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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 private foundations) ▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at www.irs.gov/form990	OMB No 1545-0047 2015 Open to Public Inspection
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A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015			
B Check if applicable <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COLORADO ACCESS		D Employer identification number 84-1297547
	Doing business as		E Telephone number (720) 744-5100
	Number and street (or P O box if mail is not delivered to street address) 11100 EAST BETHANY DR	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code AURORA, CO 80014		G Gross receipts \$ 319,176,749
	F Name and address of principal officer PHILIP J REED 11100 EAST BETHANY DR AURORA, CO 80014		
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ◀(insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
J Website: ▶ WWW.COACCESS.COM			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1994	M State of legal domicile CO

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities DEDICATED TO THE OPERATION OF A HEALTH PLAN DESIGNED TO IMPROVE ACCESS TO NEEDED HEALTHCARE		
	2 Check this box <input type="checkbox"/> 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	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	9
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	622,284	388,670
	9 Program service revenue (Part VIII, line 2g)	273,774,141	318,499,081
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	521,855	274,721
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	205,842	14,277
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	275,124,122	319,176,749
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	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)	33,408,381	38,273,832
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	237,901,045	294,350,289
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	271,309,426	332,624,121
	19 Revenue less expenses Subtract line 18 from line 12	3,814,696	-13,447,372
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	60,818,405	50,289,344
	21 Total liabilities (Part X, line 26)	38,242,501	43,826,582
	22 Net assets or fund balances Subtract line 21 from line 20	22,575,904	6,462,762

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	*****		2016-10-03	
	Signature of officer		Date	
Paid Preparer Use Only	PHILIP J REED CFO			
	Type or print name and title			
	Print/Type preparer's name DORI J EGGETT	Preparer's signature DORI J EGGETT	Date	Check <input type="checkbox"/> if self-employed PTIN P00645252
	Firm's name  EKS&H LLLP		Firm's EIN  46-1497033	
Firm's address  7979 E TUFTS AVENUE SUITE 400 DENVER, CO 802372521			Phone no (303) 740-9400	

Part III

Statement of Program Service Accomplishments

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

☒

1

Briefly describe the organization's mission

SEE SCHEDULE O

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☒ Yes ☐ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 98,761,369 including grants of \$) (Revenue \$ 96,055,296)

THE STATE OF COLORADO OPERATES ITS MEDICAID BEHAVIORAL HEALTH PROGRAM AS A CARVE-OUT THEY DIVIDE THE STATE INTO FIVE REGIONS AND COMPETITIVELY BID FOR AT-RISK BEHAVIORAL HEALTH ORGANIZATIONS (BHO) ACCESS BEHAVIORAL CARE COVERS THE COST OF BEHAVIORAL HEALTH CARE AND THE ASSOCIATED ADMINISTRATIVE EXPENSES FOR ALL MEDICAID ELIGIBLE INDIVIDUALS WITHIN THE CITY AND COUNTY OF DENVER BHO REGION

4b

(Code) (Expenses \$ 59,294,167 including grants of \$) (Revenue \$ 62,874,302)

ACCESS BEHAVIORAL CARE NORTHEAST COVERS THE COST OF BEHAVIORAL HEALTH CARE AND THE ASSOCIATED ADMINISTRATIVE EXPENSES FOR ALL MEDICAID ELIGIBLE INDIVIDUALS WITHIN THE NORTHEAST REGION WHICH INCLUDES THE COUNTIES OF CHEYENNE, ELBERT, KIT CARSON, LARIMER, LINCOLN, LOGAN, MORGAN, PHILLIPS, SEDGWICK, WASHINGTON, WELD AND YUMA

4c

(Code) (Expenses \$ 58,297,205 including grants of \$) (Revenue \$ 47,990,983)

