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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

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
KAISER FOUNDATION HEALTH PLAN OF COLORADO
% SVP CC AND CAO
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 province, country, and ZIP or foreign postal code
OAKLAND, CA 94612

D Employer identification number
84-0591617

E Telephone number
(510) 271-6611

G Gross receipts $ 4,127,912,921

F Name and address of principal officer
R ROLAND LYON
ONE KAISER PLAZA SUITE 15L
OAKLAND, CA 94612

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

H(b) Are all subordinates 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: ▶ WWW KP ORG

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**	13
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	8,772
6	Total number of volunteers (estimate if necessary)	**6**	316
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,229,450
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	1,372,466

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,198,103	8,794,705
9	Program service revenue (Part VIII, line 2g)	3,511,509,457	3,760,201,713
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	53,846,039	36,684,621
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	67,931	99,679
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,566,621,530	3,805,780,718
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	989,728	2,435,665
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)	736,774,934	740,434,816
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–24e)	2,823,721,490	3,039,186,197
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,561,486,152	3,782,056,678
19	Revenue less expenses Subtract line 18 from line 12	5,135,378	23,724,040

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,776,067,897	1,782,906,624
21	Total liabilities (Part X, line 26)	1,060,633,991	1,058,630,481
22	Net assets or fund balances Subtract line 21 from line 20	715,433,906	724,276,143

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: 2017-10-13

▶ ALFONSE UPSHAW svp, cc and cao
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
robert w friz	robert w friz	2017-10-05		P00438748

Firm's name ▶ PricewaterhouseCoopers LLP — Firm's EIN ▶

Firm's address ▶ 2001 MARKET ST SUITE 1800
PHILADELPHIA, PA 19103

Phone no (267) 330-3000

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 or note to any line 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 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 $ 3,262,926,537 including grants of $ 0) (Revenue $ 3,670,159,528)
See Additional Data

4b (Code) (Expenses $ 28,038,628 including grants of $ 0) (Revenue $ 1,776,304)
See Additional Data

4c (Code) (Expenses $ 148,286,924 including grants of $ 0) (Revenue $ 79,129,536)
See Additional Data

(Code) (Expenses $ 30,015,901 including grants of $ 2,435,665) (Revenue $ 9,136,345)
SCH O, COMMUNITY BENEFIT REPORT

4d Other program services (Describe in Schedule O)
(Expenses $ 30,015,901 including grants of $ 2,435,665) (Revenue $ 9,136,345)

4e **Total program service expenses ▶** 3,469,267,990

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 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	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		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	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		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	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, 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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	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**		
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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
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? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
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? *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 through 24d and complete Schedule K If "No," go to line 25a*	**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? *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	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? *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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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**		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? *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, Part II, III, or IV, and Part V, line 1*	**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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
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 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 . .	**1a**	3,386		
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**	8,772		
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)	**2b**		Yes	
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" to line 3b, 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 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? . .	**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 as charitable contributions? . . .	**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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
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?	**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 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	1a	14		
	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	1b	13		
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			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?	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	Did the organization have members or stockholders?	6		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?	7a		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?	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	Did the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11a	Has the organization provided a complete 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	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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," 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?	16b		

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

☐ Own website ☐ Another's website ☑ Upon request ☑ 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 ▶SVP CC AND CAO 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 or note to any line 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 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

(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			
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 (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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								0	40,492,150	6,524,861

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1,824

			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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
COLORADO PERMANENTE MEDICAL GROUP, 10350 E DAKOTA AVE DENVER, CO 80231	MEDICAL SERVICES	612,667,208
Saint Joseph Hospital, 2480 W 26th ave b-200 DENVER, CO 80211	MEDICAL SERVICES	245,420,410
HCA HEALTHONE LLC, PO BOX 403171 ATLANTA, GA 30384	MEDICAL SERVICES	242,541,928
GOOD SAMARITAN MED CENTER, PO BOX 912593 DENVER, CO 80291	MEDICAL SERVICES	145,809,898
CHILDREN'S HOSPITAL COLORADO, 13123 E 16TH AVE AURORA, CO 80045	MEDICAL SERVICES	68,978,723

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 407

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	0		
	e Government grants (contributions)	1e	4,098,381		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,696,324		
	g Noncash contributions included in lines 1a-1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶		8,794,705		

Program Service Revenue	Business Code				
2a MEMBERS HEALTH DUES	900099	2,414,180,913	2,414,180,913		
b MEDICARE	900099	1,017,612,730	1,017,612,730		
c SUPPLY CHARGE/PHARM	900099	221,719,299	221,719,299		
d NON-PLAN & INDUSTRIAL	900099	7,193,393	4,963,943	2,229,450	
e OTHER PROGRAM SERV	900099	99,495,378	99,495,378		
f All other program service revenue					
g Total. Add lines 2a–2f . . . . ▶		3,760,201,713			

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		35,199,045			35,199,045
4 Income from investment of tax-exempt bond proceeds ▶		0			
5 Royalties . . . . . ▶		0			
	(i) Real / (ii) Personal				
6a Gross rents	99,679 /				
b Less rental expenses	/				
c Rental income or (loss)	99,679 / 0				
d Net rental income or (loss) . . . . . ▶		99,679			99,679
	(i) Securities / (ii) Other				
7a Gross amount from sales of assets other than inventory	323,478,540 / 139,239				
b Less cost or other basis and sales expenses	322,657,299 / -525,096				
c Gain or (loss)	821,241 / 664,335				
d Net gain or (loss) . . . . . ▶		1,485,576			1,485,576
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a	0				
b Less direct expenses . . . b	0				
c Net income or (loss) from fundraising events . . ▶		0			
9a Gross income from gaming activities See Part IV, line 19 . . . a	0				
b Less direct expenses . . . b	0				
c Net income or (loss) from gaming activities . . ▶		0			
10a Gross sales of inventory, less returns and allowances . . a	0				
b Less cost of goods sold . . b	0				
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 . . . . . ▶		3,805,780,718	3,757,972,263	2,229,450	36,784,300

