Other Assets. See Form 990, Part X, III		1 222
(a) Descrip	otion	(b) Book value
DUE FROM KAISER FDN HOSPITALS		198,375,652
OTHER LONG TERM ASSETS		8,443,855
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1		206,819,507
Part X Other Liabilities. See Form 990, Part X	(, line 25.	
(a) Description of Liability	(b) A mount	
Federal Income Taxes		
RESERVE FOR SELF-INSURED RISKS	4,440,000	
RESERVE FOR PROP/PROF LIAB	12,987,766	
RESERVE FOR WORKERS COMP RISKS	4,645,477	
POST RETIREMENT LIABILITIES	247,274,060	
OTHER LIABILITIES	9,491,531	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	278,838,834	

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,310,791,401
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,197,471,855
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	113,319,546
4	Net unrealized gains (losses) on investments	4	7,706,768
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-89,566,826
9	Total adjustments (net) Add lines 4 - 8	9	-81,860,058
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	31,459,488
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial	_	2,312,118,703
_	statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a b	Net unrealized gains on investments		
_	Donated services and use of facilities		
c d	Other (Describe in Part XIV)		
u e	Add lines 2a through 2d	2e	216,342
3	Subtract line 2e from line 1	3	2,311,902,361
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		2,311,302,301
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b -1,110,960		
c	Add lines 4a and 4b	4c	-1,110,960
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,310,791,401
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	Return
1	Total expenses and losses per audited financial statements	1	2,280,659,215
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	84,215,842
3	Subtract line 2e from line 1	3	2,196,443,373
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	1,028,482
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,197,471,855

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
SCHEDULE D, PART XI, LINE 8	RECONCILIATION OF CHANGE IN NET ASSETS	LINE 8 CHANGE IN OTHER COMPREHENSIVE INCOME <\$59,055,038 > DIVIDENDS PAID <\$16,000,000 > SEE "NOTE 1" BELOW <\$14,511,788 >
SCHEDULE D, PART XII	RECONCILIATION OF REVENUE	LINE 2D BAD DEBT EXPENSES - RECLASS <\$ 1,028,482 > INTER-ENTITY REVENUE - RECLASS \$ 8,049,844 SEE PART XI, LINE 8 <\$14,511,788 > TOTAL <\$ 7,490,426 > LINE4B FIXED ASSETS LOSS - RECLASS <\$ 1,110,960 >
SCHEDULE D, PART XIII	RECONCILIATION OF EXPENSES	LINE 2D FIXED ASSET LOSS - RECLASS \$ 1,110,960 INTER-ENTITY REVENUE - RECLASS \$ 8,049,844 CHANGE IN OTHER COMPREHENSIVE INCOME \$59,055,038 DIVIDENDS PAID \$16,000,000 TOTAL \$84,215,842 LINE 4D BAD DEBT EXPENSES - RECLASS \$ 1,028,482
SCHEDULE D, PART X	FIN 48 FOOTNOTE	NOT REQUIRED

Part XIV Supplemental Information(continued)					
Ident if ier	Return Reference	Explanation			
SCHEDULE D, PART XI, LINE 8	RECONCILIATION OF CHANGE IN NET ASSETS	LINE 8 CHANGE IN OTHER COMPREHENSIVE INCOME <\$59,055,038 > DIVIDENDS PAID <\$16,000,000 > SEE "NOTE 1" BELOW <\$14,511,788 >			
SCHEDULE D, PART XII		LINE 2D BAD DEBT EXPENSES - RECLASS <\$ 1,028,482 > INTER-ENTITY REVENUE - RECLASS \$ 8,049,844 SEE PART XI, LINE 8 <\$14,511,788 > TOTAL <\$ 7,490,426 > LINE4B FIXED ASSETS LOSS - RECLASS <\$ 1,110,960 >			
SCHEDULE D, PART XIII		LINE 2D FIXED ASSET LOSS - RECLASS \$ 1,110,960 INTER-ENTITY REVENUE - RECLASS \$ 8,049,844 CHANGE IN OTHER COMPREHENSIVE INCOME \$59,055,038 DIVIDENDS PAID \$16,000,000 TOTAL \$84,215,842 LINE 4D BAD DEBT EXPENSES - RECLASS \$ 1,028,482			
SCHEDULE D, PART X	FIN 48 FOOTNOTE	NOT REQUIRED			

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Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

Open to Public

DLN: 93493314004239

Department of the Treasury

Schedule I

(Form 990)

Internal Revenue Service	Complete	if the organization ans	wered "Yes," on Form 99	90, Part IV, lines 21 or	22. Attach to Form 990.	Flandi	Inspect ion
Name of the organization KAISER FDN HEALTH PLAN O	F COLORADO					Employer identif	ication number
Part I General Inform	mation on Gra	nts and Assistance	 e				
Does the organization ma the selection criteria use Describe in Part IV the o	intain records to s d to award the gra rganization's proc	substantiate the amoun nts or assistance? edures for monitoring th	t of the grants or assista ne use of grant funds in t	he United States			
Form 990, Part I Part IV and Sch	IV, line 21 for a edule I-1 if add	ny recipient that rec tional space is	eived more than \$5,0	00. Check this box	tes. Complete if the of if no one recipient rec	eived more than \$5,0	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Enter total number of sec							196
organizations					-	_	

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line	22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANTS		At the end of their funding cycle, grantees are required to submit a final report which delineates accomplishments related to stated objectives. Large grants (typically over \$100k) may require quarterly progress reports

Software ID: Software Version:

