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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
KAISER FDN HEALTH PLAN OF COLORADO

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
ONE KAISER PLAZA SUITE 15L

City or town, state or country, and ZIP + 4
OAKLAND, CA 94612

D Employer identification number
84-0591617

E Telephone number
(510) 271-6611

G Gross receipts $ 2,913,637,952

F Name and address of principal officer
DONNA LYNNE
ONE KAISER PLAZA SUITE 15L
OAKLAND, CA 94612

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1969 | **M** State of legal domicile CO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE HIGH-QUALITY, AFFORDABLE HEALTH CARE SERVICES TO IMPROVE THE HEALTH OF OUR MEMBERS AND THE COMMUNITIES WE SERVE

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	12
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	6,719
6	Total number of volunteers (estimate if necessary)	**6**	205
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	365,987
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	8,613,103	10,958,451
	9 Program service revenue (Part VIII, line 2g)	2,340,697,699	2,587,673,738
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	23,626,739	25,028,919
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,006,809	63,216
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,374,944,350	2,623,724,324
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,931,728	25,243,925
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	497,574,814	558,866,327
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,842,178,667	1,995,063,535
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,342,685,209	2,579,173,787
	19 Revenue less expenses Subtract line 18 from line 12	32,259,141	44,550,537

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	1,179,048,200	1,271,183,688
	21 Total liabilities (Part X, line 26)	600,446,234	696,328,840
	22 Net assets or fund balances Subtract line 21 from line 20	578,601,966	574,854,848

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2011-10-31

KATHRYN LANCASTER EXEC VP & CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
Firm's name ▶ KPMG LLP				Firm's EIN ▶
Firm's address ▶ 55 SECOND STREET SAN FRANCISCO, CA 94105				Phone no ▶ (415) 963-5100

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 2,323,583,595 including grants of $ 18,609,694) (Revenue $ 2,568,876,272)

member health care services and medical training for care improvement Kaiser Foundation Health Plan of Colorado (KFHP of Colorado) provides medical and surgical care, including urgent care services, extended care and home health care, for its members without regards to age, sex, race, religion or national origin or the ability to pay KFHP of Colorado educates and trains medical students and other health care professionals and promotes scientific and nursing education in order to improve care Additional information about Colorado Health Plan's charitable activities can be found in Schedule O, Community Benefit Report

4b (Code) (Expenses $ 28,424,149 including grants of $ 0) (Revenue $ 1,337,328)

Charitable Care (Medical Financial Assistance and Charitable Coverage) Health Plan provides charity care to low-income vulnerable patients through the Medical Financial Assistance (MFA) and Charitable Health Coverage (CHC) Programs MFA - Health Plan offers financial assistance to help families and individuals that are unable to pay for all or part of the cost of urgent or emergent care provided in Kaiser Permanente facilities In 2010, this program assisted 8,178 patients, providing 15,946 prescriptions and 13,220 outpatient office visits CHC - these programs are available to low income adults and children who are not eligible for other public or privately sponsored coverage More than 1,282 patients received comprehensive care for up to two years through this program

4c (Code) (Expenses $ 43,298,087 including grants of $ 0) (Revenue $ 17,094,151)

Medicaid and Other Government Sponsored Programs Health Plan is committed to improving the way Medicaid beneficiaries receive care, not only in our facilities, but also in the communities we serve As part of the State of Colorado Medicaid Program's Primary Care Physician Program, Colorado Health Plan provides primary and specialty care to Medicaid beneficiaries In 2010 the Colorado Health Plan provided care and services to 8,825 beneficiaries Colorado Health Plan also participates in the State Child Health Insurance Program (CHP+), serving 6,105 beneficiaries in a fully capitated HMO arrangement

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**
(Expenses $ 21,556,363 including grants of $ 6,634,231) (Revenue $ 0)

4e **Total program service expenses** ▶ $ 2,416,862,194

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 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**		
25a	**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**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	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)?	**35**	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☑ **Yes** ☐ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	6,085		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	6,719			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14		
b	Enter the number of voting members included in line 1a, above, who 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?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," 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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you 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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

VP - NATIONAL TAX COMPLIANCE
ONE KAISER PLAZA 15L
OAKLAND, CA 94612
(510) 271-6385

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								1,192,286	25,180,842	2,986,642

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶768

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
COLORADO PERMANENTE MEDICAL GROUP 10350 E DAKOTA AVE DENVER, CO 80231	MEDICAL SERVICES	420,008,197
HCA HEALTHONE LLC 4567 E 9th Ave DENVER, CO 80220	MEDICAL SERVICES	93,462,367
SAINT JOSEPH HOSPITAL 1835 FRANKLIN STREET DENVER, CO 80218	MEDICAL SERVICES	272,404,842
CATHOLIC HEALTH INITIATIVES CO 360 PEAK ONE DRIVE SUITE 390 FRISCO, CO 80443	MEDICAL SERVICES	47,416,759
THE CHILDRENS HOSPITAL ASSOCIATION 13123 EAST 16TH AVENUE AURORA, CO 80045	MEDICAL SERVICES	48,750,967

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶482

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	9,429,728			
	e	Government grants (contributions)	1e	163,902			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,364,821			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		10,958,451			
Program Service Revenue			Business Code				
	2a	MEMBERS HEALTH DUES	621400	1,725,030,704	1,725,030,704		
	b	SUPPL CHARGE/PHARM	621400	140,418,762	140,418,762		
	c	NON-PLAN & INDUSTRIAL	621400	7,805,542	7,439,555	365,987	
	d	OTHER PROGRAM SERV	621400	31,814,047	31,814,047		
	e	MEDICARE	621400	682,604,683	682,604,683		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		2,587,673,738			
	3	Investment income (including dividends, interest and other similar amounts)		22,824,940			22,824,940
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			

		(i) Real	(ii) Personal				
	6a	Gross Rents	63,216					
	b	Less rental expenses						
	c	Rental income or (loss)	63,216					
	d	Net rental income or (loss)			63,216			63,216

		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	291,051,829	1,065,778				
	b	Less cost or other basis and sales expenses	289,050,728	862,900				
	c	Gain or (loss)	2,001,101	202,878				
	d	Net gain or (loss)			2,203,979			2,203,979
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a						
	b	Less direct expenses b						
	c	Net income or (loss) from fundraising events			0			
	9a	Gross income from gaming activities See Part IV, line 19 a						
	b	Less direct expenses b						
	c	Net income or (loss) from gaming activities			0			
	10a	Gross sales of inventory, less returns and allowances a						
	b	Less cost of goods sold b						
	c	Net income or (loss) from sales of inventory			0			

	Miscellaneous Revenue	Business Code				
11a						
b						
c						
d	All other revenue					
e	**Total.** Add lines 11a–11d		0			
12	**Total revenue.** See Instructions		2,623,724,324	2,587,307,751	365,987	25,092,135