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,389,715	2,389,715		
2 Grants and other assistance to domestic individuals See Part IV, line 22	45,950	45,950		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	498,923,899	454,458,567	44,465,332	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	75,287,589	75,287,589		
9 Other employee benefits	126,566,345	106,815,306	19,751,039	
10 Payroll taxes	39,656,983	39,656,983		
11 Fees for services (non-employees)				
a Management	0			
b Legal	2,075,688		2,075,688	
c Accounting	1,560,702		1,560,702	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	704,332		704,332	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	12,787,633	2,023,835	10,763,798	
13 Office expenses	9,264,475	8,320,857	943,618	
14 Information technology	197,409,518	145,763,035	51,646,483	
15 Royalties . .	0			
16 Occupancy	23,766,945	23,766,945		
17 Travel	3,216,304	2,843,325	372,979	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	648,605		648,605	
20 Interest	1,993,620	1,993,620		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization . .	41,852,278	41,852,278		
23 Insurance . . .	10,894,441	10,894,441		0
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 CONTRACT PAYMENTS	1,290,549,977	1,290,549,977		
b PURCHASED MED SVC - OUTSIDE	633,613,445	633,613,445		
c PURCHASED SVC - NON-MEDICAL	92,530,105	43,410,025	49,120,080	
d SUPPLIES	485,974,391	432,445,095	53,529,296	
e All other expenses	230,343,738	153,137,002	77,206,736	
25 **Total functional expenses.** Add lines 1 through 24e	3,782,056,678	3,469,267,990	312,788,688	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 ▶ ☐ 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 IX . . . . . ☑

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	5,486,023	1	7,376,180
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	134,647,123	4	134,370,592
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	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	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	68,076,006	8	67,669,603
	9	Prepaid expenses and deferred charges	39,009,309	9	16,779,461
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 858,433,369			
	b	Less accumulated depreciation — 10b: 515,047,625	348,146,193	10c	343,385,744
	11	Investments—publicly traded securities	1,134,305,871	11	1,157,112,877
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	46,397,372	15	56,212,167
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,776,067,897	16	1,782,906,624
Liabilities	17	Accounts payable and accrued expenses	441,997,967	17	501,893,250
	18	Grants payable	0	18	0
	19	Deferred revenue	44,566,724	19	43,326,297
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	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	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	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	574,069,300	25	513,410,934
	26	**Total liabilities.** Add lines 17 through 25	1,060,633,991	26	1,058,630,481
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), 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 (ASC 958), check here ▶ ☑ 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	20,702	31	20,702
	32	Retained earnings, endowment, accumulated income, or other funds	715,413,204	32	724,255,441
	33	Total net assets or fund balances	715,433,906	33	724,276,143
	34	Total liabilities and net assets/fund balances	1,776,067,897	34	1,782,906,624

Part XI Reconcilliation 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	3,805,780,718
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,782,056,678
3	Revenue less expenses Subtract line 2 from line 1	3	23,724,040
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	715,433,906
5	Net unrealized gains (losses) on investments	5	20,329,721
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	-35,211,524
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	724,276,143

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 ☐ 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
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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	

Additional Data

Software ID:

Software Version:

EIN: 84-0591617

Name: KAISER FOUNDATION HEALTH PLAN OF COLORADO

Form 990 (2016)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

Charity Care (Medical Financial Assistance and Charitable Health Coverage) Kaiser Foundation Health Plan of Colorado (KFHP-CO) provides charity care to low-income vulnerable patients through the Medical Financial Assistance (MFA) and Charitable Health Coverage (CHC) Programs KFHP-CO offers financial assistance through the MFA program to help families and individuals with a demonstrated financial need pay for all or part of the cost of emergency or medically necessary care provided in Kaiser Permanente facilities and/or by Kaiser Permanente providers In 2016, this program assisted more than 10,000 qualifying applicants, including more than 1,800 patients who were not covered by a KFHP-CO product The CHC program offers regular Kaiser Foundation Health Plan membership at minimal cost to low income families who are not eligible for other public or privately sponsored coverage Over 400 individuals were receiving comprehensive health care through this program at the end of 2016

Form 990, Part III, Line 4c:

Medicaid and Other Government Sponsored Programs Kaiser Foundation Health Plan of Colorado (KFHP-CO) is committed to improving medical care for beneficiaries of Medicaid and other government sponsored programs, not only for KFHP-CO members, but also within the communities we serve At the end of 2016, more than 53,000 individuals were receiving the benefits of full membership in KFHP-COs Medicaid managed care program Approximately 9,100 more individuals were members of the Childrens Health Insurance Program (CHIP) In addition, KFHP-CO provided health care on a fee-for-service basis for Medicaid beneficiaries who were not enrolled as KFHP-CO members

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			
Ramon F Baez Director	0 25 4 75	X						0	152,591	0
Regina M Benjamin MD MBA Director	0 5 8 0	X						0	197,178	0
Jeffrey E Epstein Director	0 5 7 5	X						0	206,871	0
Leslie S Heisz Director	0 25 4 75	X						0	215,118	0
David Hoffmeister Director	0 25 7 75	X						0	225,809	0
Judith A Johansen JD Director	0 5 8 0	X						0	240,707	0
Kim J Kaiser Director	0 5 7 0	X						0	216,547	0
Philip A Marineau Director	0 58 5 86	X						0	229,371	0
Edward Pei Director	0 25 7 25	X						0	226,739	18,000
Margaret E Porfido JD Director	1 0 5 5	X						0	247,358	0

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			
Richard Shannon MD Director	0 5 5 0	X						0	212,000	0
Cynthia A Telles PHD Director	0 5 7 0	X						0	223,809	0
Bernard Tyson Chairman & CEO	6 0 44 0	X		X				0	8,529,498	1,509,737
Eugene Washington MD Director	0 25 6 75	X						0	186,626	0
Gregory Adams EVP, Group President	6 0 44 0			X				0	2,457,650	688,025
Maryann Bodayle ASSISTANT SECRETARY	1 0 49 0			X				0	166,251	33,529
Kathryn Lancaster EVP & CFO	4 0 46 0			X				0	2,681,226	588,601
Donna Lynne EVP, GP & Region Pres - CO	18 0 32 0			X				0	5,214,011	131,383
R Roland Lyon Regional President - Colorado	50 0 0 0			X				0	592,763	206,175
Thomas Meier SVP, Corporate Treasurer	2 0 48 0			X				0	1,050,818	138,764