EIN: 84-0591617

Name: KAISER FDN HEALTH PLAN OF COLORADO

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alzheimers Association455 SHERMAN ST 500 DENVER, CO 80203	84-0908354	501(c)(3)	15,675				Gıft Matching
American Diabetes Assocation2480 W 26TH AVE STE 120-B DENVER, CO 80211	13-1623888	501(c)(3)	16,100				Support ADA
A merican Heart Assoc Inc 1280 S PARKER RD DENVER, CO 80231	13-5613797	501(c)(3)	56,861				2008 Heart Walk
Arapahoe Cty Early Childhood Coun6860 S YOSEMITE CT STE 2000 CENTENNIAL,CO 80112	84-1607162	501(c)(3)	87,720				Project Support
Assets for Colorado Youth 1580 LOGAN ST STE 700 DENVER,CO 80203	84-1548407	501(c)(3)	5,100				Project Support
Bent County701 Park Avenue LAS ANIMAS,CO 81054	84-1573256	Government	13,950				LiveWell CO Grant
Big Brothers Big Sisters of Co2420 W 26th Ave STE 450-D DENVER,CO 80211	23-7161796	501(c)(3)	10,000				Big Brothers Big Sisters - CO
Bright Beginnings2505 18th St 100 DENVER,CO 80211	84-1382420	501(c)(3)	17,500				Gen Op Support
City & County of Denver Dept Public Works201 W Colfax DEPT 608 DENVER,CO 80202	84-6000580	Government	40,000				Education
Civic Results899 Logan St STE 311 DENVER, CO 80203	84-1409737	501(c)(3)	160,575				LiveWell CO Grant

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (d) A mount of cash (e) A mount of non-(a) Name and address of (b) EIN (c) IRC Code (f) Method of (g) Description of (h) Purpose of grant organization section grant cash valuation (book, non-cash assistance or assistance FMV, appraisal, or government ıf applıcable assistance other) CB Program CO Academy of Family 84-1150631 501(c)(3) 12,000 Physicians Foundation Support 2224 S Fraser Street 1 AURORA, CO 80014 84-1287046 99,000 Colorado Breast Cancer 501(c)(3) OHD Spec Position Coalition3486 16th Cir BOULDER, CO 80304 32-0022295 50,000 Colorado Center for 501(c)(3) Gen Oper Support Nursing Excellence5290 E Yale Circle DENVER, CO 80222 84-1479975 Colorado Childrens 40.000 501(c)(3) Program Support Immunization Coalition 1056 E 19th Ave B-281 DENVER, CO 80218 84-0910590 Colorado Community 501(c)(3) 50,000 Patient Safety Health Network Inc600 Grant St Ste 800 DENVER, CO 80203 CO Dept of Public Health 84-0644739 306,500 CB Program Government & Environment4300 Support Cherry Creek Dr S DENVER, CO 80246 Colorado Health Institute 74-3082235 501(c)(3) 40,000 CO Health Org 1576 Sherman St Ste 300 DENVER, CO 80203 Colorado Nonprofit 84-0942908 20,000 501(c)(3) CO Generosity Proj Association455 Sherman St Ste 207 DENVER, CO 80203 CO Org on Adolescent 74-2511487 8,000 501(c)(3) Conference Sponsor Pregnancy2785 N Speer Blvd Ste 348 DENVER, CO 80211 Conference Support Colorado Physician 74-2425019 501(c)(3) 10,000 Health Programs899 Logan St Ste 408 DENVER, CO 80203

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Community Health Assoc of MountainPlains600 Grant St Ste 800 DENVER,CO 80203	84-1001144	501(c)(3)	10,000				Primary Care Conf			
CU Foundation - Beth El College of NursingCampus Mailbox ADM6 PO Box 7150 CO Springs,CO 80933		501(c)(3)	40,000				Prog Sponsorship			
Dental Aıd Inc877 S Boulder Rd BOULDER, CO 80302	84-0717588	501(c)(3)	20,000				Bright Smiles Prog			
Denver Childrens Home 1501 Albion St DENVER, CO 80220	84-0404239	501(c)(3)	20,000				CB Program Support			
Denver Health and Hospital Authority605 Bannock St MC 2600 DENVER,CO 80204	84-1085196	501(c)(3)	102,200				LiveWell CO Grant			
Denver Healthy People 2010201 W Colfax Dept 1009 DENVER, CO 80202	84-6000580	Government	148,575				LiveWell CO Grant			
Denver Public Schools Foundation900 Grant St Ste 503 DENVER, CO 80203	84-1224325	501(c)(3)	6,000				LiveWell CO Grant			
Denver Urban Gardens 3377 Blake Street Unit 113 DENVER,CO 80205	74-2374848	501(c)(3)	137,825				LiveWell CO Grant			
District 50 Education Foundation7002 Raleigh St WESTMINSTER, CO 80030	84-1088489	501(c)(3)	7,000				KP Scholarship			
Ed & Ruth Lehman YMCA 950 Lashley St LONGMONT,CO 80501	84-1129504	501(c)(3)	21,600				LiveWell CO Grant			

Form 990,Schedule I,	Part II, Grar	nts and Other As	sistance to Gove	ernments and Or	rganizations in	the United State	5
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Health and Human Services Broomfield6 Garden Center BROOMFIELD, CO 80020	84-6014589	Government	55,000				LiveWell CO Grant
HealthBridge Alliance 1600 Downing St Ste 490 DENVER,CO 80218	84-1466146	501(c)(3)	33,000				CB Program Spport
Hospice of Metro Denver DBA The Denver Hospice 501 S Cherry St Ste 700 DENVER,CO 80246	84-0743121	501(c)(3)	9,200				Program Support
Inner City Health Center 3405 Downing St DENVER, CO 80205	74-2426085	501(c)(3)	57,092				Health Ministry
Jeffco Action Center8755 W 14th Ave LAKEWOOD, CO 80215	23-7019679	501(c)(3)	5,150				Med Assist Prog
Jefferson County School District1829 Denver W Dr 27 GOLDEN,CO 80401	84-0715036	Government	125,000				Campus Expansion
Kids in Need of Dentistry 2465 S Downing St Ste 207 DENVER, CO 80210	84-6038681	501(c)(3)	10,000				Health donation
Make-A-Wish Foundation of Colorado Inc7951 E Maplewood Ave Suite 126 Greenwood Vill, CO 80111	74-2273004	501(c)(3)	10,000				Wish For Kids Prog
Meals on Wheels of Boulder909 Arapahoe Ste 121 BOULDER,CO 80302	84-0594180	501(c)(3)	10,000				Proj supp Homecoming
Mental Health Center of Denver4141 E Dickenson Pl DENVER, CO 80222	74-2499946	501(c)(3)	10,000				Gen Oper Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant section valuation (book, non-cash assistance orassistance organization grant cash FMV, appraisal, or government ıf applıcable assistance other) Metro Denver Black 84-1477546 32,500 Annual Health Fair 501(c)(3) Church Initiative 3601 MLK Blvd DENVER, CO 80205 Metro Volunteers 444 84-0782124 501(c)(3) 32.000 MLK Day Activities Sherman St Ste 100 DENVER, CO 80203 100,000 Mile High United Way 84-0404235 501(c)(3) Denver's Rd Home 1200 Federal Blvd DENVER.CO 80204 15,000 School Prog NewFarms 5856 County 85-0386519 501(c)(3) Rd HH 5 FOWLER, CO 81039 141,200 Partnerships for Healthy 20-0222465 501(c)(3) LiveWell CO Grant Communities7290 Magnolia St COMMERCE CITY, CO 80022 84-1339670 Pikes Peak Community 501(c)(3) 45.275 Nursing Grant College Foundation 5675 S Academy Blvd Box C11 CO Springs, CO 80906 74-1894581 Poudre Hospital 501(c)(3) 86.485 LiveWell CO Grant Foundation Inc1024 S Lemay Ave FT COLLINS, CO 80524 Poudre Valley Health 74-1894581 501(c)(3) 21,600 LiveWell CO Grant System Foundation 2500 Rocky Mountain Ave LOVELAND, CO 80538 Project WISE3401 W 84-1325938 24,400 CB Program 501(c)(3) 29th Ave Support DENVER, CO 80211 62,650 Prowers County1001 S 84-6000796 501(c)(3) LiveWell CO Grant Main LAMAR, CO 81052