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	25,243,925	25,243,925		
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	176,143		176,143	
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	383,169,311	343,754,029	39,415,282	0
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	45,686,458	45,686,458		
9 Other employee benefits	102,023,920	88,089,110	13,934,810	
10 Payroll taxes	27,810,495	27,008,229	802,266	
a Fees for services (non-employees) Management	0			
b Legal	296,927		296,927	
c Accounting	1,598,079		1,598,079	
d Lobbying	917,947		917,947	
e Professional fundraising services *See Part IV, line 17*	0			
f Investment management fees	815,263	815,263		
g Other	0			
12 Advertising and promotion	31,724,229	393,407	31,330,822	
13 Office expenses	5,478,755	4,609,836	868,919	
14 Information technology	122,245,998	110,620,303	11,625,695	
15 Royalties	0			
16 Occupancy	10,527,752	10,527,752		
17 Travel	2,437,179	2,083,840	353,339	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	667,837		667,837	
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	36,045,680	36,045,680		
23 Insurance	7,066,931	7,066,931		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a BASIC CONTRACT PAYMENTS	937,806,797	937,806,797		
b SUPPLIES	262,912,309	250,967,084	11,945,225	
c PURCHASED MED SVC - OUTSIDE	394,864,180	394,636,127	228,053	
d INTER-REGIONAL CHARGES	63,014,796	61,141,669	1,873,127	
e PURCHASED SVC - NON-MEDICAL	50,628,284	40,194,974	10,433,310	
f All other expenses	66,014,592	30,170,780	35,843,812	
25 **Total functional expenses.** Add lines 1 through 24f	2,579,173,787	2,416,862,194	162,311,593	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		8,311,355	1	23,591,535
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		56,742,076	4	67,595,528
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		21,593,276	8	23,924,527
	9	Prepaid expenses and deferred charges		5,612,749	9	3,189,515
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 666,150,477			
	b	Less accumulated depreciation	10b 339,925,925	322,928,409	10c	326,224,552
	11	Investments—publicly traded securities		649,079,202	11	703,807,021
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		114,781,133	15	122,851,010
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,179,048,200	16	1,271,183,688
Liabilities	17	Accounts payable and accrued expenses		172,114,818	17	197,591,391
	18	Grants payable			18	
	19	Deferred revenue		25,099,531	19	31,416,374
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		403,231,885	25	467,321,075
	26	**Total liabilities.** Add lines 17 through 25		600,446,234	26	696,328,840
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		3,110	30	2,510
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds		578,598,856	32	574,852,338
	33	Total net assets or fund balances		578,601,966	33	574,854,848
	34	Total liabilities and net assets/fund balances		1,179,048,200	34	1,271,183,688

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	2,623,724,324
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,579,173,787
3	Revenue less expenses Subtract line 2 from line 1	3	44,550,537
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	578,601,966
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-48,297,655
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	574,854,848

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separated basis			
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	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
KAISER FDN HEALTH PLAN OF COLORADO

Employer identification number
84-0591617

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ 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)

f 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 ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	7,410,249	11,527,857	9,807,549	8,613,103	10,958,451	48,317,209
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,934,216,148	2,160,542,030	2,271,435,768	2,340,697,699	2,587,673,738	11,294,565,383
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 through 5	1,941,626,397	2,172,069,887	2,281,243,317	2,349,310,802	2,598,632,189	11,342,882,592
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						11,342,882,592

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	1,941,626,397	2,172,069,887	2,281,243,317	2,349,310,802	2,598,632,189	11,342,882,592
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,326,803	9,408,477	29,515,635	26,091,143	22,888,156	96,230,214
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	8,326,803	9,408,477	29,515,635	26,091,143	22,888,156	96,230,214
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)	1,949,953,200	2,181,478,364	2,310,758,952	2,375,401,945	2,621,520,345	11,439,112,806

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	99 159 %
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	99 240 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17	0 841 %
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	0 760 %

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		226,981
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		113,490
i	Other activities? If "Yes," describe in Part IV	Yes		577,476
j	Total lines 1c through 1i			917,947
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?			

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

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

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

1	Dues, assessments and similar amounts from members	1	
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).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i
Also, complete this part for any additional information

Identifier	Return Reference	Explanation
LOBBYING ACTIVITY BY NONELECTING PUBLIC CHARITIES	SCHEDULE C, PART II-B, LINE 1A THROUGH 1I	The Organization is a member of the Kaiser Permanente Medical Care Program and participated and benefited from lobbying activities conducted at the regional and national level for the benefit of its enrolled members and for the health care industry as a whole As an organization generally exempt from income tax under Internal Revenue Code Section 501(c)(3), Health Plan has a policy prohibiting internal involvement in any political campaigns This policy is closely monitored for compliance During the year this Organization may have made comments or statements concerning legislation which may affect the health care industry Health Plan may have engaged in telephone conversations and/or written letters to various federal, state, and local officials regarding matters which affected the healthcare industry as a whole The amount of time and money involved in the activities is detailed on lines a through i Health Plan has several employees and/or may retain a professional consultant to represent Health Plan's interests in various legislative and regulatory bodies and from time-to-time to keep informed of Federal and State legislation having an impact on Health Plan's charitable activities as an exempt Health Maintenance Organization These individuals attempt to ensure that proposed legislation and enacted laws are compatible with the Interest of Health Plan and its members by performing the following activities - Collecting, analyzing and distributing within the Organization, public and private policy recommendations regarding proposed legislation that affect the operation of Health Plan and its ability to provide quality health and medical care services to its members in a cost effective environment - Providing appropriate informational materials to legislators and to their staffs that pertain to matters of common interest in the health care community and in the not-for-profit community - Also by preparing written and oral testimony, these individuals appear at legislative hearings, monitor legislative proceedings and meet with legislators and/or their staffs regarding issues pertinent to the mission of Health Plan Those individuals appearing at such hearings and meetings for and on behalf of Health Plan often are representing the interests of common interest groups as well as the interests of the members of Health Plan - Other employees and officers perform services by delivering speeches at various public and private functions and in serving as faculty in healthcare related educational programs throughout the community

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
KAISER FDN HEALTH PLAN OF COLORADO

Employer identification number
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
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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

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

1a 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

b 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, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

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)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		39,087,562		39,087,562
b Buildings		388,075,030	180,591,876	207,483,154
c Leasehold improvements		20,705,243	9,172,244	11,532,999
d Equipment		178,186,321	128,601,581	49,584,740
e Other		40,096,321	21,560,224	18,536,097
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				326,224,552

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(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, line 15.

(a) Description	(b) Book value
(1) DUE FROM KAISER FDN HOSPITALS	119,714,059
(2) OTHER LONG TERM ASSETS	3,136,951
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	122,851,010

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
RESERVE FOR WORKERS COMP RISKS	5,222,146
POST RETIREMENT LIABILITIES	451,303,913
OTHER LIABILITIES	10,795,016
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	467,321,075

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,623,724,324
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,579,173,787
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	44,550,537
4	Net unrealized gains (losses) on investments	4	-93,459
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-48,204,194
9	Total adjustments (net) Add lines 4 - 8	9	-48,297,653
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-3,747,116

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	2,619,540,487
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-93,459		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-2,862,472		
e	Add lines **2a** through **2d**			2e	-2,955,931
3	Subtract line **2e** from line **1**			3	2,622,496,418
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	1,227,906		
c	Add lines **4a** and **4b**			4c	1,227,906
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	2,623,724,324

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	2,623,287,003
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	51,899,562		
e	Add lines **2a** through **2d**			2e	51,899,562
3	Subtract line **2e** from line **1**			3	2,571,387,441
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	7,786,346		
c	Add lines **4a** and **4b**			4c	7,786,346
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	2,579,173,787

Part XIV 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 IV, 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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Schedule D, Part X, LINE 2	FIN 48 Footnote	Not required
Schedule D, Part XI, Line 8	Reconciliation of Change in Net Assets	LINE 8 DECREASE IN OTHER COMPREHENSIVE INCOME <$47,988,046> GAIN/LOSS ON INVESTMENTS - TAX < 2,001,101> GAIN/LOSS ON INVESTMENTS - BOOK 3,107,565 CHANGE IN CAPITAL STOCK < 600> SEE "NOTE 1" < 1,322,012> _____ TOTAL <$48,204,194> NOTE 1 OTHER THAN TEMPORARY IMPAIRMENT (OTTI) OF INVESTMENT RECOGNIZED FOR FINANCIAL STATEMENT PURPOSES, WHICH WILL BE TAX REPORTED WHEN REALIZED
Schedule D, Part XII	Reconciliation of Revenue	LINE 2D BAD DEBT EXPENSES - RECLASS <$7,786,346> GAIN/LOSS ON INVESTMENTS - BOOK 3,107,565 INTER-ENTITY REVENUE - RECLASS 3,953,584 INVESTMENT MANAGEMENT FEES < 815,263> OTTI < 1,322,012> _____ TOTAL <$2,862,472> LINE4B FIXED ASSETS LOSS - RECLASS <$ 773,195> GAIN/LOSS ON INVESTMENTS - TAX 2,001,101 _____ TOTAL $1,227,906
Schedule D, Part XIII	Reconciliation of Expenses	LINE 2D FIXED ASSET LOSS - RECLASS $ 773,195 INTER-ENTITY REVENUE - RECLASS 3,953,584 INVESTMENT MANAGEMENT FEES < 815,263> DECREASE IN OTHER COMPREHENSIVE INCOME 47,988,046 _____ TOTAL $51,899,562 LINE 4D BAD DEBT EXPENSES - RECLASS $ 7,786,346 _____ TOTAL $ 7,786,346

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
KAISER FDN HEALTH PLAN OF COLORADO

Employer identification number
84-0591617

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 39

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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) Amount of cash grant	(d) Amount 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.