ACCESS ADVANTAGE IS A MEDICARE LINE OF BUSINESS OPERATED BY THE COMPANY PROGRAM UNDER THE FEDERAL CENTER FOR MEDICARE AND MEDICAID SERVICES - WHICH INCLUDES PROVIDING A MEDICARE ADVANTAGE - SPECIAL NEEDS PROGRAM TO MEMBERS WHO ARE DUALY ELIGIBLE FOR BOTH MEDICARE AND MEDICAID (DUAL ELIGIBLES) THE COMPANY ALSO OPERATES A MEDICARE ADVANTAGE PROGRAM DESIGNED FOR LOW INCOME INDIVIDUALS

See Additional Data

4d















Other program services (Describe in Schedule O)

(Expenses \$ 93,626,177 including grants of \$) (Revenue \$ 111,578,500)

4e

Total program service expenses ▶ 309,978,918

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	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2	Yes
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a	No
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	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	Yes
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	2,174	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
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)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring 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?			
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 or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	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?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		No

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

	Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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	Yes	
b	Other officers or key employees of the organization	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?		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed
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 made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, address, and telephone number of the person who possesses the organization's books and records PHILIP REED 11100 EAST BETHANY DR AURORA, CO 80014 (720) 744-5100

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

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 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	0	4,717,354	496,619

2

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

4

5

Section B. Independent Contractors

1

(A) Name and business address	(B) Description of services	(C) Compensation

2

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	212,722			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	175,948			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		388,670			
Program Service Revenue			Business Code				
	2a	ACCESS BEHAVIOR HEALTH	524114	158,929,598	158,929,598		
	b	TPA REVENUE	524292	59,273,782	59,273,782		
	c	CHILDREN'S HEALTH INSU	524114	52,304,718	52,304,718		
	d	ACCESS ADVANTAGE	524114	47,990,983	47,990,983		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		318,499,081			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		30,863			30,863
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	(ii) Personal			
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			243,858				
			0				
	c	Gain or (loss)	243,858				
	d	Net gain or (loss)		243,858			243,858
	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					
	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					
	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						
Miscellaneous Revenue		Business Code					
11a	ALL OTHER REVENUE	900099	14,277			14,277	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		14,277				
12	Total revenue. See Instructions		319,176,749	318,499,081	0	288,998	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,481,192	1,838,811	642,381	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	27,526,032	20,399,542	7,126,490	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	859,441	636,932	222,509	
9 Other employee benefits	5,292,087	3,921,966	1,370,121	
10 Payroll taxes	2,115,080	1,567,486	547,594	
11 Fees for services (non-employees)				
a Management	11,042,951	8,183,931	2,859,020	
b Legal	122,898		122,898	
c Accounting	211,393		211,393	
d Lobbying	110,500		110,500	
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	760,485	563,595	196,890	
13 Office expenses	2,838,884	2,103,897	734,987	
14 Information technology	15,150,296	11,227,884	3,922,412	
15 Royalties				
16 Occupancy	2,561,719	1,898,490	663,229	
17 Travel	471,757	349,619	122,138	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	119,025	88,209	30,816	
20 Interest	163,543	121,202	42,341	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,047,116	776,018	271,098	
23 Insurance	353,070	261,660	91,410	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a HEALTHCARE EXPENSE	246,430,346	246,430,346		
b TEMPORARY LABOR	607,332	450,094	157,238	
c DUES AND SUBSCRIPTIONS	414,493	307,181	107,312	
d RECRUITMENT	261,403	193,726	67,677	
e All other expenses	11,683,078	8,658,329	3,024,749	
25 Total functional expenses. Add lines 1 through 24e	332,624,121	309,978,918	22,645,203	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			20,505,168	1	16,910,277
	2	Savings and temporary cash investments			8,789,047	2	433,060
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			19,389,851	4	31,714,255
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L					
						5	
	6	Loans and other 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) Complete Part II of Schedule L					
						6	
	7	Notes and loans receivable, net			2,500	7	2,500
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			102	9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a				
	b	Less accumulated depreciation	10b			10c	
	11	Investments—publicly traded securities			7,804,601	11	
	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			4,327,136	15	1,229,252	
16	Total assets.Add lines 1 through 15 (must equal line 34)			60,818,405	16	50,289,344	
Liabilities	17	Accounts payable and accrued expenses			36,289,086	17	43,808,497
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Loans and other 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			1,920,100	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			33,315	25	18,085
	26	Total liabilities.Add lines 17 through 25			38,242,501	26	43,826,582
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund			2,300,000	31	2,300,000
	32	Retained earnings, endowment, accumulated income, or other funds			20,275,904	32	4,162,762
	33	Total net assets or fund balances			22,575,904	33	6,462,762
34	Total liabilities and net assets/fund balances			60,818,405	34	50,289,344	