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (e) A mount of non-(f) Method of (a) Description of (h) Purpose of grant organization section arant cash valuation (book. non-cash assistance orassistance FMV, appraisal, or government if applicable assistance other) 04-1404345 7,500 Pueblo Community 501(c)(3) Women's health Health Center112 E Pitkin Ave Pueblo, CO 81004 84-1514642 17,100 Sponsorship Rebuilding Together 501(c)(3) Metro Denver Inc4100 E Mississippi Ave Ste 710 DENVER, CO 80246 84-6000555 Regents at the University 501(c)(3) 21.590 LiveWell CO Grant of ColoradoPO Box 173364 Campus Box 120 DENVER, CO 80217 74-2357255 10,000 Schools Retreat Rocky Mountain Center 501(c)(3) for Health Promotion and Edu7525 W 10th Ave LAKEWOOD, CO 80214 Rose Community 84-0920862 501(c)(3) 100,000 Cavity Free at 3 Foundation4100 E Mississippi Ave Ste 605 DENVER, CO 80246 84-0735096 501(c)(3) 15,000 Annual events Saint Joseph Hospital Foundation1835 Franklin St DENVER, CO 80218 84-0820084 7,400 Senior Housing Options 501(c)(3) Health Sponsorship 1510 17th St DENVER, CO 80202 Southern Colorado Aids 84-1054293 501(c)(3) 6,500 HIV/AIDS in So Project1301 S 8TH ST CO Ste 200 CO Springs, CO 80906 Southern Ute Community 84-0576978 501(c)(3) 86,700 LiveWell CO Grant Action Program Inc285 Lakın St IGNACIO, CO 81137 Southwest Healthy 84-1337350 501(c)(3) 14,000 LiveWell CO Grant System Inc1311 N Mildred CORTEZ, CO 81321

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Special Transit4800 Pearl St BOULDER, CO 80301	84-0777296	501(c)(3)	15,000				Transp Seniors			
State of Colorado200 E Colfax State Capital Room 130 DENVER, CO 80203	84-0644739	Government	90,000				CO Health Initiatives			
Summit Prevention AlliancePO Box 2565 120 S 4th Ave FRISCO,CO 80443	84-0990565	501(c)(3)	51,475				LiveWell CO Grant			
The Denver Foundation 55 Madison St 8th FIr DENVER, CO 80206	84-6048381	501(c)(3)	1,150,000				CB Program Support			
University of Colorado Foundation4740 Walnut St BOULDER, CO 80301	84-6049811	501(c)(3)	76,600				UCD School			
Valley-Wide Health Systems Inc128 Market St ALAMOSA,CO 81101	84-0706945	501(c)(3)	79,300				LiveWell CO Grant			
Visiting Nurse Association390 Grant St DENVER, CO 80203	84-1043351	501(c)(3)	13,340				Lead testing			
The Colorado Health Foundation501 S Cherry St Suite 1100 DENVER, CO 80246	74-2568941	501(c)(3)	1,044,501				LiveWell CO Grant			
CO Dept of Physical Activity & Nutrition4300 Cherry Creek Dr S Denver,CO 80246	84-0644739	Government	300,000				LiveWell CO Grant			

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As Filed Data -

DLN: 93493314004239

Employer identification number

Schedule J (Form 990)

Compensation Information

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

iλΑι	SER FOR HEALTH FLAN OF COLORADO			84-0591617		
Pa	rt I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the approprate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel	Γ	Housing allowance or residence for	personal use		
	Travel for companions	Γ	Payments for business use of perso	nal residence		
	Tax idemnification and gross-up payments		Health or social club dues or initiati			
	Discretionary spending account	Г	Personal services (e g , maid, chauf	feur, chef)		
b	If line 1a is checked, did the organization follow a wr provision of all the expenses described above? If "N			ment or		
2	Did the organization require substantiation prior to r officers, directors, trustees, and the CEO/Executive					
3	Indicate which, if any, of the following the organization organization organization organization.		·			
	Compensation committee	Γ	Written employment contract			
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	Г	Approval by the board or compensat	tion committee		
4	During the year, did any person listed in Form 990, F	Part V I	I, Section A, line 1a			
а	Receive a severance payment or change of control p	paymen	t?	4a		Νo
b	Participate in, or receive payment from, a supplement	ntal nor	nqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-ba	ased co	ompensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide tl	he applicable amounts for each item ii	n Part III		
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a	, did the organization pay or accrue ai	ny		
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	, did the organization pay or accrue ai	ny		
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d			-fixed 7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III		•			No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of	f W-2 and/or 1099-MI:	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
See Addıtıonal Data Table (i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