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANTS	SCHEDULE I, PART I, LINE 2	At the end of their funding cycle, grantees are required to submit a final report which delineates accomplishments related to stated objectives Larger grants (typically over $100K) may require quarterly progress reports

Additional Data Return to Form

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Diabetes Association Inc2480 W 26th Ave 120-B Denver,CO 80211	13-1623888	501(c)(3)	39,425				EMPLOYEE SPONSORED\Matching Gift, Family Link Prog
American Heart Association Inc1280 S Parker Road Denver,CO 80231	13-5613797	501(c)(3)	30,275				EMPLOYEE SPONSORED\Matching Gift, grant for CPR an
American Lung Association of the SW Inc5600 Greenwood Plaza Blvd Suite 100 Greenwood Village,CO 80111	86-0111676	501(c)(3)	34,481				Not On Tobacco (N-O-T) Program Project Support, ge
Big Brothers Big Sisters of Colorado Inc2420 W 26th Ave 450-D Denver,CO 80211	23-7161796	501(c)(3)	11,000				Youth Mentoring Military Programs, Aurora Public S
Bright Beginnings2505 18th St Suite 100 Denver,CO 80211	84-1382420	501(c)(3)	15,000				New Statewide Database and Evaluation Process to T
Catholic Health Initiatives CO Foundation1008 Minnequa Ave Pueblo,CO 81004	84-0902211	501(c)(3)	25,000				Drug Subsidy Program
Christian Healing Network 2125 E LaSalle St CO Springs,CO 80909	68-0506812	501(c)(3)	6,000				Volunteer Recognition Dinner & Celebration Project
City of Colorado Springs 1401 Recreation Way CO Springs,CO 80905	84-6000573	Government	13,125				Donation Deerfield Hills Community Center's 2010 f
ClinicNET Inc3033 S Parker Rd 606 Aurora,CO 80014	20-8702005	501(c)(3)	9,050				Contributing Affiliate Project, 2010-2011 Institut
CO Academy of Family Physicians Fdn2224 S Fraser St 1 Aurora,CO 80014	84-1150631	501(c)(3)	10,000				Tar Wars Program Project Support
Colorado Department of Transportation4201 E Arkansas Ave Denver,CO 80222	84-0644739	Government	50,000				Bicycle and Pedestrian Unit Project Support
CO Fdn for Public Health and Environ9457 S Univ Blvd Suite 513 Highlands Ranch,CO 80126	84-1267213	501(c)(3)	15,000				The Colorado Prevention Council Project Support

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Colorado Legacy Foundation 1660 Lincoln 1680 Denver, CO 80264	26-1597530	501(c)(3)	20,000				Nov 2010 Healthy Kids Learn Better Health and Well
Colorado Medical Society Foundation501 S Cherry St 1100 Denver, CO 80246	84-1390157	501(c)(3)	25,000				Study on Hospital Palliative Care Programs and Med
Colorado Nonprofit Association455 Sherman St Suite 207 Denver, CO 80203	84-0942908	501(c)(3)	5,800				Annual Conference - 2010 Conference Support, Color
Colorado Rural Health Center3033 S Parker Road 606 Aurora, CO 80014	84-1192031	501(c)(3)	11,000				2010 Annual Rural Health Clinics Forum & Associati
Colorado Seminary2199 S University Blvd Denver, CO 80208	84-0404231	501(c)(3)	20,000				Fiscal Reform Project (2010-2011) Project Support
Colorado Succeeds1201 E Colfax Ave 201 Denver, CO 80218	75-3221270	501(c)(3)	25,000				Sponsorship of McKinsey & Co Review of Colorado's
Dental Aid Inc877 S Boulder Rd Boulder, CO 80302	84-0717588	501(c)(3)	25,000				Bright Smiles for Bright Futures Program Project S
Denver Foundation55 Madison St 8th Floor Denver, CO 80206	84-6048381	501(c)(3)	4,000,000				Donor Advised Funds Other
Metro Community Provider Network Inc3701 S Broadway St Englewood, CO 80113	74-2477108	501(c)(3)	50,000				Meaningful Use' IT Enhancement Project Support
Metro Volunteers444 Sherman St 100 Denver, CO 80203	84-0782124	501(c)(3)	10,000				Give 10 2010 Campaign -- KP Matching Funds General
Northwest Regional Primary Care Assoc600 Grant St Suite 800 Denver, CO 80203	91-1252785	501(c)(3)	7,500				Fall 2010 Primacy Care Conference - Denver, Oct 2
Open Bible Baptist Church 824 S Union Blvd Colorado Springs, CO 80910	84-1345520	501(c)(3)	11,000				General Operating Support/Donation

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) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rebuilding Together Metro Denver Inc4100 E Mississippi Ave710 Denver, CO 80246	84-1514642	501(c)(3)	15,000				Rebuilding Day 2010 Project Support
Regents of the University of Colorado13120 E 19th Ave MS-F433 Aurora, CO 80045	84-6000555	501(c)(3)	6,000				Sponsorship of Sept 2010 0-12 Oral Health Conferen
Regis Univ Payroll Main Hall Nursing Sch3333 Regist Blvd MCG-4 Denver, CO 80221	84-0402707	501(c)(3)	5,600				Summer externship for Nursing Students
Sangre de Cristo Arts & Conference Ctr210 N Santa Fe Ave Pueblo, CO 81003	84-0624551	501(c)(3)	18,000				Health Performance Proposal Project Support
Second Wind Fund Inc 13701 W Jewell Ave Lakewood, CO 80228	73-1701536	501(c)(3)	19,500				Teen Suicide Prevention - SWF Colorado Affiliate S
Seniors' Resource Center 3227 Chase St Denver, CO 80212	84-0877538	501(c)(3)	10,000				Coordinated Care Management Program Project Suppor
State of Colorado200 E Colfax Ave Room 136 Denver, CO 80203	84-0644739	Government	10,000				Governor Ritter's 30 Day Degree Campaign Project S
The Children's Hospital Association13123 E 16th Ave 060 Aurora, CO 80045	84-0166760	501(c)(3)	20,000				CO Safe Routes to School State Network Project - S
The Community Foundation 1123 Spruce St Boulder, CO 80302	84-1171836	501(c)(3)	24,500				2010 W I N Lunches Series Event Support\Luncheon,
University of Colorado Foundation1380 Lawrence St 1325 Denver, CO 80204	84-6049811	501(c)(3)	46,000				CU Aging Center General Operating Support, Faculty
Volunteers of America Inc 2660 Larimer St Denver, CO 80205	84-0430995	501(c)(3)	5,500				Dinner for Those Who Hunger, MLK Day Event Support
Kaiser Foundation Hospitals One Kaiser Plaza Oakland, CA 94612	94-1105628	501(c)(3)	20,299,319				Capital project

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)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Metropolitan State College of Denver FdnPO Box 173362 Denver, CO 80217	84-0576459	501(c)(3)	17,922				Scholarship
Regents of the University of Colorado4740 Walnut St Boulder, CO 80301	84-6049811	501(c)(3)	10,600				Scholarship
University of Northern Colorado1620 Reservoir Rd Greely, CO 80634	84-6044833	501(c)(3)	7,800				Scholarship