Part XI

Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	319,176,749
2	Total expenses (must equal Part IX, column (A), line 25)	2	332,624,121
3	Revenue less expenses Subtract line 2 from line 1	3	-13,447,372
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,575,904
5	Net unrealized gains (losses) on investments	5	-225,257
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,440,513
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,462,762

Part XII

Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes
3b 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

Additional Data

Software ID:
Software Version:
EIN: 84-1297547
Name: COLORADO ACCESS

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

(Code	) (Expenses \$	40,997,018	including grants of \$	) (Revenue \$	59,273,782)
THE PRIMARY COMPONENT OF OTHER PROGRAM SERVICES IS THIRD-PARTY ADMINISTRATOR SERVICES (CLAIMS PAYMENT, NETWORK DEVELOPMENT AND MANAGEMENT, CUSTOMER SERVICE) PROVIDED TO THE STATE OF COLORADO'S DEPARTMENT OF HEALTH CARE POLICY AND FINANCING FOR THE DEPARTMENT'S CHILD HEALTH PLAN PLUS STATE MANAGED CARE NETWORK, AND TO BEHAVIORAL HEALTH CARE, INC THE MEDICAID BEHAVIORAL HEALTH ORGANIZATION IN THE EAST DENVER METRO COUNTIES OF ADAMS, ARAPAHOE AND DOUGLAS (CLAIMS PAYMENT, CUSTOMER SERVICE AND STATE MANDATED FINANCIAL REPORTING) IN JANUARY 2011, THE COMPANY WAS AWARDED ASO CONTRACTS FOR THREE OF THE SEVEN REGIONS IN THE STATE'S REGIONAL CARE COLLABORATIVE ORGANIZATION (RCCO) PROGRAM					
(Code	) (Expenses \$	52,629,159	including grants of \$	) (Revenue \$	52,304,718)
CHILD HEALTH PLAN PLUS (CHP+) COVERS THE COST OF HEALTH CARE AND THE ASSOCIATED ADMINISTRATION FOR THE ELIGIBLE POPULATION UNDER THE FEDERAL CHILD HEALTH INSURANCE PLAN (CHIP)					