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			
Donald Orndoff SVP, NFS	5 0 45 0			X				0	935,840	216,315
Rochelle Roth ASSISTANT SECRETARY	2 0 48 0			X				0	274,594	117,866
Jacqueline Sellers ASSISTANT SECRETARY	1 0 49 0			X				0	265,122	88,088
Arthur Southam EVP, Health Plan Operations	5 0 45 0			X				0	2,775,635	464,416
Deborah Stokes SVP,Corporate Controller & CAO	4 0 46 0			X				0	503,944	3,920
Alfonse Upshaw SVP,Corporate Controller & CAO	4 0 46 0			X				0	616,612	108,314
Matthew Weber Assistant Secretary	45 0 5 0			X				0	467,450	121,970
Nancy Wollen SVP, Chief Operating Officer	50 0 0 0			X				0	997,247	159,880
Hong-Sze Yu Assistant Secretary	5 0 45 0			X				0	304,345	126,932
Mark Zemelman SVP, General Counsel & Secy	1 0 49 0			X				0	1,630,173	369,974

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			
Suzanne Anest VP, MSBD - Colorado	50 0 0 0				X			0	401,631	107,176
Keith Evans VP, MSBD - CO	50 0 0 0				X			0	565,947	116,151
Denise Mckenna VP, HPSA - CO	50 0 0 0				X			0	423,447	114,376
James Newsome VP, Finance	50 0 0 0				X			0	472,726	100,065
Jandel T Allen-Davis VP, Govt & External Relations	50 0 0 0					X		0	360,533	130,057
Justin C Chang VP, Quality & Innovation	50 0 0 0					X		0	431,159	103,299
Jerry F Hartbarger VP, HR - Colorado	50 0 0 0					X		0	366,588	100,006
Shawn J Mehta VP, HPSA - Colorado	50 0 0 0					X		0	680,814	122,239
Eric C Saltmarsh VP, Ops Planning & Perf Analys	50 0 0 0					X		0	672,083	72,209
Thomas W Chapman EDD Director	0 0 0 0						X	0	513,713	0

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			
J Eugene Grisby III PhD Director	0 0 0 0						X	0	27,039	0
George Halvorson Chairman	0 0 0 0						X	0	37,258	4,120
J Neal Purcell Director	0 0 0 0						X	0	46,000	0
Vanessa Benavides SVP, Chief Comp & Priv Officer	0 0 50 0						X	0	620,543	189,748
Daniel Garcia SVP, Chief Compliance Officer	2 0 48 0						X	0	1,137,595	2,170
Paul M Swenson SVP & Chief Strategy Officer	0 0 50 0						X	0	1,099,290	178,847
Victoria Zatkin VP, Off of Brd & Corp Gov Svc	5 0 45 0						X	0	216,783	1,728
Jeffrey Hahn Senior Program Manager	0 0 0 0						X	0	175,098	90,781

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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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
KAISER FOUNDATION 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 12, 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 (Form 990 or 990-EZ))

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☑ 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)

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

12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** 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—2015.** If the organization did not check a 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—2016.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2015.** 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 VI 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 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	16,404,939	15,721,147	6,768,197	1,198,103	8,794,705	48,887,091
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	2,982,890,216	3,122,130,913	3,412,772,584	3,509,863,549	3,757,972,263	16,785,629,525
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 **Total.** Add lines 1 through 5	2,999,295,155	3,137,852,060	3,419,540,781	3,511,061,652	3,766,766,968	16,834,516,616
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b						0
8 **Public support.** (Subtract line 7c from line 6)						16,834,516,616

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6	2,999,295,155	3,137,852,060	3,419,540,781	3,511,061,652	3,766,766,968	16,834,516,616
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	28,842,528	42,455,192	47,679,687	38,733,737	35,298,724	193,009,868
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				115,085	905,828	1,020,913
c Add lines 10a and 10b	28,842,528	42,455,192	47,679,687	38,848,822	36,204,552	194,030,781
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						0
13 **Total support.** (Add lines 9, 10c, 11, and 12)	3,028,137,683	3,180,307,252	3,467,220,468	3,549,910,474	3,802,971,520	17,028,547,397

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	98 861 %
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	98 882 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	1 139 %
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	1 119 %

19a **33 1/3% support tests—2016.** 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—2015.** 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493313025267

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.**
▶**Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
KAISER FOUNDATION 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 function 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-
2				
3				
4				
5				
6				

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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(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		141,616
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		35,666
j	Total Add lines 1c through 1i			177,282
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible 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**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1A THROUGH 1I	LOBBYING ACTIVITY BY NONELECTING PUBLIC CHARITIES THE ORGANIZATION ("health plan") IS A MEMBER OF THE KAISER PERMANENTE MEDICAL CARE PROGRAM AND PARTICIPATED IN AND BENEFITED FROM LOBBYING ACTIVITIES CONDUCTED AT THE REGIONAL AND NATIONAL LEVELS FOR THE BENEFIT OF ITS ENROLLED MEMBERS, THE BROADER COMMUNITY AND FOR THE HEALTH CARE INDUSTRY AS A WHOLE AS AN ORGANIZATION EXEMPT FROM INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(3), Health Plan HAS A POLICY PROHIBITING ANY OF Health Plan'S RESOURCES BEING USED IN ANY POLITICAL CAMPAIGNS THIS POLICY IS CLOSELY MONITORED FOR COMPLIANCE DURING THE YEAR THIS ORGANIZATION MADE COMMENTS OR STATEMENTS CONCERNING LEGISLATION AND BALLOT INITIATIVES WHICH MAY AFFECT THE HEALTH CARE INDUSTRY Health Plan ENGAGED IN CONVERSATIONS WITH AND/OR WRITTEN COMMUNICATIONS TO VARIOUS FEDERAL, STATE, AND LOCAL OFFICIALS REGARDING MATTERS WHICH AFFECTED THE HEALTHCARE INDUSTRY AS A WHOLE THE AMOUNT OF MONEY INVOLVED IN THE ACTIVITIES IS DETAILED ON LINES A THROUGH I Health Plan EMPLOYS INDIVIDUALS, INCLUDING ONE OR MORE REGISTERED LOBBYISTS AND/OR MAY RETAIN ONE OR MORE PROFESSIONAL CONSULTANTS TO REPRESENT Health Plan'S INTERESTS IN VARIOUS LEGISLATIVE AND REGULATORY BODIES AND FROM TIME-TO-TIME TO KEEP INFORMED ABOUT 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 INTERESTS OF Health Plan, ITS MEMBERS AND ITS PATIENTS 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 AND THE BROADER COMMUNITY IN A COST EFFECTIVE MANNER - PROVIDING APPROPRIATE INFORMATIONAL MATERIALS TO LEGISLATORS AND THEIR STAFFS THAT PERTAIN TO MATTERS OF COMMON INTEREST IN THE HEALTH CARE COMMUNITY AND IN THE NOT-FOR-PROFIT COMMUNITY - PREPARING WRITTEN AND ORAL TESTIMONY, APPEARING AT LEGISLATIVE HEARINGS, MONITORING LEGISLATIVE PROCEEDINGS AND MEETING WITH LEGISLATORS AND/OR THEIR STAFFS REGARDING ISSUES PERTINENT TO THE MISSION OF Health Plan 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 AND PATIENTS 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," 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