See Additional	Data Table	
Ident if ier	Return Reference	Explanation
	NONQUALIFIED	DANIEL GARCIA \$1,203,891 GEORGE HALVORSON \$1,237,500 STEVEN ZATKIN \$ 942,497 BERNARD TYSON \$ 940,810 ARTHUR SOUTHAM \$ 216,841 KATHRYN LANCASTER \$ 175,273 DEBORAH STOKES \$ 164,551 CHRISTINE MALCOLM \$ 147,311 KRISTIN SNYDER \$ 124,414 KERRY KOHNEN \$ 122,785 RICHARD LYON \$ 107,690 DONNA LYNNE \$ 101,142 THOMAS MEIER \$ 39,947 JAMES NEWSOME \$ 29,293 LEONID TOKAR \$ 26,927 ANNE MCDOW \$ 26,685 ROBIN SADLER \$ 20,598 VIRGINIA MCLAIN \$ 20,067 NANCY WOLLEN \$ 20,000
SCHEDULE J, PART I, LINE 3		Kaiser Foundation Health Plan of Colorado relied on Kaiser Foundation Health Plan, Inc that used one or more of the methods described below to establish the top management officials' compensation - Compensation committee - Independent compensation consultant - Form 990 of other organizations - Written employment contract - Compensation survey or study, and - Approval by the board or compensation committee
	+	+
	+	+
	+	+
	+	
	+	

Additional Data Return to Form

> Software ID: **Software Version:**

> > **EIN:** 84-0591617

Name: KAISER FDN HEALTH PLAN OF COLORADO

Form 990, Schedule J, Par	Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation reported in prior Form	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	Denetits	(B)(ı)-(D)	990 or Form 990-EZ	
CHRISTINE K CASSEL MD	(ı) (ıı)	0 163,750	0	0 0	0	0	0 163,750	0	
	(ı) (ıı)	0 144,400	0 0	0 16,174	0 68,750	0	0 229,324	0	
	(ı) (ıı)	0 171,149	0 34,926	0 34,407	0 23,970	0 13,027	0 277,479	0 44,926	
	(ı) (ıı)	0 176,595	0 53,556	0 6,552	0 40,527	0 14,138	0 291,368	0 0	
DANIEL P GARCIA	(ı) (ıı)	0 366,253	0 335,117	0 1,189,301	0 179,055	0 11,970	0 2,081,696	0 1,239,969	
	(ı) (ıı)	0 196,250	0	0 11,566	0	0	0 207,816	0	
	(ı) (ıı)	0 221,150	0 0	0 3,030	0	0	0 224,180	0	
	(ı) (ıı)	0 1,132,896	0 3,375,668	0 1,317,156	0 46,724	0 12,702	0 5,885,146	0 3,385,154	
DENNISK HELLING	(I) (II)	0 181,745	0 55,828	0 41,489	0 50,520	0 13,299	0 342,881	0	
	(ı) (ıı)	0 184,750	0	0 11,386	0	0	0 196,136	0	
	(I) (II)	0 226,203	0 84,438	0 110,365	0 73,373	0 14,138	0 508,517	0 85,624	
	(ı) (ıı)	0 545,871	0 606,732	0 43,222	0 208,336	0 13,690	0 1,417,851	0 607,349	
	(1) (11)	0 343,883	0 311,120	0 42,798	0 134,137	0 14,138	0 846,076	0 311,120	
RICHARD R LTON	(I) (II)	0 185,220	0 85,248	0 126,043	0 20,385	0 14,138	0 431,034	0 85,248	
CHRISTINE L MALCOLM	(I) (II)	0 368,980	0 86,984	0 128,203	0 288,546	0 13,690	0 886,403	0 245,341	
PHILIP A MARINEAU	(ı) (ıı)	0 181,250	0	0 11,566	0	0	0 192,816	0	
	(ı) (ıı)	0 181,841	0 46,135	0 52,323	0 58,384	0 13,299	0 351,982	0 0	
	(1) (11)	0 162,886	0 29,830	0 37,283	0 68,067	0 14,138	0 312,204	0 16,070	
THOMAS R MEIER	(I) (II)	0 257,251	0 214,717	0 57,257	0 69,668	0 13,027	0 611,920	0 219,308	
JENNY J MING	(I) (II)	0 167,250	0	0 11,566	0	0	0 178,816	0	
JAMES NEWSOME	(ı) (ıı)	0 182,425	0 96,132	0 52,156	0 65,950	0 14,138	0 410,801	0 96,107	
EDWARD PEI	(ı) (ıı)	0 170,500	0	0 0	0 15,500	0	0 186,000	0	
	(ı) (ıı)	0 236,876	0	0 325	0 0	0	0 237,201	0 0	
	(ı) (ıı)	157,009 0	44 ,878 0	22,237 0	27,508 0	16,332 0	267,964 0	200,000 0	
	(ı) (ıı)	0 149,341	0 35,405	0 35,051	0 51,605	0 13,299	0 284,701	0	
RRISTIN F SNIDER	(ı) (ıı)	0 173,970	0 75,841	0 105,099	0 106,744	0 13,299	0 474,953	0 142,636	
ARTHOR M SOUTHAM	(ı) (ıı)	0 679,813	0 883,545	0 63,069	0 248,703	0 11,225	0 1,886,355	0 887,341	
- DEBORAH STORES	(ı) (ıı)	0 278,007	0 178,237	0 149,787	0 102,540	0 13,027	0 721,598	0 286,139	
	(1) (11)	0 201,650	0	0 8,189	0 0	0	0 209,839	0	
SANDRA P THOMPKINS	(ı) (ıı)	0 122,825	0	0 11,362	0 56,675	0	0 190,862	0	
	(ı) (ıı)	0 198,318	0 80,664	0 46,086	0 48,782	0 13,299	0 387,149	0 96,139	
BERNARD J 1130N	(ı) (ıı)	0 627,705	0 786,911	0 996,570	0 235,852	0 13,690	0 2,660,728	0 1,504,843	
	(I) (II)	0 201,647	0	0 46,001	0 41,364	0 14,138	0 303,150	0 0	
STEVEN R ZATRIN	(I) (II)	0 516,044	0 558,242	0 555,302	0 533,116			0 1,067,290	
VICTORIA B ZATRIN	(I) (II)	174,106	0 28,485	0 44,310	0 42,573	0 2,198	0 291,672	0 48,094	
Part IIII Supplemental	In	formation							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanat ion Explanat ion
PART I, LINE 4-B	NONQUALIFIED RETIREMENT	DANIEL GARCIA \$1,203,891 GEORGE HALVORSON \$1,237,500 STEVEN ZATKIN \$ 942,497 BERNARD TYSON \$ 940,810 ARTHUR SOUTHAM \$ 216,841 KATHRYN LANCASTER \$ 175,273 DEBORAH STOKES \$ 164,551 CHRISTINE MALCOLM \$ 147,311 KRISTIN SNYDER \$ 124,414 KERRY KOHNEN \$ 122,785 RICHARD LYON \$ 107,690 DONNA LYNNE \$ 101,142 THOMAS MEIER \$ 39,947 JAMES NEWSOME \$ 29,293 LEONID TOKAR \$ 26,927 ANNE MCDOW \$ 26,685 ROBIN SADLER \$ 20,598 VIRGINIA MCLAIN \$ 20,067 NANCY WOLLEN \$ 20,000
PART I, LINE	Officials'	Kaiser Foundation Health Plan of Colorado relied on Kaiser Foundation Health Plan, Inc that used one or more of the methods described below to establish the top management officials' compensation - Compensation committee - Independent compensation consultant - Form 990 of other organizations - Written employment contract - Compensation survey or study, and - Approval by the board or compensation committee