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MITZI MORAN CHAIR	3 00	X		X				0	0	0
JAN SCHUMAKER VICE CHAIR	3 00	X		X				0	0	0
CARL CLARK SECRETARY	3 00	X		X				0	0	0
JEFF HARRINGTON TREASURER	3 00	X		X				0	0	0
CODY BELZLEY BOARD MEMBER	3 00	X						0	0	0
KATHLEEN MCCREARY BOARD MEMBER	3 00	X						0	0	0
DAVID S MYERS BOARD MEMBER	3 00	X						0	0	0
GENE L O'HARA BOARD MEMBER	3 00	X						0	0	0
DAVE DOWNS BOARD MEMBER	3 00	X						0	0	0
MARSHALL THOMAS MD PRESIDENT/CEO	36 00			X				0	446,768	0
PHILIP J REED SVP/CFO	40 00			X				0	304,659	40,804
MIKE MCKITTERICK SVP, CLINICAL OPERATIONS	40 00			X				0	314,807	9,755
GRETCHEN F MCGINNIS SVP, PUBLIC PROGRAMS	40 00			X				0	240,985	26,599
MATT CASE SVP, OPERATIONS/COO	40 00			X				0	273,619	30,457
RENE E GALLEGOS VP, ADMIN SERVICE	40 00			X				0	186,893	27,725
ANN E EDELMAN VP, LEGAL SERVICES	40 00			X				0	195,503	22,440
ALEXIS GIESE MD SVP, BEHAVIORAL HEALTH	24 00			X				0	236,068	0
APRIL ABRAHAMSON VP, HEALTH PLAN OPERATIONS/COO	40 00			X				0	184,561	28,949
JEAN BARKER VP, STRATEGIC SERVICES & COMM	40 00			X				0	177,072	36,280
DON COUCH CIO	40 00			X				0	211,636	22,600
GENIE PRITCHETT MD SVP, MEDICAL SERVICES	30 00			X				0	318,586	35,238
TERRY MAYER CEO, ACCESSCARE	40 00			X				0	180,885	36,256
NANCY BOTILLER EXECUTIVE VICE PRESIDENT	40 00			X				0	239,026	24,786
JAMES TAYLOR MD SVP CLINICAL OPERATIONS/CMO	40 00			X				0	175,120	19,761
EDWARD BERMAN MD SENIOR MEDICAL DIRECTOR	30 00					X		0	238,900	35,620

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICK BACON MD SENIOR MEDICAL DIRECTOR	40 00					X		0	255,690	27,691
ROBERT BREMER VP, INTEGRATED CARE	40 00					X		0	171,622	10,830
SCOTT HUMPHREYS SENIOR MEDICAL DIRECTOR	30 00					X		0	189,161	30,358
WILLIAM HORNER EXECUTIVE DIRECTOR AA	40 00					X		0	175,793	30,470

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
COLORADO ACCESS

Employer identification number
84-1297547

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

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

b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$ _____

(ii)

Assets included in Form 990, Part X

► \$ _____

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2015

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

Description of property	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a	Land			
b	Buildings			
c	Leasehold improvements			
d	Equipment			
e	Other			
Total.	Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			0

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation

[illegible]

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" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
COLORADO ACCESS

Employer identification number
84-1297547

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><input type="checkbox"/> First-class or charter travel</div> <div><input type="checkbox"/> Travel for companions</div> <div><input type="checkbox"/> Tax idemnification and gross-up payments</div> <div><input type="checkbox"/> Discretionary spending account</div> <div><input type="checkbox"/> Housing allowance or residence for personal use</div> <div><input type="checkbox"/> Payments for business use of personal residence</div> <div><input type="checkbox"/> Health or social club dues or initiation fees</div> <div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div>			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><input checked="" type="checkbox"/> Compensation committee</div> <div><input type="checkbox"/> Independent compensation consultant</div> <div><input type="checkbox"/> Form 990 of other organizations</div> <div><input type="checkbox"/> Written employment contract</div> <div><input checked="" type="checkbox"/> Compensation survey or study</div> <div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div>			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		No
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b		No
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		No
b	Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b		No
7	For persons listed on 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 on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
	Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 7	THE ORGANIZATION HAS A BONUS PLAN THAT CONSISTS OF 4 PERCENTAGE TIERS. UP TO 20% FOR CEO, UP TO 15% FOR CFO, SENIOR VPS AND VPS, UP TO 10% FOR EXECUTIVE DIRECTORS AND UP TO 5% FOR DIRECTORS. HALF OF THE BONUS IS PAID IF THE EMPLOYEE'S AREA OF RESPONSIBILITY MEETS ALL CORPORATE GOALS CONSISTING OF FINANCIAL SOUNDNESS, ENGAGEMENT, QUALITY AND STRATEGY. INDIVIDUAL PERFORMANCE ACCOUNTS FOR THE OTHER HALF OF THE BONUS PAID. THIS BONUS PLAN WAS APPROVED IN THE 2014 AND 2015 BUDGETS. THE 2014 BONUS WAS PAID IN 2015 RELATED TO 2014 PERFORMANCE. THE 2015 BONUS WAS NOT PAID DUE TO THE COMPANY'S FINANCIAL PERFORMANCE. THE ORGANIZATION APPROVED A 1% STAFF SALARY POOL IN THE 2015 BUDGET BASED ON EMPLOYEE'S PERFORMANCE AND CONTRIBUTION. TYPICALLY THE BONUS IS RECOMMENDED BY THE MANAGERS OF EACH DEPARTMENT AND APPROVED BY THEIR RESPECTIVE VICE PRESIDENT. DUE TO THE COMPANY'S FINANCIAL PERFORMANCE, THIS BONUS WAS NOT PAID IN 2015.
PART VII, SECTION A, LINE 5	DR. MARSHALL THOMAS, CEO OF COLORADO ACCESS, AND DR. ALEXIS GIESE ARE LEASED EMPLOYEES, AND AS SUCH, THE EXPENSES SHOWN ON THE COMPENSATION SCHEDULE REPRESENT THE AMOUNT THAT IS PAID TO UNIVERSITY PHYSICIANS, INC. (UPI) BECAUSE THESE INDIVIDUALS ARE EMPLOYEES OF UPI, NOT COLORADO ACCESS. NO BENEFITS ARE PAID BY COLORADO ACCESS.