2016

Open to Public Inspection

Name of the organization
KAISER FOUNDATION 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" 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? ☐ Yes ☐ No

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? ☐ Yes ☐ No

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	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, and not on a historic structure listed in the National Register	2d

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 ▶ $ _____

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

	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, 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" on 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 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

	Yes	No
(i) unrelated organizations . . . . . 3a(i)		
(ii) related organizations . . . . . 3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 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' on 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		43,623,457		43,623,457
b Buildings		519,791,319	298,051,826	221,739,493
c Leasehold improvements		35,064,177	26,631,393	8,432,784
d Equipment		206,659,489	164,583,529	42,075,960
e Other		53,294,927	25,780,877	27,514,050
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				343,385,744

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. 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		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
OTHER LIABILITIES	21,510,973
PROF, PUBLIC LIABILITIES & OTHER	53,361,893
POST RETIREMENT LIABILITIES	437,534,712
BROKER PAYABLE	1,003,356
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	513,410,934

2. Liability for uncertain tax positions In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, LINE 2	ASC 740 Footnote THE ORGANIZATION'S FINANCIAL STATEMENTS DO NOT INCLUDE A FOOTNOTE UNDER ASC 740

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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," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
KAISER FOUNDATION 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 Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC 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							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 27

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated 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
(1) Diversity Scholarship Program	21	45,950			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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 National Red Cross 1300 W Shaw Avenue Fresno, CA 93711	53-0196605	501(c)(3)	220,000				Project Support,General Operating Support
Civic Canopy 3532 Franklin St Ste H Denver, CO 80205	26-2319042	501(c)(3)	100,000				Project Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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 Center for Nursing Excellence 5290 E Yale Ste 102 Denver, CO 80111	32-0022295	501(c)(3)	47,500				Project Support
Colorado Department of Education 201 E Colfax Ave Rm 305 Denver, CO 80203	98-0256500	Government	166,572				Project Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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 Foundation of Local Public Health 1385 S Colorado Ste 622 Denver, CO 80222	84-1267213	501(c)(3)	30,000				Challenge Grant
Colorado Meth Project Inc 11880 UPham Ste F Broomfield, CO 80020	26-3359868	501(c)(3)	200,000				Project Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Community Shares of Colorado 789 Sherman St Ste 230 Denver, CO 80203	74-2401941	501(c)(3)	159,925				EMPLOYEE SPONSORED\Matching Gift
Cultivando 7290 Magnolia St Commerce City, CO 80022	84-1499624	501(c)(3)	142,000				Project Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Denver Botanic Garden Inc 909 York Street Denver, CO 80206	84-0440359	501(c)(3)	29,490				Project Support
Denver Public Schools Foundation 1860 Lincoln 9th Fl Denver, CO 80203	84-1224325	501(c)(3)	214,067				Project Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Doctors Care 609 W Littleton Ste 100 Littleton, CO 80120	84-1150815	501(c)(3)	49,500				Project Support
Eagle River Youth Coalition Inc PO Box 4613 Edwards, CO 81632	84-1593859	501(c)(3)	42,461				Project Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Focus Points Family Resource Center 2501 E 48th Ave Denver, CO 80216	84-1353944	501(c)(3)	100,000				Project Support
Friends of Longmont Youth 1050 Lashley St Longmont, CO 80504	84-1572377	501(c)(3)	46,819				Project Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
GoFarm 1301 Arapahoe Ste 105 Golden, CO 80401	47-2823438	501(c)(3)	49,498				Project Support
Huerfano County Hospital District 129 Kansas Walsenburg, CO 81089	84-6027322	501(c)(3)	100,000				Project Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Hunger Free Colorado 1801 Williams Ste 200 Denver, CO 80218	68-0551464	501(c)(3)	100,000				Project Support
Metro Caring PO Box 300459 Denver, CO 80203	84-6116951	501(c)(3)	19,500				Project Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Mountain Resource Center Inc 11030 Kitty Dr Conifer, CO 80433	84-1178699	501(c)(3)	38,339				Project Support
National Jewish Health 1400 Jackson Street Denver, CO 80206	74-2044647	501(c)(3)	175,932				Project Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Northern Colorado Food Cluster PO Box 1545 Fort Collins, CO 80522	20-0348200	501(c)(3)	38,740				Project Support
Revision International 1536 Wynkoop St Suite 600 Denver, CO 80219	26-1204343	501(c)(3)	51,783				Project Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Rocky Mountain Youth Medical & Nursing 9197 Grant Street Thornton, CO 80229	84-1321485	501(c)(3)	140,874				Project Support
S E T of Colorado Springs Inc 2864 S Circle Colorado Springs, CO 80906	84-1183335	501(c)(3)	40,105				Project Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
TESSA 435 Gold Pass Colorado Springs, CO 80906	84-0746803	501(c)(3)	30,031				Project Support
The Children's Hospital Association 13123 E 16th Ave Box 045 Aurora, CO 80045	84-0166760	501(c)(3)	37,283				Project Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC 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
Tri Lakes Cares PO Box 1301 Monument, CO 80132	74-2501356	501(c)(3)	19,296				Project Support

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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" 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
KAISER FOUNDATION 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 on 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 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 ☐ 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 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**	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), 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?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
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?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
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 accured 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**	Yes	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**	Yes	

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
	(i) Base 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
See Additional Data	