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
KAISER FDN HEALTH PLAN OF COLORADO

Employer identification number
84-0591617

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported 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 W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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

Identifier	Return Reference	Explanation
SCHEDULE J, PART I, LINE 3	Top Management Officials' Compensation	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
SCHEDULE J, PART I, LINE 4A	SEVERANCE PAYMENTS	JEREL MCELROY $263,504 CHRISTINE MALCOLM $568,515 Listed persons participated in arrangements entitling them to severance benefits in the event of termination by the organization without cause or due to job elimination Depending on position level, tenure, and termination reason, severance benefits payable under these arrangements provide for pay and health benefits continuation plus payment of accrued obligations In addition, for some of the listed persons, severance benefits payable include prorated incentive awards for performance periods not yet ended None of the listed persons participated in arrangements entitling them to change-of-control payments
SCHEDULE J, PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	GEORGE HALVORSON 1,237,500 KATHRYN LANCASTER 368 THOMAS MEIER 609 DEBORAH STOKES 40,338 STEVEN ZATKIN 5,463 MARK ZEMELMAN 218,741 DANIEL GARCIA 151,518 Some of the listed persons participated in nonqualified supplemental retirement plans Under these plans, the organization makes annual contributions to accounts held in the name of individual participants Contributions vary by position level and pay, and vest over time based on age and/or service Participant accounts are credited with actual investment returns from up to four mutual funds and/or with a fixed rate of interest or a combination thereof Unvested amounts are subject to risk of forfeiture
SCHEDULE J, PART I, LINE 7		The organization provided non-fixed payments to some of the persons listed Payments were made under incentive plans, based on attainment of organizational performance goals and individual performance, designed to support the organization's mission to provide high-quality, affordable care and improve the health of its members and the communities it serves

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 84-0591617
Name: KAISER FDN HEALTH PLAN OF COLORADO

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-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Jean Barker	(I)	193,777	159,797	9,432	47,557	13,343	423,906	0
	(II)	0	0	0	0	0	0	0
Mitchell Cohen	(I)	0	0	0	0	0	0	0
	(II)	197,986	88,712	3,500	31,396	13,068	334,662	0
Daniel Garcia	(I)	0	0	0	0	0	0	0
	(II)	517,930	585,000	177,308	62,481	11,306	1,354,025	151,518
JENNIFER GARDNER	(I)	0	0	0	0	0	0	0
	(II)	95,718	6,040	1,489	41,870	13,068	158,185	0
Michael Gaultney	(I)	72,905	261,722	6,000	18,997	13,511	373,135	0
	(II)	0	0	0	0	0	0	0
George Halvorson	(I)	0	0	0	0	0	0	0
	(II)	1,177,487	5,155,125	1,334,723	62,481	13,611	7,743,427	0
Kerry Kohnen	(I)	0	0	0	0	0	0	0
	(II)	262,317	146,484	16,533	86,913	13,511	525,758	0
Kathryn Lancaster	(I)	0	0	0	0	0	0	0
	(II)	615,090	919,900	23,086	283,406	13,068	1,854,550	0
Donna Lynne	(I)	0	0	0	0	0	0	0
	(II)	393,534	404,384	22,740	169,239	13,511	1,003,408	0
Richard Lyon	(I)	0	0	0	0	0	0	0
	(II)	213,198	94,746	15,004	53,847	13,511	390,306	0
Christine Malcolm	(I)	0	0	0	0	0	0	0
	(II)	0	0	568,721	0	12,021	580,742	0
Anne McDow	(I)	0	0	0	0	0	0	0
	(II)	214,011	113,330	34,404	70,459	13,511	445,715	0
Jerel McElroy	(I)	54,156	20,416	287,813	77,846	6,922	447,153	0
	(II)	0	0	0	0	0	0	0
Virginia McLain	(I)	0	0	0	0	0	0	0
	(II)	194,171	93,787	33,626	83,770	13,511	418,865	0
Thomas Meier	(I)	0	0	0	0	0	0	0
	(II)	316,076	297,094	34,615	94,371	13,068	755,224	0
James Newsome	(I)	0	0	0	0	0	0	0
	(II)	225,237	122,366	17,947	71,209	14,018	450,777	0
Donald Orndoff	(I)	0	0	0	0	0	0	0
	(II)	333,479		174,579	57,212	13,720	578,990	0
Elizabeth Reimann	(I)	102,760	17,677	5,831	36,364	13,511	176,143	0
	(II)	0	0	0	0	0	0	0
ROCHELLE ROTH	(I)	0	0	0	0	0	0	0
	(II)	156,416	23,838	2,385	38,895	12,680	234,214	0
Arthur Southam	(I)	0	0	0	0	0	0	0
	(II)	735,252	1,241,861	43,186	342,622	11,306	2,374,227	0
Deborah Stokes	(I)	0	0	0	0	0	0	0
	(II)	313,713	249,552	59,377	110,792	13,068	746,502	40,338
Leonid Tokar	(I)	0	0	0	0	0	0	0
	(II)	95,165	148,626	23,972	17,285	7,005	292,053	0
Bernard Tyson	(I)	0	0	0	0	0	0	0
	(II)	737,887	1,180,500	24,127	346,893	13,068	2,302,475	0
Nancy Wollen	(I)	0	0	0	0	0	0	0
	(II)	223,425	93,389	16,563	70,000	13,511	416,888	0
Steven Zatkin	(I)	0	0	0	0	0	0	0
	(II)	283,028	932,500	31,725	86,239	11,477	1,344,969	0
Victoria Zatkin	(I)	0	0	0	0	0	0	0
	(II)	196,570	80,174	34,625	81,763	1,884	395,016	0
Mark Zemelman	(I)	0	0	0	0	0	0	0
	(II)	342,852	224,105	239,242	137,956	12,680	956,835	57,187
CHRISTINE CASSEL	(I)	0	0	0	0	0	0	0
	(II)	172,625	0	0	0	0	172,625	0
THOMAS CHAPMAN	(I)	0	0	0	0	0	0	0
	(II)	185,427	0	0	59,810	0	245,237	0
WILLIAM GRABER	(I)	0	0	0	0	0	0	0
	(II)	232,123	0	0	0	0	232,123	0
J EUGENE GRIGSBY III	(I)	0	0	0	0	0	0	0
	(II)	193,743	0	0	0	0	193,743	0
JUDITH JOHANSEN	(I)	0	0	0	0	0	0	0
	(II)	184,560	0	0	0	0	184,560	0
PHILIP MARINEAU	(I)	0	0	0	0	0	0	0
	(II)	193,623	0	0	0	0	193,623	0
JENNY MING	(I)	0	0	0	0	0	0	0
	(II)	182,748	0	0	0	0	182,748	0
EDWARD PEI	(I)	0	0	0	0	0	0	0
	(II)	168,250	0	0	16,500	0	184,750	0
J NEAL PURCELL	(I)	0	0	0	0	0	0	0
	(II)	219,738	0	0	0	0	219,738	0
CYNTHIA TELLES	(I)	0	0	0	0	0	0	0
	(II)	182,647	0	0	0	0	182,647	0
SANDRA THOMPKINS	(I)	0	0	0	0	0	0	0
	(II)	166,951	0	0	0	0	166,951	0

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
KAISER FDN HEALTH PLAN OF COLORADO

Employer identification number
84-0591617

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Mark Malcolm	KFHP Inc employee	96,476	Compensation		No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
KAISER FDN HEALTH PLAN OF COLORADO

Employer identification number
84-0591617

Identifier	Return Reference	Explanation
Form 990, Part I, Line 7b	Net Unrelated Business Taxable Income from Form 990-T, Line 34	TOTAL UBI (FORM 990-T, LINE 30) $101,924 NET OPERATING LOSS (NOL) APPLIED <$101,924> _____ UBTI WITH NOL (FORM 990-T, LINE 34) NONE