Additional Data

Software ID:

Software Version:

EIN: 84-1297547

Name: COLORADO ACCESS

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1MARSHALL THOMAS MD PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		339,281	107,487	0	0	0	446,768	0
1PHILIP J REEDSVP/CFO	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		262,802	41,857	0	9,969	30,835	345,463	0
2MIKE MCKITTERICK SVP, CLINICAL OPERATIONS	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		82,338	232,469	0	3,323	6,432	324,562	0
3GRETCHEN F MCGINNIS SVP, PUBLIC PROGRAMS	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		207,516	33,469	0	8,700	17,899	267,584	0
4MATT CASE SVP, OPERATIONS/COO	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		206,023	67,596	0	8,069	22,388	304,076	0
5RENE E GALLEGOS VP, ADMIN SERVICE	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		156,293	30,600	0	6,267	21,458	214,618	0
6ANN E EDELMAN VP, LEGAL SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		165,859	29,644	0	6,668	15,772	217,943	0
7ALEXIS GIESE MD SVP, BEHAVIORAL HEALTH	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		201,440	34,628	0	0	0	236,068	0
8APRIL ABRAHAMSON VP, HEALTH PLAN OPERATIONS/COO	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		165,197	19,364	0	6,676	22,273	213,510	0
9JEAN BARKER VP, STRATEGIC SERVICES & COMM	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		177,072	0	0	7,165	29,115	213,352	0
10DON COUCHCIO	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		211,636	0	0	6,583	16,017	234,236	0
11GENIE PRITCHETT MD SVP, MEDICAL SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		191,176	127,410	0	7,593	27,645	353,824	0
12TERRY MAYER CEO, ACCESSCARE	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		168,957	11,928	0	6,504	29,752	217,141	0
13NANCY BOTILLER EXECUTIVE VICE PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		198,713	40,313	0	7,895	16,891	263,812	0
14JAMES TAYLOR MD SVP CLINICAL OPERATIONS/CMO	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		175,120	0	0	2,631	17,130	194,881	0
15EDWARD BERMAN MD SENIOR MEDICAL DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		219,507	19,393	0	8,886	26,734	274,520	0
16PATRICK BACON MD SENIOR MEDICAL DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		205,714	49,976	0	8,515	19,176	283,381	0
17ROBERT BREMER VP, INTEGRATED CARE	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		152,258	19,364	0	1,605	9,225	182,452	0
18SCOTT HUMPHREYS SENIOR MEDICAL DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		172,378	16,783	0	6,841	23,517	219,519	0
19WILLIAM HORNER EXECUTIVE DIRECTOR AA	(i)	0	0	0	0	0	0	0
	(ii)	-	-	-	-	-	-	-
		156,429	19,364	0	6,226	24,244	206,263	0