DLN: 93493314004239

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

MARK MALCOLM

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047 Open to Public Inspection

Name of the organization KAISER FDN HEALTH PLAN OF COLORADO					Eı	mploy	er ide	ntifica	tion n	umber	
RAISER I DIN HEALITI I DAN OF COLORADO					8.	4-059	1617	7			
Part I Excess Benefit Transac	tions (section 501)	(c)(3)	and section 501	L (c)(4							
To be completed by organization									, Part	V , line	40b
									(c) Corrected?		
1 (a) Name of disqualifie	u person		(b) Des	criptio	n of transa	action				Yes	No
2 Enter the amount of tax imposed on	the organization man	aners	or disqualified ner	ons d	uring the v	ear III	nder		•		
section 4958							>	\$			
3 Enter the amount of tax, if any, on li	ne 2. above. reimburs	ed bv	the organization .				•	\$			
Part II Loans to and/or From											
To be completed by organiza			on Form 990. Part	IV . lın	e 26. or Fo	orm 9	90-E	Z. Part	V . lın	e 38a	
			,		,			(f			
(a) Name of interested person and	(b) Loan to or from the	(6)	Original principal			(e)		Appr	Approved		/rıtten
purpose	organization?	amount		(d)Balance due		1 1 1			1 2		
Fairbass		4				<u>, </u>		comm		+	T
	To From					Yes	No	Yes	No	Yes	No
											+
								-		-	+
	1									+	
	1										+
			<u> </u>								
otal			<u> ▶ \$</u>								
Part III Grants or Assistance E				.OO D	art T\/ lin	27					
To be completed by orga			ween interested pe								
(a) Name of interested person			ween interested pe organization	15011	(c)A m	ount o	fgra	nt or ty	pe of	assista	nce
Part IV Business Transactions	Involvina Intere	estec	l Persons								
To be completed by orga				90, P	art IV, lır	ne 28	a, 28	b, or	28c.		
	(b) Relationsh				•		-	•		(e) Sha	ring of
(a) Name of interested person	between interes	ted	(c) A mount of		(d) Descr	intion	of tr=	nsacti	on	-	atıon's
(a) Name of interested person	person and the	l '' (d) De				iption	OI LIE	msacti	'''	rever	ues?

organization

KFHP INC EMPLOYEE

91,275 COMPENSATION

No

Νo

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

DLN: 93493314004239

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue

Identifier

Identifier

Reference

PART VI.

LINE 19

SECTION C,

Identifier

PUBLIC

INSPECTION

Internal Revenue
Service
Name of the organization

KAISER FDN HEALTH PLAN OF COLORADO

Return

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

for Open to Public Inspection

Employer identification number 84-0591617

ldentifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	PART VI, SECTION A, LINE 10	1 Key information necessary for the preparation of the tax return is obtained and/or confirmed with internal sources including regional finance, executive compensation, community benefits, treasury, government relations, and legal 2. Community benefits details are presented to the community benefit committee of the board for review 3. Executive compensation details are presented to the compensation committee of the board for review 4. The complete tax return is review ed and signed by a KPMG tax advisor 5. The complete tax return is review ed and signed by the VP, controller and chief accounting officer 6. The tax return is discussed with the full board of directors. A copy of the return is provided to each board member in electronic format prior to filing

Explanation

Explanation

The executive compensation program is designed to recruit, retain and motivate qualified senior management

Governing documents - are available as provided to state Dept of Insurance and maintained on state agency

Responsibility or upon request Financial Statements are on file with state insurance agency on a statutory

basis (stand alone entity) Combined data is published for Kaiser Foundation Health Plan Inc. and subsidiaries

and Kaiser Foundation Hospitals and Subsidiaries with audit opinion by KPMG upon request. To request copies

Explanation

website or upon request. Conflict of Interest is available on KP website under vendor Principles of

I	ldentifier	Reference	Explanation
	COMPLIANCE ENFORCEMENT	PART VI, SECTION B, LINE 12C	Regularly and Consistently Monitors Compliance with the Conflicts of Interest Policy Kaiser Permanente regularly monitors compliance with the Conflicts of Interest Policy in 3 key wighs 1. The Kaiser Permanente Compliance Hotline is available to all employees and vendors to report actual or potential conflicts of interest. All calls are answered by a third party and provided to Kaiser Permanente's National Compliance office for review and appropriate action. Employees can report anonymously and without fear of retaliation Reports of actual or potential Conflicts of Interest are generated and investigations are conducted as required and information is tracked and trended to determine if additional guidance is required to avoid conflicts of interest Compliance. Hotline Reports are provided for review and action to the Kaiser Foundation Health Plan/ Hospitals Boards of Directors annually. 2 The Senior Vice President & Chief Compliance Officer and the Vice President of Internal Audit Services annually review the directors', officers', key employees', and executives' Annual Conflicts of Interest Questionnaire disclosures and provide direction on any investigations required. Investigations are documented, tracked and trended to determine if additional controls or education is required, in addition, Conflicts of Interest Questionnaire Reports are provided for review and action to the Kaiser Foundation Health Plan/ Hospitals Boards of Directors annually, and 3. Annually, as a component of the external audit, KPMG reviews the Annual Conflicts of Interest Questionnaires completed by Directors, Officers, Key Employees, and Executives, and actions taken as a result of the disclosures. The results of the annual audit, including any findings in this area are presented to the Kaiser Foundation Health Plan/ Hospitals Audit and Compliance. Committee Regularly and Consistently Enforces Compliance with the Conflicts of Interest Policy To ensure consistency in the enforcement of the policy Kaiser Permanente uses the following step
	ldentifier	Return	Explanation