Additional Data

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

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 3	METHODS USED TO ESTABLISH COMPENSATION OF CEO/EXECUTIVE DIRECTOR THE FILING ORGANIZATION RELIED ON A RELATED ORGANIZATION 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 OF A RELATED ORGANIZATION

Part III, Supplemental Information

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4A	- Severance Payments - James Newsome $ 198,485 Eric C Saltmarsh 293,179 Nancy Wollen 273,204 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

Part III, Supplemental Information

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENT Gregory Adams $ 292,234 Keith Evans 85,918 Kathryn Lancaster 322,425 Donna Lynne 3,229,867 Thomas Meier 105,522 James Newsome 38,283 Eric C Saltmarsh 182,327 Arthur Southam 352,920 Deborah Stokes 59,716 Bernard Tyson 815,201 Matthew Weber 78,737 Nancy Wollen 267,025 Victoria Zatkin 85,158 Mark Zemelman 197,189 SOME OF THE PARTICIPANTS LISTED IN SCHEDULE J, PART II PARTICIPATED IN NONQUALIFIED SUPPLEMENTAL RETIREMENT PLANS UNDER THESE PLANS, THE ORGANIZATION MAKES ANNUAL CONTRIBUTIONS TO A NOTIONAL ACCOUNT ON BEHALF OF EACH PARTICIPANT CONTRIBUTIONS VARY BY POSITION, LEVEL AND PAY, AND VEST OVER TIME BASED ON AGE AND/OR SERVICE PARTICIPANT ACCOUNTS ARE CREDITED WITH A FIXED RATE OF INTEREST, INVESTED IN AVAILABLE MUTUAL FUNDS OR A COMBINATION OF BOTH CERTAIN OFFICERS ACCRUE A BENEFIT THAT VESTS BASED ON AGE AND SERVICE AND TARGETS A PERCENTAGE OF FINAL AVERAGE PAY LESS PRIOR PLAN OFFSETS UNVESTED AMOUNTS ARE SUBJECT TO RISK OF FORFEITURE

Part III, Supplemental Information

Return Reference	Explanation
SCHEDULE J, PART I, LINE 7	NON-FIXED PAYMENTS 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

Part III, Supplemental Information

Return Reference	Explanation
SCHEDULE J, PART I, LINE 8	Certain amounts reported in Form 990, Part VII, were paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3) Fixed payments were paid to or accrued for ONE FORMER OFFICER in 2016

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part II, Column C	The actuarial value for some individuals' defined benefit plan declined in 2016, resulting in negative values in column (C) in some instances

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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
1Gregory Adams EVP, Group President	(I)	0	0	0	0	0	0	0
	(II)	895,570	1,220,621	341,459	661,797	-26,228	3,145,675	0
1Jandel T Allen-Davis VP, Govt & External Relations	(I)	0	0	0	0	0	0	0
	(II)	245,621	97,064	17,848	104,961	-25,096	490,590	0
2Suzanne Anest VP, MSBD - Colorado	(I)	0	0	0	0	0	0	0
	(II)	207,414	104,164	90,053	85,640	-21,536	508,807	0
3Ramon F BaezDirector	(I)	0	0	0	0	0	0	0
	(II)	141,676	0	10,915	0	-0	152,591	0
4Vanessa Benavides SVP, Chief Comp & Priv Officer	(I)	0	0	0	0	0	0	0
	(II)	383,496	150,000	87,047	170,663	-19,085	810,291	22,145
5Regina M Benjamin MD MBA Director	(I)	0	0	0	0	0	0	0
	(II)	189,500	0	7,678	0	-0	197,178	0
6Maryann Bodayle ASSISTANT SECRETARY	(I)	0	0	0	0	0	0	0
	(II)	149,101	14,912	2,238	24,809	-8,720	199,780	0
7Justin C Chang VP, Quality & Innovation	(I)	0	0	0	0	0	0	0
	(II)	262,220	134,534	34,405	79,065	-24,234	534,458	12,466
8Thomas W Chapman EDD Director	(I)	0	0	0	0	0	0	0
	(II)	0	0	513,713	0	-0	513,713	448,199
9Jeffrey E EpsteinDirector	(I)	0	0	0	0	0	0	0
	(II)	199,500	0	7,371	0	-0	206,871	0
10Keith EvansVP, MSBD - CO	(I)	0	0	0	0	0	0	0
	(II)	227,358	152,882	185,707	89,259	-26,892	682,098	65,270
11Daniel Garcia SVP, Chief Compliance Officer	(I)	0	0	0	0	0	0	0
	(II)	274,311	828,960	34,324	-13,502	-15,672	1,139,765	0
12J Eugene Grisby III PhD Director	(I)	0	0	0	0	0	0	0
	(II)	0	0	27,039	0	-0	27,039	27,039
13Jeffrey Hahn Senior Program Manager	(I)	0	0	0	0	0	0	0
	(II)	146,661	11,150	17,287	62,393	-28,388	265,879	0
14George Halvorson Chairman	(I)	0	0	0	0	0	0	0
	(II)	0	0	37,258	4,120	-0	41,378	17,548
15Jerry F Hartbarger VP, HR - Colorado	(I)	0	0	0	0	0	0	0
	(II)	245,529	105,059	16,000	73,555	-26,451	466,594	11,339
16Leslie S HeiszDirector	(I)	0	0	0	0	0	0	0
	(II)	199,500	0	15,618	0	-0	215,118	0
17David HoffmeisterDirector	(I)	0	0	0	0	0	0	0
	(II)	214,500	0	11,309	0	-0	225,809	0
18Judith A Johansen JD Director	(I)	0	0	0	0	0	0	0
	(II)	227,000	0	13,707	0	-0	240,707	0
19Kim J KaiserDirector	(I)	0	0	0	0	0	0	0
	(II)	204,500	0	12,047	0	-0	216,547	0