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization COLORADO ACCESS	Employer identification number 84-1297547
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III LINE 1	COLORADO ACCESS IS DEDICATED TO THE OPERATION OF A COMPETITITVE HEALTH PLAN DESIGNED TO IMPROVE ACCESS TO NEEDED HEALTHCARE DIRECTLY FOR ENROLLED MEMBERS AND INDIRECTLY, THROUGH ITS PARTNERS, TO ALL UNDERSERVED COLORADANS WITH AN EMPHASIS ON PRIMARY CARE AND THE MAINTENANCE OF THE CONTINUUM OF CARE
FORM 990, PART III, LINE 3	COLORADO ACCESS EXITED THE ACCESS ADVANTAGE - MEDICARE PROGRAM AT THE END OF 2015 DUE TO ADVERSE MARKET CONDITIONS AND LARGE MEDICAL LOSSES
FORM 990, PART IV, LINE 12A	COLORADO ACCESS PRESENTS ITS FINANCIAL STATEMENTS IN CONFORMITY WITH ACCOUNTING PRACTICES PRESCRIBED OR PERMITTED BY THE DIVISION OF INSURANCE OF THE DEPARTMENT OF REGULATORY AGENC IES OF THE STATE OF COLORADO, WHICH PRACTICES DIFFER FROM U S GENERALLY ACCEPTED ACCOUNTI NG PRINCIPLES THEREFORE, THIS QUESTION IS ANSWERED "NO" IN ACCORDANCE WITH THE FORM 990 I NSTRUCTIONS
FORM 990, PART V, LINE 2	EMPLOYEES WHO SUPPORT THE OPERATIONS OF COLORADO ACCESS ARE EMPLOYEES OF ACCESS MANAGEMENT SERVICES, LLC A WHOLLY-OWNED SUBSIDIARY OF COLORADO ACCESS EMPLOYEES SUPPORT NOT ONLY CO LORADO ACCESS BUT ALSO THE OPERATIONS OF NEW HEALTH VENTURES, INC AND ACCESS TELEHEALTH H OLDINGS, LLC, TWO ADDITIONAL WHOLLY-OWNED SUBSIDIARIES THERE IS NO TRACKING MECHANISM IN PLACE TO ACCURATELY ESTIMATE THE PERCENTAGE OF TIME EMPLOYEES SPEND ON COLORADO ACCESS ACT IVITIES
FORM 990, PART VI, SECTION A, LINE 3	ON JULY 1, 2013, THE ORGANIZATION ASSIGNED ALL EMPLOYEES AND THEIR RESPECTIVE DUTIES TO AC CESS MANAGEMENT SERVICES, LLC, A WHOLLY OWNED SUBSIDIARY OF THE ORGANIZATION, THROUGH ITS SUBSIDIARY, ACCESS DIVERSIFIED SERVICES, INC
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION CURRENTLY HAS THREE MEMBER CORPORATIONS, EACH HAVING ONE VOTING RIGHT 1) COLORADO COMMUNITY CORPORATION, DESGINATED AS THE "CCMCN MEMBER", 2) CHILDREN'S HOSPITAL COLORADO, DESIGNATED AS THE "TCH MEMBER", AND 3) A JOINT MEMBERSHIP HELD BETWEEN UNIVERSIT Y PHYSICIANS, INC AND UNIVERSITY OF COLORADO HEALTH, DESIGNATED AS THE "UNIVERSITY MEMBER"
FORM 990, PART VI, SECTION A, LINE 7A	EACH CORPORATE MEMBER HAS THE RIGHT TO DESIGNATE ONE INDIVIDUAL AS THEIR MEMBER'S REPRESEN TATIVE WHO SHALL BE ENTITLED TO ONE VOTE ON ALL MATTERS COMING BEFORE A MEETING OF THE MEM BERS THESE INDIVIDUALS HAVE BEEN DESIGNATED "CLASS A DIRECTORS" UNANIMOUS APPROVAL OF TH E MEMBERS IS REQUIRED, WITH RESPECT TO ANY MATTER REQUIRED TO BE SUBMITTED TO A VOTE OF TH E MEMBERS IN ACCORDANCE WITH THE ARTICLES, BYLAWS OR THE ACT