OMPENSATIC	LSECTION B	personnel Senior management personnel have a significant impact on the strategic and policy direction and results of the organization. Therefore, the executive compensation program is, to a significant degree, performance-based. The compensation program is review ed annually by the Compensation Committee of the Board of Directors which evaluates and approves prior to payment all programs and payments to CEO, Executive Director and top management officials (executives). Base pay for executive positions is established at a level comparable to the relevant market. In addition, other components of the compensation program bear 'at-risk' features designed to focus on strategically important performance goals and to assist in attracting and retaining top performers. The executive compensation program is targeted at the median of the comparable external market in which the organization competes for executive leadership. Evaluation of comparable pay data is performed by an Independent Compensation, Benefit & Human Resource Consulting firm. The compensation program focuses on objectives in the areas of quality of member care and service, financial soundness, and the community and social mission of the organization.
Identifier Return Reference		Explanation

	contac 94612	t Tax Director Kaiser Foundation Health Plan and Hospitals One Kaiser Plaza, Ste 15L Oakland, CA
ldentifier	Return Reference	Explanation
FAMILY AFFILIATIONS	PART VI, SECTION A, LINE 2	NAME steven r zatkın FAMILY MEMBER AFFILIATION Spouse officer of kfhp inc , kfh and subsidiaries NAME victoria zatkın FAMILY MEMBER AFFILIATION Spouse senior vp, general counsel and officer of kfh, kfhp inc and regional health plans

	Return		
INCOME FROM FO	ORM 990-T, LINE 34	В	APPLIED <\$85,180> UBTI WITH NOL (FORM 990-T, LINE 34) NONE

Return

Reference

EXEMPT PURPOSE A CHIEV EMENTS - PROGRAM SERVICES	PART III, LINE 4A-D	2008 COMMUNITY BENEFIT REPORT KAISER FOUNDATION HEALTH PLAN OF COLORADO THE COMMUNITY BENEFIT PROGRAM IN THE COLORADO REGION In 2008, Kaiser Permanente spent approximately \$1 2 billion or approximately 2 94% of revenue to support the Community Benefit Program The Colorado Health Plan and expended \$56 5 million to support community benefit activities. A breakdown of the 2008 Community Benefit collars attributable to Health Plan in Colorado is provided at end of Col report. The following dentries many of the signature community benefit programs and services, grouped according to the national streams of work funded by the Health Plan of Colorado CARE AND COVERAGE FOR LOW-INCOME FECRLE There are roughly 46 million. Americans without access to health care or coverage Uninsured, low-income individuals and families who are not eligible for public programs often have to rely on traditional chartry care. Frequently, individuals in this situation may wait to seek medical care until their conditions become critical, and end up in hospital emergency rooms for treatment of conditions that are preventiable or easily treated in earlier stages in 2008, the Colorado Health Plan expended \$42.7 million to address the financing and delivery of health care for populations vulnerable due to socio-economic status, liliness, ethnicity, age, or other factors. Program beneficiaries (under- and uninsured) received free or discounted care in a KP facility or a KP provider Chartable Care (Medical Financial Assistance and Chartable Health Coverage) in the Colorado Region, Health Plan provides chartry care to low-income vulnerable populations through two programs. Medical Financial Assistance and their chartable health coverage program—Connections in 2008, the Colorado Health Plan Region spent approximately \$3.5 million uninder- and uninsured residents in the region - Medical Financial Assistance and their chartrable health coverage has considered to the contract the colorado (Chartable Health Coverage) of income, expenses and assets. This c
PURPOSE A CHIEV EMENTS - PROGRAM	1	Charitable Care (Medical Financial Assistance and Charitable Health Coverage) in the Colorado Region, Health Plan provides charity care to low-income vulnerable populations through two programs. Medical Financial Assistance and their charitable health coverage program—Connections in 2008, the Colorado Health Plan Region spent approximately \$33.5 million on under- and uninsured residents in the region - Medical Financial Assistance Program This program assists patients in need by subsidizing all or a portion of the medical expenses incurred at a Kaiser Permanent facility. Eligibility is based on prescribed level of income, expenses and assets. This charity care program also includes discounted charges for uninsured patients below 400% of the federal poverty guidelines and aligned contracted collection agency practices with Kaiser Permanente social values. In 2008, 1,391 patients benefited from the program in addition, charity care is also provided through contract hospitals. Any additional follow-up care is provided in Colorado Health Plan's medical offices Connections Charitable Health Coverage (CHC) is a unique approach to caring for low-income uninsured persons in the community. Participants receive a regular Kaiser Permanente membership card and access to the full range of our service and providers-a much better alternative to a brief and costly emergency room visit or hospitalization. This allows us to invest in the longer term health of patients and the community. Since inception in the early 1980s, CHC programs have made a real difference in the lives of persons who might otherwise have no other source of care. In Colorado, Connections is a charitable health coverage program that allows uninsured low-income patients access to health care via a subsidized insurance product. The program offers a 24 month membership with rich benefits, subsidized premiums and low co-payments Participants must qualify by income and asset standards, and can not be eligible for any other government sponsored health Care prog
		carries-causing organisms from mother to child SAFETY NET PARTNERSHIPS Through funding, technical assistance, public policy advocacy, training and volunteering, dissemination of care-management and quality improvement technologies, Kaiser Permanente helps these vital health care providers improve care and expand treatment capacity for the communities and vulnerable people they serve. Grants and Donations for Safety Net Partnerships The Colorado Health Plan contributed \$1.4 million to 10 community-based health care providers.

that deliver medical or dental care services to uninsured people in community settings, primarily safety net clinics in the Denver and Colorado Springs areas. Below are examples of the community organizations supported by these grants in 2008. The Mental Health Center of Denver received a \$10,000 grant for general operating support with focus areas on Child and Family Prevention, Early Intervention, Adult Recovery and Rehabilitation. Collaborative Family Healthcare Association was awarded \$10,000 to support their 10th