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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
21 Kathryn Lancaster EVP & CFO	(I)	0	0	0	0	0	0	0
	(II)	823,192	1,486,990	371,044	570,456	-18,145	-3,269,827	15,594
1 Donna Lynne EVP, GP & Region Pres - CO	(I)	0	0	0	0	0	0	0
	(II)	250,147	1,703,753	3,260,111	120,565	-10,818	-5,345,394	2,322,965
2 R Roland Lyon Regional President - Colorado	(I)	0	0	0	0	0	0	0
	(II)	403,442	168,643	20,678	178,055	-28,120	-798,938	0
3 Philip A MarneauDirector	(I)	0	0	0	0	0	0	0
	(II)	222,000	0	7,371	0	-0	-229,371	0
4 Denise Mckenna VP, HPSA - CO	(I)	0	0	0	0	0	0	0
	(II)	244,163	141,783	37,501	91,910	-22,466	-537,823	0
5 Shawn J Mehta VP, HPSA - Colorado	(I)	0	0	0	0	0	0	0
	(II)	249,693	118,856	312,265	98,642	-23,597	-803,053	0
6 Thomas Meier SVP, Corporate Treasurer	(I)	0	0	0	0	0	0	0
	(II)	382,345	523,823	144,650	111,392	-27,372	-1,189,582	42,160
7 James Newsome VP, Finance	(I)	0	0	0	0	0	0	0
	(II)	76,864	145,168	250,694	0	-0	-472,726	0
8 Donald OrndoffSVP, NFS	(I)	0	0	0	0	0	0	0
	(II)	418,115	491,764	25,961	185,822	-30,493	-1,152,155	0
9 Edward PeiDirector	(I)	0	0	0	0	0	0	0
	(II)	214,000	0	12,739	18,000	-0	-244,739	0
10 Margaret E Porfido JD Director	(I)	0	0	0	0	0	0	0
	(II)	229,500	0	17,858	0	-0	-247,358	0
11 J Neal PurcellDirector	(I)	0	0	0	0	0	0	0
	(II)	11,000	0	35,000	0	-0	-46,000	18,192
12 Rochelle Roth ASSISTANT SECRETARY	(I)	0	0	0	0	0	0	0
	(II)	178,161	71,788	24,645	99,908	-17,958	-392,460	0
13 Eric C Saltmarsh VP, Ops Planning & Perf Analys	(I)	0	0	0	0	0	0	0
	(II)	0	109,452	562,631	51,780	-20,429	-744,292	83,903
14 Jacqueline Sellers ASSISTANT SECRETARY	(I)	0	0	0	0	0	0	0
	(II)	195,357	60,644	9,121	75,309	-12,779	-353,210	0
15 Richard Shannon MD Director	(I)	0	0	0	0	0	0	0
	(II)	212,000	0	0	0	-0	-212,000	0
16 Arthur Southam EVP, Health Plan Operations	(I)	0	0	0	0	0	0	0
	(II)	851,992	1,521,837	401,806	438,204	-26,212	-3,240,051	7,159
17 Deborah Stokes SVP,Corporate Controller & CAO	(I)	0	0	0	0	0	0	0
	(II)	42,705	395,366	65,873	2,147	-1,773	-507,864	0
18 Paul M Swenson SVP & Chief Strategy Officer	(I)	0	0	0	0	0	0	0
	(II)	543,997	508,966	46,327	151,503	-27,344	-1,278,137	0
19 Cynthia A Telles PHD Director	(I)	0	0	0	0	0	0	0
	(II)	212,500	0	11,309	0	-0	-223,809	0

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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
41 Bernard Tyson Chairman & CEO	(I)	0	0	0	0	0	0	0
	(II)	1,274,847	6,056,494	1,198,157	0	0	8,529,498	0
1 Alfonse Upshaw SVP,Corporate Controller & CAO	(I)	0	0	0	0	0	0	0
	(II)	330,597	250,737	35,278	83,390	24,924	724,926	0
2 Eugene Washington MD Director	(I)	0	0	0	0	0	0	0
	(II)	186,176	0	450	0	0	186,626	0
3 Matthew Weber Assistant Secretary	(I)	0	0	0	0	0	0	0
	(II)	253,401	119,173	94,876	93,290	28,680	589,420	58,872
4 Nancy Wollen SVP, Chief Operating Officer	(I)	0	0	0	0	0	0	0
	(II)	222,032	198,477	576,738	121,073	38,807	1,157,127	252,423
5 Hong-Sze Yu Assistant Secretary	(I)	0	0	0	0	0	0	0
	(II)	219,652	68,784	15,909	104,663	22,269	431,277	0
6 Victoria Zatkin VP, Off of Brd & Corp Gov Svc	(I)	0	0	0	0	0	0	0
	(II)	25,068	99,763	91,952	1,394	334	218,511	85,158
7 Mark Zemelman SVP, General Counsel & Secy	(I)	0	0	0	0	0	0	0
	(II)	547,086	839,524	243,563	339,949	30,025	2,000,147	0

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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 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

2016

Open to Public Inspection

Name of the organization
KAISER FOUNDATION HEALTH PLAN OF COLORADO

Employer identification number

84-0591617

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, PART III, LINE 4A-D	2016 Community Benefit Report Kaiser Foundation Health Plan of Colorado Kaiser Foundation Health Plan of Colorados Commitment to the Community Kaiser Foundation Health Plan of Colo rado (Colorado Health Plan or KFHP-CO) provides and arranges comprehensive health care ser vices for members on a predominantly prepaid basis Its contractual obligations to group a nd individual members are fulfilled by contracting with local hospitals and Permanente Med ical Group physicians to provide health care services for its members KFHP-CO strives for excellence in serving its members through market-leading performance in quality and servi ce As a subsidiary of Kaiser Foundation Health Plan, Inc (KFHP, Inc), membership is ava ilable without regard to age, sex, race, religion, or national origin, or to the individua ls ability to pay Colorado Health Plan members are broadly representative of the communit ies served Once enrolled, a member may maintain membership regardless of health or employ ment status As related nonprofit organizations, Kaiser Foundation Health Plan, Inc and K aiser Foundation Health Plan of Colorado are committed to improving the health of communit ies beyond enrolled membership Annual investments in a range of Community Benefit program s are a fundamental embodiment of the organizations ongoing commitment to improve the gene ral wellbeing within the broader community These investments result in intentional, plann ed, measurable, and accountable benefits intended to address many of the health challenges faced at the individual, local, state, and national levels In 2007, Kaiser Foundation He alth Plan Inc s board of directors refined the focus of the organizations Community Benefi t programs and established the following four priority areas which have come to be known a s "Streams of Work" A Care and Coverage for Low-Income People Creates and supports progr ams that lower the financial barriers for the under- and uninsured B Community Health In itiatives (CHI) Seeks to measurably improve the health of the communities we serve Design s, delivers, and sustains long-term programs that engage communities in work to improve co nditions in their neighborhoods C Safety Net Partnerships Builds partnerships with commu nity 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 D Developing and D isseminating Knowledge Improves health care by sharing our knowledge educating practitione rs, advancing research, empowering consumers, and informing policymakers about evidence-ba sed care and health In addition to the streams of work noted above, KFHP-CO also made con tributions to benefit the communities served in the following areas E Other Community Be nefit Investments - Support Community Benefit activities and programs beyond the national streams of work, including the