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 2	Family Affiliations	NAME steven r zatkin FAMILY MEMBER AFFILIATION Spouse officer of Kaiser Foundation Health Plan Inc (kfhp inc), Kaiser Foundation Hospitals (kfh) and subsidiaries NAME victoria zatkin FAMILY MEMBER AFFILIATION Spouse senior vp, general counsel and officer of kfh, kfhp inc and regional health plans

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 4	Changes to governing documents	On June 24, 2010, Article E, Officers, of the Bylaws of the Corporation was amended to provide for the title of Ambulatory Surgery Center Administration (Section E-1) and to add a new Section E-11 to provide for the appointment of an Ambulatory Surgery Center ("ASC") Administrator at each ASC operated by the Corporation and to set forth the authority and responsibilities of an ASC Administrator On March 3, 2011, Article E, Officers, of the Bylaws of the Corporation was amended to (a) provide that the officers of the Corporation may include one or more Group Presidents (Section E-1, Officers), (b) add a new Section E-8, Group President and/or Regional President, to describe the duties and responsibilities of those positions, (c) provide that the President shall be the Chief Operating Officer of the Corporation (Section E-7, President), (d) provide clarification regarding leadership in the event of the absence or disability of the President (Section E-9, Executive or National Senior Vice President), and (e) change the reference to "the President" in Sections E-3, E-4 and E-11 to "any President"

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 6	Members or Stockholders	KAISER FOUNDATION HEALTH PLAN, INC IS SOLE MEMBER Upon dissolution, remaining assets shall be distributed to a 501(c)(3) organization

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 7a	Elect members of the governing body	Kaiser Foundation Health Plan, Inc (KFHP) appoints the Directors (and fills vacancies and has authority to remove Directors) The same 14 individuals who comprise the Board of Directors of KFHP also serve as the 14 Directors of KFHP Colorado, Ohio, Northwest and Mid-Atlantic States

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 7b	Member's approval	The following actions of the corporation require approval of the sole member a removal of the Chairman of the Board or the Regional President, b amendment of Article D, Section D-4 of the Bylaws - Election and Term of Office of Directors

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 11b	Review process	1 Key information necessary for the preparation of the tax return is obtained and/or confirmed with internal sources including regional finance, executive compensation, community benefits, treasury, government relations, and legal 2 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 reviewed and signed by a KPMG tax advisor 5 The complete tax return is reviewed and signed by an officer or a member of management designated by an 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

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Compliance enforcement	Regularly and Consistently Monitors Compliance with the Conflicts of Interest Policy Kaiser Permanente regularly monitors compliance with the Conflicts of Interest Policy in 3 key ways 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 Retaliation is prohibited Reports of actual or potential Conflicts of Interest are generated and investigations are conducted as required and information is tracked and trended to determine if additional guidance is required to avoid or manage conflicts of interest Compliance Hotline Reports are provided for review and action to the Kaiser Foundation Health Plan/ Hospitals Boards of Directors annually 2 Chief Compliance Officer and the SVP 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 process completed by Directors, Officers, Key Employees, and Executives, and actions taken as a result of the disclosures The results of the annual audit, including any findings in this area are presented to the Kaiser Foundation Health Plan/ Hospitals Audit and Compliance Committee Regularly and Consistently Enforces Compliance with the Conflicts of Interest Policy To ensure consistency in the enforcement of the policy Kaiser Permanente uses the following steps as a general guideline A Represented employees are subject to any corrective/disciplinary action provisions described in specific regional/national collective bargaining agreements and/or organizational policies and practices B Kaiser Permanente informs employees of the National Human Resources Policy No 14 Corrective/Disciplinary Action Policy during new employee orientation and in annual compliance training C In the event that it is necessary to discipline any employee because of, but not limited to, failure to comply with applicable legal/regulatory requirements, Kaiser Permanente policies and procedures, or the Principles of Responsibility, or for unsatisfactory performance or misconduct, coaching/counseling and/or corrective/disciplinary action may include, but is not limited to - Oral discussion and/or warning by the employee's immediate supervisor or higher level manager to correct the problem - Written notice, with or without final warning - Paid or unpaid suspension, with or without final warning - Termination of employment

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 15a/b	Compensation determination	The executive compensation program is designed to recruit, retain and motivate qualified senior management personnel Senior management personnel have a significant impact on the strategic and policy direction and results of the organization Therefore, the executive compensation program is, to a significant degree, performance-based The compensation program is reviewed annually by the Compensation Committee of the Board of Directors 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
Form 990, Part VI, Line 19	Public inspection	Governing documents - are available as provided to state Dept of Insurance and maintained on state agency website or upon request Conflict of Interest is available on KP website under vendor Principles of 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 and is available upon request To request copies contact Vice President - National Tax Compliance Kaiser Foundation Health Plan and Hospitals One Kaiser Plaza, Ste 15L Oakland, CA 94612

Identifier	Return Reference	Explanation
Form 990, Part VII, Section A, Column B	Hours for related organization	Individuals who are both officers and members of Boards of Directors work full time as employees as well as fulfill their board assignment All officers work full time in their employee capacity Full time work may require in excess of the traditional 40 hour week Given the integrated nature of our organization, employees may provide support for various Kaiser Permanente companies The average hours per week reported for the filing organization and related organizations was estimated

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 5	Other changes in net assets or fund balances	Change in Capital Stock <$ 600> Change in Unrealized Gain (Loss) < 93,459> Change in Other Comprehensive Inc < 47,988,046> Gain/Loss on Investments - Tax < 2,001,101> Gain/Loss on Investments - Book 3,107,565 OTTI Loss < 1,322,014> _____ Total Other Changes in Net Assets <$ 48,297,655>