FORM 990, PART VI, SECTION A, LINE 7B	PER THE CORPORATION BYLAWS (CURRENT VERSION DATED JUNE 27, 2014), VOTING BY MEMBERS - EACH MEMBER SHALL BE ENTITLED TO ONE VOTE ON ALL MATTERS COMING BEFORE A MEETING OF THE MEMBER S ALL OTHER MATTERS SHALL REQUIRE ACTION BY THE BOARD OF DIRECTORS THE UNANIMOUS VOTE OF THE MEMBERS ENTITLED TO VOTE SHALL BE THE ACT OF THE MEMBERS IN EVERY CASE WHERE THE VOTE OF THE MEMBERS IS EXPRESSLY REQUIRED BY THE ACT, THESE BYLAWS OR THE ARTICLES WITHOUT LI MITING THE FOREGOING, MEMBERS ARE ENTITLED TO VOTE, AND UNANIMOUS APPROVAL OF THE MEMBERS IS REQUIRED, WITH RESPECT TO ANY MATTER REQUIRED TO BE SUBMITTED TO A VOTE OF THE MEMBERS IN ACCORDANCE WITH THE ARTICLES, THESE BYLAWS OR THE ACT, INCLUDING THE FOLLOWING (I) THE ELECTION AND REMOVAL OF CLASS A DIRECTORS, (II) THE APPROVAL OF AMENDMENTS TO THE ARTICLE S OR THESE BYLAWS THAT WOULD AFFECT THE RIGHTS, PRIVILEGES, PREFERENCES, RESTRICTIONS, OR CONDITIONS OF THE MEMBERS OR AFFECT THE MEMBERS' QUORUM, VOTING, DISSOLUTION, REDEMPTION, TRANSFER OF MEMBERSHIP INTERESTS, OR DIVISION OF THE MEMBERS INTO TWO OR MORE CLASSES OF M EMBERS, (III) THE APPROVAL OF THE SALE, LEASE, EXCHANGE OR OTHER DISPOSITION OF ALL OR SUB STANTIALLY ALL OF THE PROPERTY OF THE CORPORATION OTHER THAN IN THE USUAL AND REGULAR COUR SE OF BUSINESS, (IV) THE APPROVAL OF A PLAN OF MERGER, (V) THE APPROVAL OF VOLUNTARY DISSO LUTION OF THE CORPORATION, (VI) A DETERMINATION AND AUTHORIZATION OF INDEMNIFICATION, IF M EMBER APPROVAL IS REQUIRED UNDER ARTICLE VI HEREOF, (VII) THE ADMISSION OF ADDITIONAL MEMB ERS IN ACCORDANCE WITH THE PROCESSES SET FORTH IN THE MEMBERS AGREEMENT AND NOT INCONSISTE NT WITH THE ARTICLES, (VIII) THE REMOVAL OF A MEMBER, (IX) THE TRANSFER OF MEMBERSHIP INTE RESTS IN ACCORDANCE WITH THE MEMBERS AGREEMENT, AS DEFINED BELOW, (X) IF DISTRIBUTIONS TO MEMBERS ARE AUTHORIZED BY THE BOARD OF DIRECTORS, PURSUANT TO SECTION 3 8 (D)(VI), THE ALL OCATION OF SUCH DISTRIBUTIONS AMONG THE MEMBERS, AND THEIR DESIGNEES WHO WOULD QUALIFY TO RECEIVE A DISTRIBUTIONS IN ACCORDANCE WITH THE ARTICLES,(XI) OF THE ARTICLES, AS SET FORTH IN THE ARTICLES OR IN THE CORPORATION'S MISSION STATEMENT ALL OTHER MATTERS SHALL REQUIR E BOARD ACTION, IN ACCORDANCE WITH ARTICLE III