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Return Reference	Explanation
Form 990, PART III, LINE 4A-D	administrative expenses of regional Community Benefit departments dedicated to supporting the organizations Community Benefit programs and services and coordinating related initia tives F Environmental Stewardship - Protecting and improving the natural environment is a key component of KFHP-COs mission to improve the health of the community it serves Alth ough costs associated with this initiative are not included in the dollars reported as Com munity Benefit investments, efforts in this area contribute to advancing a broader vision emphasizing healthy people and healthy environments while also improving health care quali ty and affordability The following are details of the Community Benefit activities provid ed by Kaiser Foundation Health Plan of Colorado In 2016, Colorado Health Plan served over 663,000 members and expended approximately $116 3 million (at cost, net of $90 million of related revenues) to support Community Benefit activities The following summarizes many of the signature Community Benefit programs and services grouped according to the national Streams of Work A Care and Coverage for Low-Income People Improving health care access for those with limited incomes and resources is fundamental to Kaiser Foundation Health Pl an of Colorados mission In 2016, Colorado Health Plan expended $95 4 million (at cost, ne t of $81 million of related revenues) to address the financing and delivery of health care for populations vulnerable due to socio-economic status, illness, ethnicity, age, or othe r factors Program beneficiaries (under- and uninsured) received free or discounted care i n a Kaiser Permanente facility or by a Permanente provider A 1 Charitable Care (Medical Financial Assistance and Charitable Health Coverage Programs) Colorado Health Plan provide s charity care to low-income vulnerable populations through the Medical Financial Assistan ce (MFA) and Charitable Health Coverage (CHC) programs In 2016, the Colorado Health Plan spent approximately $26 2 million (at cost, net of $1 8 million in related revenues) to su pport under- and uninsured patients A 1 1 Medical Financial Assistance (MFA) Program The Colorado Health Plans Medical Financial Assistance program provides financial assistance for emergency and medically necessary services, medications, and supplies to patients with a demonstrated financial need Patients must receive health care services at facilities o perated by Kaiser Permanente and/or from a Kaiser Permanente provider Eligibility is base d upon prescribed levels of income to patients who have exhausted other private and public sources of support In 2016, KFHP-CO provided $25 2 million (at cost, net of $0 related r evenues) to under- and uninsured patients At KFHP-CO, uninsured patients receive a discou nt on hospital and professional charges for emergency or other medically necessary care wi thout application and regardless of income level The discount is provided to ensure that an uninsured individual is not

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Form 990, PART III, LINE 4A-D	charged more for emergency or other medically necessary services than the amounts general ly billed to insured individuals receiving equivalent care Contracted collection agency p ractices are aligned with the organizations social values and IRC section 501(r) Addition ally, any patient experiencing financial hardship due to high medical expenses relative to their income level may qualify for the program under KPs high medical expense criteria I n Colorado, the MFA programs eligibility criteria allows patients falling at or below 300% of the Federal Poverty Guidelines (FPG) to receive full (100%) write off of patient out-o f-pocket costs In 2016, KFHP-COs MFA program assisted more than 10,000 qualifying applica nts, and served more than 1,800 patients who were not otherwise covered by a health care p lan offered by Kaiser Foundation Health Plan of Colorado This population received full fo rgiveness for over 105,000 outpatient visits and over 98,000 prescriptions A 1 1 1 Commu nity Medical Financial Assistance (CMFA) The MFA program also includes support for communi ty-based initiatives, known as Community Medical Financial Assistance (CMFA) CMFA program s are designed to broaden access to health care within the community and help KFHP-CO fulf ill its objectives to reduce the financial barriers that limit access to care for qualifie d low income populations Current CMFA programs include the following two offerings sponso red by KFHP of Colorado A 1 1 1 1 Safety Net Specialty Care Program KFHP of Colorado beg an allowing primary care providers from three health care Safety Net Systems (Metro Commun ity Provider Network or MCPN, Clinica Family Health Services or Clinica and Salud Family H ealth Centers or Salud) to electronically request advice (e-consult) with select KFHP of C olorado employed specialists KFHP-CO also offered direct care services to Safety Net pati ents, as well as opportunities for medical education This program responds to a significa nt community need for access to specialty care for uninsured patients who are ineligible f or coverage options By and large, the health care Safety Net is a source of primary care for the underserved and when a patient requires specialty care, these services are often u navailable to them This can result in overuse of emergency rooms, overuse of the primary care system and people living with uncontrolled chronic conditions, often causing financia l strain on their families