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4a-d	Exempt purpose achievements - Program services	2010 COMMUNITY BENEFIT REPORT KAISER FOUNDATION HEALTH PLAN OF COLORADO Kaiser Foundation Health Plan of Colorado or "Colorado Health Plan" is a tax-exempt subsidiary health plan of Kaiser Foundation Health Plan, Inc (KFHP) Colorado Health Plan, as well as Kaiser Foundation Hospitals (KFH) are nonprofit corporations that are part of the integrated health care delivery system known as the Kaiser Permanente Medical Care Program or "Kaiser Permanente " In 2010, Colorado Health Plan served 526,258 members and has more than 5,253 full-time administrative, clerical and technical employees Colorado Health Plan provides and arranges comprehensive health care services for members on a predominantly prepaid basis and fulfills its contractual obligations to group and individual members by contracting with KFH, and a Permanente Medical Group to provide the required health care services Membership in KFHP and its health plan subsidiaries is available without regard to sex, race, religion, ethnic background, sexual orientation, occupational status, or income level Health Plan members are broadly representative of the various ages, social, and income groups within the areas served Once enrolled, a member is free to maintain membership regardless of age, health status, or employment KAISER PERMANENTE'S COMMITMENT TO THE COMMUNITY Kaiser Permanente believes its Direct Community Benefit Investment (DCBI), is fundamental to being a nonprofit organization It embodies the organization's commitment to improve the health of communities beyond services to Health Plan members It is more than traditional corporate citizenship or corporate philanthropy It is an intentional, planned, budgeted, measurable, accountable creation for better health in our communities It is done in collaboration with, not in isolation from, the community DCBI serves to fulfill Kaiser Permanente's social purpose, justify its tax-exempt status, and differentiate it from other health care organizations This tradition of community benefit dates from the earliest days of the Program, when charitable care to non-employees, and later, nonmembers, was initiated That heritage has continued through the years in Kaiser Permanente's early participation in publicly financed programs such as Medicaid and Medicare, establishment of residency training and medical research programs, and later, in the development of the Educational Theatre Programs, Safety Net Partnerships, Community Health Initiatives and the Charitable Health Coverage Program In 2007, the KFHP/H Board of Directors refined the focus of the organization's Community Benefit Program and established the following four priority areas which have come to be known as "streams of work" - Care and Coverage for Low-Income People - Creates and supports programs that lower the financial barriers for the under- and uninsured - Community Health Initiatives - Designs, delivers, and sustains long-term programs that engage communities in work to improve conditions in their neighborhoods - Safety Net Partnerships - Builds partnerships with community clinics, local health departments, and public hospitals Provides funding, technical assistance, dissemination of care management and quality improvements technology to help improve care and expand treatment capacity for vulnerable populations - Developing and Disseminating Knowledge - Improves health care by sharing our knowledge- educating practitioners, advancing research, empowering consumers and informing policymakers about the evidence base for care and health The Board elaborated that at least 75% of total community benefit funding will be directed to program priorities within the four streams of work and the remaining 25% of funding will be directed by local regions to respond to local community benefit needs and opportunities that may or may not be within the four priority areas THE COMMUNITY BENEFIT PROGRAM IN THE COLORADO REGION In 2010, Kaiser Permanente spent approximately $1 8 billion or approximately 4 1% of revenue to support the Community Benefit Program The Colorado Health Plan expended $88 3 million to support community benefit activities A breakdown of the 2010 Community Benefit dollars attributable to the Health Plan in Colorado is included in Attachment A The following identifies 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 PEOPLE 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 charity 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 preventable or easily treated in earlier stages In 2010, the Colorado Health Plan expended $54 6 million to address the financing and delivery of health care for populations vulnerable due to socio-economic status, illness, ethnicity, age, or other factors Program beneficiaries (under- and uninsured) received free or discounted care in a KP facility or by a KP provider 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 2010, the Colorado Health Plan Region spent approximately $27 1 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 2010, 8,178 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 program or private group health care coverage Based on income, the plan subsidizes up to 95% of their premium Referrals to Connections come from community partners (about 66% of slots) and from Colorado Health Plan members losing their coverage (about 33% of slots) Participation in Medicaid and Other Government-Sponsored Programs The Colorado Health Plan provided coverage and services valued at $26 2 million (in excess of reimbursement) for individuals in government-sponsored programs - Medicaid - As part of the State of Colorado Medicaid Program's Primary Care Physician Program, Colorado Health Plan provides primary and specialty care to Medicaid beneficiaries that select Kaiser Permanente as their primary care provider Beneficiaries have access to both primary and specialty care in Health Plan facilities, as well as pharmacy and durable medical equipment benefits Health Plan submits charges to the state for payment on a fee-for-service basis Additional outside services provided are billed directly to the state In 2010, Colorado Health Plan provided care and services to more than 8,825 beneficiaries - Child Health Plan Plus (CHP+) - Colorado Health Plan participates in this program, serving 6,105 beneficiaries in a fully capitated HMO arrangement CHP+ serves children under age 19 and pregnant women age 19 and over Eligibility includes proof of US citizenship or permanent residency, ineligibility for Medicaid or Medicare and lack of access to employer-sponsored insurance

Identifier	Return Reference	Explanation
		COMMUNITY HEALTH INITIATIVES As an innovator in health, Kaiser Permanente designs, delivers and sustains long-term programs that engage communities in work to improve conditions in their neighborhoods, workplaces, and schools to support good health, particularly Healthy Eating, Active Living (HEAL) The Colorado Health Plan spent $908,950 on community health initiatives during 2010 Community Health Education and Prevention Programs The Colorado Health Plan provides a variety of health education classes, events and programs for the general public The health education department staffed booths at local health fairs, conducted smoking cessation, weight loss, parenting classes, and hosted a series of seminars on health-related topics, such as diabetes, stress management, and managing chronic illness Expenditures in this category exclude program cost for health education programs targeting or restricted to Health Plan members Grants and Donations for Community Health Initiatives The Colorado Health Plan donated approximately $212,212 to 16 nonprofit organizations for a variety of community health initiatives including Healthy Eating Active Living Following is an example of the community programs and services funded in 2010 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 $5 8 million to 18 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 DEVELOPING AND DISSEMINATING KNOWLEDGE Kaiser Permanente aims to improve health care by sharing its knowledge, educating practitioners, advancing research, empowering consumers, and informing policymakers about the evidence base for care and health The Colorado Health Plan spent $24 9 million to support programs and services for the development and dissemination of knowledge and provided grants and donations to nonprofit organizations Clinical and Health Services Research In 2010, the Colorado Health Plan spent approximately $12 7 million to support Community Benefit focused clinical and health services research Many of the research studies address current health issues and improve care for common conditions where treatment often is linked to community-based efforts, and are broadly disseminated through articles and professional presentations The Kaiser Permanente Colorado Institute for Health Research (IHR) publishes and disseminates epidemiologic and health services research to improve the health and medical care of Kaiser Permanente members and the communities we serve The organization has a specific focus on conducting research that can be translated into clinical practice, health promotion, and policies to influence the health of individuals and populations Currently, the IHR's 120-plus staff is working on more than 160 epidemiological and health services research projects Now in its 16th year of operation, the IHR is responsible for many landmark findings Teams of investigators continue to collaborate on major research projects with national partners including the Centers for Disease Control and Prevention Vaccine Safety Datalink, and federally funded research networks in cardiovascular disease, cancer, and medication use and safety In addition, by working closely with clinical operations departments, the IHR contributes directly to making the Colorado Region the leader in high-quality, cost-effective care Much of the internal work of the IHR contributes to Kaiser Permanente's social mission as a non-profit health care organization The community benefit budget supports studies led by Colorado Permanente Medical Group physicians, health plan investigators or IHR staff in the Colorado Region Tumor Board and Cancer Registry Colorado Health Plan collects specific cancer patient data to be sent to the state at particular intervals after diagnosis Each patient is followed on an annual basis for the remainder of his or her life Educational Theatre Programs The Colorado Health Plan spent approximately $1 6 million in 2010 to produce the Educational Theatre Programs (ETP) in Colorado Since 1985, ETP has performed free, award-winning, health education plays for nearly one million youth in grades K-12 In 2010, ETP presented 618 performances and workshops to approximately 145,494 children and adults There are six programs in Colorado's ETP repertoire - What Would You Do? - A program that delivers key messages of self-respect and respecting others for upper elementary students - Keys to Personal Power - A social skill building workshop for elementary students - Amazing Food Detective - A program that delivers four key nutrition and activity messages for elementary students - Teens Take It On - A long term education program for high school students who are coached to advocate for change in activity or nutrition in their school The students also serve as peer educators through presenting a play to middle school students on health eating and active living - VOICES - A specialty program that uses a variety of settings for any age of audience The program uses photography and theatre to address health and wellness issues Graduate Medical Education Colorado Health Plan spent approximately $7 9 million to support the graduate medical education of 100+ residents in collaboration with the University of Colorado The program runs two tracks, from January through June, residents rotate through preventive medicine, urology, and otolaryngology From July through December, residents rotate only through urology and otolaryngology Nurse Practitioner and Other Non-Physician Training Programs Colorado Health Plan spent approximately $1 8 million in training programs for physician assistants, pharmacy residents and technicians and other non-physician health professionals During 2010, the Health Plan supported the training and education of students, interns and externs pursuing a career, or working in, the health care field including preceptorships, clinical internships nursing students and rotations with Permanente physicians for physician assistants from Red Rock Community College Several programs are described below - Nurse Precepting - Health Plan offers nurses the opportunity for preceptorship in primarily outpatient settings More than 500 community nurses participate in this program annually - Various Clinical Internships - Health Plan also offers internships in various clinical areas such as nursing, pharmacy, clinical laboratory, radiology, eye care, social work (palliative care), and surgical technology These various departments continue to establish robust relationships with colleges, universities and institutes to promote their related professions and to offer our resources as clinical intern sites for students Through the program, Health Plan donates funds, time, expertise, equipment, and a unique internship experience for students Grants and Donations for Knowledge Dissemination The Colorado Health Plan donated approximately $198,340 in charitable contributions to nonprofit organizations for the dissemination of evidence-based studies, which informed the community about health care public policy and educational opportunities for individuals seeking a career as a health care provider The following are examples of organizations supported in 2010 - The Colorado Legacy Foundation received a $20,000 conference grant to support the 2010 Healthy Kids Learn Better Health and Wellness Summit The Summit convened the Colorado Department of Education and district level policy makers in the areas of nutrition, health education, physical activity, school based health clinics, and employee wellness, to continue providing education and technical assistance in the development of district level policies and programs that promote health and wellness activities of every district in the state - The Center for Improving Value in Health Care received a $50,000 grant to support the data analysis on a study intended to demonstrate cost savings and health outcome improvements on hospital-based palliative care programs provided to Medicaid patients