FORM 990, PART VI, SECTION B, LINE 11	THE INFORMATION FOR THE IRS 990 RETURN IS PREPARED BY THE COMPANY'S CONTROLLER AND REVIEWE D BY PERSONNEL FROM THE COMPANY'S HUMAN RESOURCES AND LEGAL DEPARTMENTS, AND THE CFO THE CFO PRESENTS THE COMPLETED RETURN TO THE COMPANY'S FINANCE, AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD WHO IN TURN PRESENTS IT TO THE FULL BOARD AS PART OF THE COMMITTEE'S STANDAR D FINANCIAL REPORT THIS IS DONE PRIOR TO FILING THE RETURN
FORM 990, PART VI, SECTION B, LINE 12C	IF A POTENTIAL CONFLICT OF INTEREST OF AN OFFICER, DIRECTOR OR KEY EMPLOYEE IS IDENTIFIED, DISCUSSION IS HELD AMONG THE BOARD MEMBERS TO IDENTIFY THE POTENTIAL RISK, WITHOUT THE ID ENTIFIED PARTY PRESENT A VOTE IS TAKEN BY THE BOARD TO EITHER REMOVE THE PARTY OR INSTITU TE, AN APPROPRIATE ACTION NEEDED TO BE TAKEN TO REDUCE THE LEVEL OF RISK
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION USES TWO SALARY SURVEYS EACH YEAR TO REVIEW THE COMPENSATION OF EXECUTIVE S, THE WARREN SURVEY (NATIONAL HEATLCHARE INDUSTRY SURVEY) AND THE MOUNTAIN STATES EMPLOYE E R COUNCIL'S (MSEC) NON-PROFIT COMPENSATION SURVEY THESE SURVEYS ARE UPDATED EVERY OTHER Y EAR AND THE ORGANIZATIONS COMPENSATION RATES ARE IN LINE WITH THESE SURVEYS
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE NOT REQ UIRED TO BE MADE AVAILABLE TO THE GENERAL PUBLIC AND THEREFORE THEY ARE NOT MADE PUBLIC
FORM 990, PART XI, LINE 9	EQUITY ADJUSTMENT - NHV -2,905,104 EQUITY ADJUSTMENT - ADS -2,547,991 INTEREST ON NHV'S SURPLUS -144,790 LESS ICR CHANGE PRE-2015 3,157,372

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
COLORADO ACCESS

Employer identification number
84-1297547

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)COLORADO ACCESS FOUNDATION 10065 E HARVARD AVE STE 600 DENVER, CO 80231 31-1537960	CHARITABLE	CO	501(C)3	PF	N/A	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
ACCESS DIVERSIFIED (1)SERVICES INC 10065 E HARVARD AVE STE 600 DENVER, CO 80231 46-2396760	HOLDING COMPANY	CO	COLORADO ACCESS	C	84,231,770	6,299,987	100 000 %	Yes	
(2) NEW HEALTH VENTURES INC 10065 E HARVARD AVE STE 600 DENVER, CO 80231 46-2402685	HEALTH INSURER	CO	COLORADO ACCESS	C	1,531,220	2,758,051	100 000 %	Yes	

Part V

Transactions With Related Organizations

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

No

1c

No

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

No

1r

No

1s

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)ACCESS DIVERSIFIED SERVICES INC	O	72,190,354	COST
(2)NEW HEALTH VENTURES INC	D	2,500,000	COST

Schedule R (Form 990) 2015

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

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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