Annual Conference, titled "Collaboration" the Key to the Medical Home "

ldentifier	Return Reference	Explanation
EXEMPT PURPOSE A CHIEV EMENTS - PROGRAM SERVICES	PART III, LINE 4A-D (CONTINUED)	-Colorado Community Heath Network was awarded \$10,000 for the Patent Safety and Pharmacy Collaborative to integrate clinical pharmacy services, improve patient safety and improve patient outcomes DEVELCIPHA ADDISSEMINAT NIKNOMLEDEC Kases Fehrmanetia and to improve heath care by sharing to knowledge, educating practitioners, advancing research, empowering consumers, and informing policymakors about the evidence bese for care and heath. The Colorado Heath Bran spent \$7 in timo to support programs and services for the development and dissemination of knowledge and provided grants and donations to nonpriof organizations. Clinical and Heath Envirose. Research in 2009, the Colorado Heath Plan spent approximately \$12 million to support Community Beneft focused clinical and health services research Many of the research studies address current heath is sues and improve care for common conditions where treatment often is Inkeld to community-based efforts, and are broadly disseminated through 2008. The Colorado Institute for Health Research (HR) remains committed in its vision to conduct research that translates into practice and results-improvements in care processes and outcomes for Health Ren members and the community. By working closely with clinical operations departments, the HR contributes to the HR contributes to Kaiser Permanente's social mission as a non-proff health care organization. The community beneft budget supports studies along by Colorado Permanente Medical Group physicians or Kaiser Permanente staff in the Colorado Region The following is a sampling of the evidence-based studies conducted in 2008 - Vaccines Sefty Datalink (VSD) study minotred the safety of the vaccine among two to five year old children. The study also examined pan episodes after influenze vaccination in patients with svalice clinical services. Health of the vaccine among the colorador services of the patient of the vaccine among two to five year old children. The study also examined pan episodes after influenze vaccination in patients

ldentifier	Return Reference	Explanation
EXEMPT PURPOSE A CHIEV EMENTS - PROGRAM SERVICES	PART III, LINE 4A-D (CONTINUED)	-Aw arded \$40,000 to the Assets in Early Childhood (ACE) Project that supports the Making ACE Connections training for 60 early care providers and educators as well as a follow-up process to evaluate short-term and long-term behavior changes related to health outcomes - Mile High Down Syndrome Association (MHDSA) received a \$15,000 grant to support the Health Care Partnership that allows MHDSA to work in tandem with health care providers and health care students to provide presentations, workshops and literature that offers practical tools and access to the most up to date and accurate information regarding Down Syndrome and resources available to families OTHER COMMUNITY BENEFITS The Colorado Health Plan spent approximately \$3 million on other community benefit activities and programs beyond the national streams of work. Self-Sufficiency Programs The Colorado Health Plan spent approximately \$182,000 to support 20 Undergraduate Pre-Health interns in 2008 - 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, participants 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 while enhancing their job skills and work performance. Many former Summer Youth participants are now employed with the organization as nurses, department administrators, lab technicians, opticians, and engineers. Health Plan of Colorado partners with the University of Colorado Deriver to provide summer internships for undergraduate students interested in pursuing professional health care careers. The interns work in clinical areas to learn and gain exposure to medicine, nursing, pharmacy & research. The community-focused intent is for students to gain interest and acceptance into these professional programs and careers. Community Giving Ca

DLN: 93493314004239

OMB No 1545-0047

2008 Open to Public

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Related Organizations and Unrelated Partnerships

Inspection

Name of the organization Kaiser FDN Health Plan of Colorado	Employer Identification number				
				84-0591617	
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
HAMI - COLORADO LLC ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 84-0591617	FINANCING	DE	0	0	NA
Part II Identification of Related Tax-Exempt Organizat	ions				
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Additional Data Table					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	<u> </u>	Cat No 50135	Y	<u> </u>	Schedule R (Form 990) 2008

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	Predon Income(Invest unrela	nınant related, ment,	Share of t	(F) total income	Share	(G) of end-of-year assets	(H Disproj alloca	ortionate	(I) Code V—UBI ar Box 20 of		(J Gener mana parti	ral or agıng
										Yes	No			Yes	No
HCMS LLC ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 20-3924985	HEALTH CARE	CA	NA	N/A							No				No
Part IV Identification of Relation (A) Name, address, and EIN of related organize		ations Taxa (B) rımary actıvıty	(C) Legal domici (state or foreign country)		Direct co	D) ontrolling tity	(E) Type of e (C corp, S or trus	corp,	(F) Share of total	ıncome		(G) Share of nd-of-year assets	Perce	1) ntage ership	
ARCHIMEDES INC ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 20-3774729	COM	NSULTING	CA		NA		C CORP								
KAISER PERMANENTE INTERNATIONAL ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3245176	COM	NSULTING	CA		NA		C CORP								
KAISER PERMANENTE INSURANCE COMPANY ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3203402	INS	URANCE	CA		NA		C CORP								
KAISER PROPERTIES SERVICES INC ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3259432	REA	AL ESTATE	CA		NA		C CORP								
OAK TREE ASSURANCE INC ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 03-0329760	INS	URANCE	VT		NA		C CORP								

(6)

Part V	Transactions with	Related Orga	nizations

	Transactions with Related organizations					
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transaction	ns with one or more related organizations listed in Parts II	-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled ent	tity		1a		No
b	Gift, grant, or capital contribution to other organization(s)			1b		No
c	Gift, grant, or capital contribution from other organization(s)			1c		No
d	Loans or loan guarantees to or for other organization(s)			1d	Yes	
e	Loans or loan guarantees by other organization(s)			1e		No
f	Sale of assets to other organization(s)			1f		No
g	Purchase of assets from other organization(s)			1g		No
h	Exchange of assets			1h		No
	Lease of facilities, equipment, or other assets to other organization(s)			1i		No
i	Lease of facilities, equipment, or other assets from other organization(s)			1j		No
_	Performance of services or membership or fundraising solicitations for other orc	ganization(s)		1k	Yes	
	Performance of services or membership or fundraising solicitations by other organization			11	Yes	
	Sharing of facilities, equipment, mailing lists, or other assets			1m		No
	Sharing of paid employees			1n		No
	Sharing or para employees					
^	Reimbursement paid to other organization for expenses			10	Yes	
	Reimbursement paid by other organization for expenses			1p	Yes	
Р	Remibulsement paid by other organization for expenses					
_	Other transfer of each or property to other organization/s)			1q		No
	Other transfer of cash or property to other organization(s)			1r	Yes	110
•	O ther transfer of cash or property from other organization(s)					
2	If the answer to any of the above is "Yes," see the instructions for information o	n who must complete this line, including covered relations	hips and transaction thresholds			
	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved			
(1)						
See						
Dat	litional a					
Tab						
(2)						
(3)						
(6)						
(4)						
(5)						