Identifier	Return Reference	Explanation
		OTHER COMMUNITY BENEFITS The Colorado Health Plan spent approximately $2 million on other community benefit activities and programs beyond the national streams of work Self-Sufficiency Programs The Colorado Health Plan spent approximately $159,000 to support 26 Undergraduate Pre-Health interns in 2010 - 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 Denver 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 Other Grants and Donations Colorado Health Plan donated more than $364,404 to nonprofit organizations to address other community benefits beyond the national streams of work Regional Community Benefit Operations The Colorado Health Plan has a dedicated Community Benefit Department with 17 full time employees (and 12 actor-educators) to support regional community benefit programs and services and coordinate CB initiatives ATTACHMENT A 2010 COMMUNITY BENEFIT INVESTMENT - COLORADO REGION The following chart summarizes 2010 Community Benefit investments by the Colorado Health Plan The investments in the community reflected in the chart are unaudited REGIONAL HEALTH PLAN TOTAL CARE AND COVERAGE Charitable Care and Coverage Programs $27,086,821 Government-Sponsored Programs 26,203,937 Grants & Donations for Care & Coverage 54,500 CB Operations for Care & Coverage 1,213,010 Subtotal $54,558,268 COMMUNITY HEALTH INITIATIVES Community Health Initiatives Programs and Services $422,676 Grants & Donations for Community Health Initiatives 212,212 CB Operations for Community Health Initiatives 274,062 Subtotal $908,950 SAFETY NET PARTNERSHIPS Grants & Donations for Safety Net Partnerships $5,804,775 CB Operations for Safety Net 107,060 Subtotal $5,911,835 KNOWLEDGE DISSEMINATION Medical Research $13,401,096 Educational Theatre Program 1,586,124 Health Care Training and Education Programs 9,693,769 Grants & Donations for Knowledge Dissemination 198,340 CB Operations for Knowledge Dissemination 15,286 Subtotal $24,894,615 OTHER COMMUNITY BENEFITS Self Sufficiency Programs $159,505 Other CB Grants & Donations 364,404 CB Operations 1,450,640 Subtotal $1,974,549 TOTAL $88,248,217

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Daniel Garcia TITLE SVP, Chief Compliance Officer HOURS 48

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME George Halvorson TITLE Chairman and CEO HOURS 45

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CHRISTINE CASSEL TITLE DIRECTOR HOURS 7

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME THOMAS CHAPMAN TITLE DIRECTOR HOURS 8

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME WILLIAM GRABER TITLE DIRECTOR HOURS 7

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME J EUGENE GRIGSBY III TITLE DIRECTOR HOURS 7

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JUDITH JOHANSEN TITLE DIRECTOR HOURS 6

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME KIM J KAISER TITLE DIRECTOR HOURS 8

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME PHILIP MARINEAU TITLE DIRECTOR HOURS 6

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JENNY MING TITLE DIRECTOR HOURS 5

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME EDWARD PEI TITLE DIRECTOR HOURS 8

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME J NEAL PURCELL TITLE DIRECTOR HOURS 9

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CYNTHIA TELLES TITLE DIRECTOR HOURS 7

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME SANDRA THOMPKINS TITLE DIRECTOR HOURS 6

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Mitchell Cohen TITLE Region Liaison HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JENNIFER GARDNER TITLE Special Asst to BOD HOURS 46

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Kathryn Lancaster TITLE EVP & CFO HOURS 46

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Donna Lynne TITLE Region President - Colorado HOURS 26

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Thomas Meier TITLE SVP, Corporate Treasurer HOURS 47

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Donald Orndoff TITLE SVP, NFS HOURS 45

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Elizabeth Reimann TITLE Area Administrator HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ROCHELLE ROTH TITLE SENIOR DIRECTOR, QRM HOURS 45

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Arthur Southam TITLE EVP, Health Plan Operations HOURS 45

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Deborah Stokes TITLE SVP, CC & CAO HOURS 46

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Bernard Tyson TITLE President & COO HOURS 45

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Steven Zatkin TITLE SVP, Gen Counsel & Secretary HOURS 45

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Victoria Zatkin TITLE VP, Off of Brd & Corp Gov Svcs HOURS 46

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Mark Zemelman TITLE SVP, Gen Counsel & Secretary HOURS 46

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Kerry Kohnen TITLE SVP, Operations HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Anne McDow TITLE VP, Health Plan Admin - CO HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME James Newsome TITLE VP, CFO - CO HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Leonid Tokar TITLE VP, Marketing, Sales & Bus Dev HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Nancy Wollen TITLE VP, Operations & Quality HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Jean Barker TITLE SR SALES DIRECTOR HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Michael Gaultney TITLE SR ACCT EXECUTIVE - NEW SALES HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Richard Lyon TITLE VP, Reg Strategy Performance HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Jerel McElroy TITLE GOVERNMENT RELATIONS DIRECTOR HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Virginia McLain TITLE VP, Primary Care & Med Spec HOURS 20

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME Christine Malcolm TITLE Former SVP HOURS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493314037681

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
KAISER FDN HEALTH PLAN OF COLORADO

Employer identification number
84-0591617

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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
(1) 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 Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) HCMS LLC ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 20-3924985	HEALTH CARE	CA	NA	N/A	0	0			0			0 %

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ARCHIMEDES INC ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 20-3774729	CONSULTING	CA	NA	C CORP	0	0	0 %
(2) KAISER PERMANENTE INTERNATIONAL ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3245176	CONSULTING	CA	NA	C CORP	0	0	0 %
(3) KAISER PERMANENTE INSURANCE COMPANY ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3203402	INSURANCE	CA	NA	C CORP	0	0	0 %
(4) KAISER PROPERTIES SERVICES INC ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3259432	REAL ESTATE	CA	NA	C CORP	0	0	0 %
(5) OAK TREE ASSURANCE INC ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 03-0329760	INSURANCE	VT	NA	C CORP	0	0	0 %

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
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
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r		No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data Return to 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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
KAISER FDN HEALTH PLAN OF GEORGIA INC ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 58-1592076	HEALTH CARE	GA	501(c)(3)	9	KFHP INC		
KFHP OF THE MID-ATLANTIC STATES INC ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 52-0954463	HEALTH CARE	MD	501(c)(3)	9	KFHP INC		
KAISER FDN HEALTH PLAN OF THE NORTHWEST ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 93-0798039	HEALTH CARE	OR	501(c)(3)	9	KFHP INC		
KAISER FOUNDATION HEALTH PLAN OF OHIO ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 34-0922268	HEALTH CARE	OH	501(c)(3)	9	KFHP INC		
KAISER FOUNDATION HOSPITALS ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-1105628	HEALTH CARE	CA	501(c)(3)	3	KFHP INC		
CAMP BOWIE SERVICE CENTER ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3299123	ADMIN	CA	501(c)(3)	11	KFHP INC		
KAISER HEALTH ALTERNATIVES ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 93-0954562	HEALTH CARE	OR	501(c)(3)	11	KFHP INC		
KAISER HOSPITAL ASSET MANAGEMENT INC ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3299125	ASSET MGMT	CA	501(c)(3)	11	KF HOSPITALS		
KAISER HEALTH PLAN ASSET MANAGEMENT INC ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3299124	ASSET MGMT	CA	501(c)(3)	11	KFHP INC		
LOKAHI ASSURANCE LTD ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 91-2171891	RISK MGMT	HI	501(c)(3)	11	KFHP INC		
OHP ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 93-0480268	LEASING	WA	501(c)(3)	11	KFHP INC		
KAISER FOUNDATION HEALTH PLAN INC ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-1340523	HEALTH CARE	CA	501(c)(3)	9	NA		

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						Yes	No
1800 HARRISON ONE KAISER PLAZA SUITE 15L OAKLAND, CA94612 94-3317484	FINANCING	CA	501(c)(3)	11	KFHP INC		
KAISER HOSPITAL ASSISTANCE CORPORATION ONE KAISER PLAZA 15L OAKLAND, CA94612 31-1779500	FINANCING	CA	501(C)(3)	11	KF HOSPITALS		

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	KAISER FOUNDATION HEALTH PLAN INC	K	15,232,370	
(2)	KAISER FOUNDATION HEALTH PLAN INC	L	58,677,038	
(3)	KAISER FOUNDATION HEALTH PLAN INC	N	67,891	
(4)	KAISER FOUNDATION HEALTH PLAN INC	O	21,886,828	
(5)	KAISER FOUNDATION HEALTH PLAN INC	P	8,267,813	
(6)	KAISER FOUNDATION HEALTH PLAN INC	Q	2,833,396	
(7)	KAISER FOUNDATION HOSPITALS	D	416,934,183	
(8)	KAISER FOUNDATION HOSPITALS	L	687,807,437	
(9)	KAISER FOUNDATION HOSPITALS	N	790	
(10)	KAISER FOUNDATION HOSPITALS	O	1,099,138	
(11)	KAISER FOUNDATION HOSPITALS	P	2,037,339	
(12)	KAISER FOUNDATION HOSPITALS	Q	20,299,319	
(13)	KAISER FDN HEALTH PLAN OF GEORGIA INC	K	141,753	
(14)	KAISER FDN HEALTH PLAN OF GEORGIA INC	L	222,909	
(15)	KAISER FDN HEALTH PLAN OF GEORGIA INC	N	523,916	
(16)	KAISER FDN HEALTH PLAN OF GEORGIA INC	O	21,742	
(17)	KAISER FDN HEALTH PLAN OF GEORGIA INC	P	62,221	
(18)	KFHP OF THE MID-ATLANTIC STATES INC	K	213,028	
(19)	KFHP OF THE MID-ATLANTIC STATES INC	L	399,594	
(20)	KFHP OF THE MID-ATLANTIC STATES INC	O	25,521	
(21)	KFHP OF THE MID-ATLANTIC STATES INC	P	1,041,535	
(22)	KAISER FDN HEALTH PLAN OF THE NORTHWEST	K	242,078	
(23)	KAISER FDN HEALTH PLAN OF THE NORTHWEST	L	243,524	
(24)	KAISER FDN HEALTH PLAN OF THE NORTHWEST	O	2,296,139	
(25)	KAISER FDN HEALTH PLAN OF THE NORTHWEST	P	228,107	
(26)	KAISER FDN HEALTH PLAN OF OHIO	K	28,463	
(27)	KAISER FDN HEALTH PLAN OF OHIO	L	568,622	
(28)	KAISER FDN HEALTH PLAN OF OHIO	O	3,154	
(29)	KAISER FDN HEALTH PLAN OF OHIO	P	62,983	
(30)	CAMP BOWIE SERVICE CENTER	L	8,512,310	
(31)	CAMP BOWIE SERVICE CENTER	O	858,706	
(32)	CAMP BOWIE SERVICE CENTER	P	7,491,857	
(33)	KAISER HOSPITAL ASSET MANAGEMENT	L	159,142,069	
(34)	KAISER PERMANENTE INSURANCE COMPANY	K	1,046,369	
(35)	KAISER PERMANENTE INSURANCE COMPANY	L	3,605,749	
(36)	KAISER PERMANENTE INSURANCE COMPANY	O	19,747,176	
(37)	LOKAHI ASSURANCE LTD	L	13,703,739	
(38)	LOKAHI ASSURANCE LTD	P	7,388,322	

Additional Data

Software ID:
Software Version:
EIN: 84-0591617
Name: KAISER FDN HEALTH PLAN OF COLORADO

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Daniel Garcia SVP, Chief Compliance Officer	20	X						0	1,280,238	73,787
George Halvorson Chairman and CEO	50	X		X				0	7,667,335	76,092
CHRISTINE CASSEL DIRECTOR	5	X						0	172,625	0
THOMAS CHAPMAN DIRECTOR	10	X						0	185,427	59,810
WILLIAM GRABER DIRECTOR	10	X						0	232,123	0
J EUGENE GRIGSBY III DIRECTOR	10	X						0	193,743	0
JUDITH JOHANSEN DIRECTOR	5	X						0	184,560	0
KIM J KAISER DIRECTOR	5	X						0	122,875	0
PHILIP MARINEAU DIRECTOR	5	X						0	193,623	0
JENNY MING DIRECTOR	3	X						0	182,748	0
EDWARD PEI DIRECTOR	5	X						0	168,250	16,500
J NEAL PURCELL DIRECTOR	5	X						0	219,738	0
CYNTHIA TELLES DIRECTOR	5	X						0	182,647	0
SANDRA THOMPKINS DIRECTOR	5	X						0	166,951	0
Mitchell Cohen Region Liaison	250			X				0	290,198	44,464
JENNIFER GARDNER Special Asst to BOD	40			X				0	103,247	54,938
Kathryn Lancaster EVP & CFO	40			X				0	1,558,076	296,474
Donna Lynne Region President - Colorado	240			X				0	820,658	182,750
Thomas Meier SVP, Corporate Treasurer	30			X				0	647,785	107,439
Donald Orndoff SVP, NFS	50			X				0	508,058	70,932
Elizabeth Reimann Area Administrator	500			X				126,268	0	49,875
ROCHELLE ROTH SENIOR DIRECTOR, QRM	50			X				0	182,639	51,575
Arthur Southam EVP, Health Plan Operations	50			X				0	2,020,299	353,928
Deborah Stokes SVP, CC & CAO	40			X				0	622,642	123,860
Bernard Tyson President & COO	50			X				0	1,942,514	359,961

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(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Steven Zatkin SVP, Gen Counsel & Secretary	5 0			X				0	1,247,253	97,716
Victoria Zatkin VP, Off of Brd & Corp Gov Svcs	4 0			X				0	311,369	83,647
Mark Zemelman SVP, Gen Counsel & Secretary	4 0			X				0	806,199	150,636
Kerry Kohnen SVP, Operations	10 0				X			0	425,334	100,424
Anne McDow VP, Health Plan Admin - CO	30 0				X			0	361,745	83,970
James Newsome VP, CFO - CO	30 0				X			0	365,550	85,227
Leonid Tokar VP, Marketing, Sales & Bus Dev	30 0				X			0	267,763	24,290
Nancy Wollen VP, Operations & Quality	30 0				X			0	333,377	83,511
Jean Barker SR SALES DIRECTOR	30 0					X		363,006	0	60,900
Michael Gaultney SR ACCT EXECUTIVE - NEW SALES	30 0					X		340,627	0	32,508
Richard Lyon VP, Reg Strategy Performance	30 0					X		0	322,948	67,358
Jerel McElroy GOVERNMENT RELATIONS DIRECTOR	30 0					X		362,385	0	84,768
Virginia McLain VP, Primary Care & Med Spec	30 0					X		0	321,584	97,281
Christine Malcolm Former SVP	0 0						X	0	568,721	12,021

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 21,556,363 including grants of $ 6,634,231) (Revenue $ 0)

SCH O, COMMUNITY BENEFIT REPORT