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organization	s?	(E) Share of end-of-year assets (F) Disproprtionate allocations?			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No
			•	•		•		Sabadula	D / Form	

Software ID: Software Version:

EIN: 84-0591617

Name: KAISER FDN HEALTH PLAN OF COLORADO

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations									
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity				
KAISER FDN HEALTH PLAN OF GEORGIA INC	,								
ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 58-1592076	HEALTH CARE	GA	501(C)(3)	9	NA				
KFHP OF THE MID-ATLANTIC STATES INC									
ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 52-0954463	HEALTH CARE	MD	501(C)(3)	9	NA				
KAISER FDN HEALTH PLAN OF THE NORTHWEST	,								
ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 93-0798039	HEALTH CARE	OR	501(C)(3)	9	N A				
KAISER FOUNDATION HEALTH PLAN OF OHIO	,		1						
ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 34-0922268	HEALTH CARE	ОН	501(C)(3)	9	NA				
KAISER FOUNDATION HOSPITALS	,								
ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-1105628	HEALTH CARE	СА	501(C)(3)	3	NA				
CAMP BOWIE SERVICE CENTER	,		!						
ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3299123	ADMIN	CA	501(C)(3)	11	N A				
KAISER HEALTH ALTERNATIVES	,								
ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 93-0954562	HEALTH CARE	OR	501(C)(3)	11	N A				
KAISER HOSPITAL ASSET MANAGEMENT INC	,								
ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3299125	ASSET MGMT	СА	501(C)(3)	11	N A				
KAISER HEALTH PLAN ASSET MANAGEMENT INC	,								
ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3299124	ASST MGMT	CA	501(C)(3)	11	N A				
LOKAHI ASSURANCE LTD	,								
ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 91-2171891	RISK MGMT	HI	501(C)(3)	11	N A				
ОНР	,			1					
ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 93-0480268	LEASING	WA	501(C)(3)	11	NA				
KAISER FOUNDATION HEALTH PLAN INC	,								
ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-1340523	HEALTH CARE	СА	501(C)(3)	9	NA				
1800 HARRISON									
ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3317484	FINANCING	СА	501(C)(3)	11	N A				

Form 990, Schedule R, Part V - Transactions with Related Organizations (B) (C) (A) Name of other organization A mount Involved Transaction type(a-r) (\$) (1) KAISER FOUNDATION HOSPITALS D 735,633,165 (2) KAISER FOUNDATION HOSPITALS Κ 319,447 (3) KAISER FOUNDATION HOSPITALS L 1,129,203,632 (4) KAISER FOUNDATION HOSPITALS Р 357,441 (5) KAISER FOUNDATION HOSPITALS R 5,656,863 (6) KAISER HOSPITAL ASSET MANAGEMENT INC Κ 153,857,325 (7) KAISER HOSPITAL ASSET MANAGEMENT INC R 773,479 (8) KAISER FDN HEALTH PLAN OF THE NORTHWEST Κ 1,220,879 (9) KAISER FDN HEALTH PLAN OF THE NORTHWEST L 85,143 (10) KAISER FDN HEALTH PLAN OF THE NORTHWEST 0 2,459,844 (11) KAISER FDN HEALTH PLAN OF THE NORTHWEST Ρ 281,950 (12) KAISER FOUNDATION HEALTH PLAN OF OHIO Κ 22,758 (13) KAISER FOUNDATION HEALTH PLAN OF OHIO L 52,752 (14)KAISER FOUNDATION HEALTH PLAN OF OHIO 0 31,851 (15) KAISER FOUNDATION HEALTH PLAN OF OHIO Ρ 14,193 (16) KAISER FOUNDATION HEALTH PLAN OF GEORGIA Κ 631,494 (17) KAISER FOUNDATION HEALTH PLAN OF GEORGIA L 237,585 (18)KAISER FOUNDATION HEALTH PLAN OF GEORGIA Ρ 5,628 (19) KFHP OF THE MID-ATLANTIC STATES INC Κ 217,112 (20) KFHP OF THE MID-ATLANTIC STATES INC L 218,449 (21) KFHP OF THE MID-ATLANTIC STATES INC Ρ 66,906 (22) KAISER FOUNDATION HEALTH PLAN INC Κ 5,147,786 KAISER FOUNDATION HEALTH PLAN INC (23) L 39,437,675 KAISER FOUNDATION HEALTH PLAN INC (24) 0 188,553,413 KAISER FOUNDATION HEALTH PLAN INC (25) Ρ 5,436,372 CAMP BOWIE SERVICE CENTER (26) L 5,903,329 CAMP BOWIE SERVICE CENTER (27) 0 539,006 CAMP BOWIE SERVICE CENTER (28) Ρ 337,521 (29) LOKAHI ASSURANCE INC Κ 1,930,800 (30) LOKAHI ASSURANCE INC Ρ 3,879,192 (31) KAISER PERMANENTE INSURANCE COMPANY Κ 669,995 (32) KAISER PERMANENTE INSURANCE COMPANY 0 21,142,247 KAISER PERMANENTE INSURANCE COMPANY (33) 5,346,654

Additional Data

Software ID: Software Version:

EIN: 84-0591617

Name: KAISER FDN HEALTH PLAN OF COLORADO

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

		Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
а	MEMBERS HEALTH DUE	621,400	1,535,417,755	1,535,417,755		
ь	SUPPL CHARGE/PHARM	621,400	127,050,464	126,883,752	166,712	
C	NON-PLAN & INDUSTRIAL	621,400	9,153,419	9,153,346	73	
d	OTHER PROGRAM SERV	621,400	15,366,434	15,366,434		
e	MEDICARE	621,400	584,447,696	584,447,696		