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A 1 1 1 2 Hospital Surgical Services	The CMFA program also provides access to hospital based and clinical follow up care servic es for patients who are under or uninsured and already deemed eligible for MFA by a partne r agency In partnership with three community hospital partners, SCL Healths Saint Joseph Hospital, SCL Healths Good Samaritan Medical Center, and HealthONEs Swedish Medical Center , patients are provided access to important and medically necessary specialty services and the necessary follow up care A 1 2 Charitable Health Coverage (CHC) Program Charitable Health Coverage is a unique approach to caring for low-income uninsured persons in the com munity Eligible participants receive a regular Kaiser Permanente Health Plan membership c ard and access to the full range of services and providers a much better alternative to a potentially costly emergency room visit or hospitalization This allows Colorado Health Pl an to invest in the longer term health of patients and the community KFHP-COs CHC program s have a long history of making a real difference in the lives of persons who might otherw ise have no permanent medical home During 2016, KFHP-CO invested approximately $1 million (at cost, net of $1 8 million of related revenues) to support the CHC program The CHC pr ogram includes a separately administered premium subsidy that CHC members use for the purc hase of a standard off-exchange Kaiser Permanente Individual/Family (KPIF) gold level plan To ensure that patient cost sharing obligations do not become a barrier to care, a Medic al Financial Assistance award is provided to CHC members at the time of enrollment in the CHC program Recertification takes place about every two years to confirm that members rem ain eligible to participate Prospective members are invited to apply during limited annua l enrollment periods and after experiencing triggering events A 1 2 1 Bridge Program KFH P of Colorados Bridge Program is designed to help those who are uninsured, with no access to other health coverage, obtain coverage under a standard Kaiser Permanente Individuals a nd Families (KPIF) plan (KP CO Gold 0/20) The Colorado Bridge Program also includes an aw ard issued under the Medical Financial Assistance program sponsored by KFHP-CO Medical Fi nancial Assistance eliminates out-of-pocket costs for most services provided at KFHP medic al offices Participants in the Bridge Program must have income at or below 300 percent of the Federal Poverty Level (FPL) and must be under the age of 35 years at time of enrollme nt They also must not have access to any other public or private health coverage The pla n benefits include all essential health benefits, including primary and specialty care off ice visits, preventive services, lab procedures, outpatient surgeries, inpatient hospital care, mental health visits, emergency room visits, and urgent care visits The coverage pe riod lasts up to 24 months with an opportunity to renew Over 400 members were enrolled in KFHP-COs Bridge Program at th

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A 1 1 1 2 Hospital Surgical Services	e end of 2016 A 2 Participation in Medicaid and Other Government-Sponsored Programs Kais er Foundation Health Plan of Colorado has a long history of providing access to low- and m oderate-income individuals as a nonprofit organization KFHP-CO participates in Medicaid a nd other government-sponsored programs depending on the State of Colorados structure of th ese benefits In 2016, Colorado Health Plan provided care and services valued at $69 2 mil lion (at cost, net of $79 1 million of related revenues) for members and nonmembers in pro grams sponsored by the federal and state governments As of December 2016, Medicaid partic ipants, including members of Child Health Plan Plus, whose health care needs had been assi gned to Colorado Health Plan surpassed 62,000 The Affordable Care Act has had a far-reach ing impact on the landscape of government-sponsored programs, as these options have become a key source of health coverage for a significant portion of the American population KFH P-CO has responded to this challenge by developing organizational strategies to enable ind ividuals whose coverage is changing due to personal or financial circumstances continue to obtain medical care at a KFHP-CO facility Realized and anticipated growth in the organiz ations Medicaid offerings closely aligns with and supports Colorado Health Plans core miss ion, tax exempt status, credibility in state and federal policy arenas, and community heal th needs focusing on access to care To better cope with the expansion of KFHP-COs Medica l d program, a Medicaid Assistance Center (MAC) was opened for operation in 2014 With an em phasis on delivering bilingual support, the representatives in this center provide special ized enrollment services by assisting callers in understanding Medicaid eligibility in the ir state and the qualifications to enroll in Medicaid with KFHP-CO A proactive follow-up process has been implemented to nurture a good foundational relationship with those prospe cts that elect to receive communications A 2 1 Assignment of Medicaid Participants Impro ving access to care for vulnerable populations is fundamental to KFHP-COs social mission t o improve the health of the communities served, and is consistent with the obligations of a tax exempt organization As a participant in Colorados Medicaid program, Colorado Health Plan provides primary and specialty care to Accountable Care Collective (ACC) Medicaid be neficiaries who have been assigned to KFHP-CO as their primary care provider Beneficiarie s have access to both primary and specialty care in Colorado Health Plan facilities as wel l as pharmacy In 2016, Colorado Health Plan provided access to care and services to more than 53,000 beneficiaries at a net loss of $57 2 million (at cost, net of $64 8 million of related revenues) Effective in June 2016, Medicaid in Colorado became "Health First Colo rado" This represents Colorados fresh approach to public health care coverage In additio n to the states new name for i

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A 1 1 1 2 Hospital Surgical Services	ts Medicaid Program, KFHP of Colorado launched a new Medicaid Program to be called Access KP, with enrollment beginning in July 2016 Access KP is a KFHP of Colorado Medicaid progr am run in partnership with the State of Colorado Department of Health Care Policy and Fina ncing (HCPF) and the Regional Care Coordination Organization, Colorado Access A 2 2 Medi caid Fee-for-Service Program KFHP-CO also provided health care services on a fee-for-servi ce basis for Medicaid beneficiaries who have not been assigned to KFHP-CO as their primary care provider Approximately $5 2 million of health care services (at cost, net of $0 in related revenues) was incurred on behalf of this population during 2016 A 2 3 Child Heal th Plan Plus (CHP+) Colorado Health Plan serves approximately 9,100 beneficiaries under th is fully capitated HMO arrangement CHP+ serves children under age 19 and pregnant women a ge 19 and over who are permanent legal residents with household income below 260% of feder al poverty guidelines Eligibility includes proof of household income and permanent legal residency Applicants who are eligible for Medicaid do not qualify for this state program The health services covered by the Child Health Plan Plus include regular checkups, immun izations, prescriptions, hospital services, eyeglasses, hearing aids, and dental exams and cleanings In 2016, KFHP-CO recognized losses of $6 7 million (at cost, net of $14 2 mill ion of related revenues) related to this program A 2 4 Contribution to Knowledge KFHP of Colorado actively participates in Colorado Health Care Policy and Financings Benefits Col laborative, which was established in 2008 in an effort to define the services that Medica l d covers The Benefits Collaborative seeks to ensure that the benefits covered under Color ados Medicaid program are cost effective, based on clinical evidence and best practices, a nd promote good health among Medicaid clients

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A 3 Care and Coverage Investments in the Community	In 2016, the following initiative was funded through investments in the Care and Coverage Stream of Work A 3 1 Rocky Mountain Youth Medical & Nursing Consultants In 2016, KFHP-CO continued its support of Rocky Mountain Youth Medical and Nursing Consultants, Inc by aw arding over $140,000 from a multi-year commitment of $205,000 This grant supports the car e of youth who suffer from chronic conditions in an evidence-based integrated care managem ent plan that improves their health and increases their chances of academic success The c are management team models their intervention on the family, not just the student Results to date include the AthenaHealth Electronic Health Records (EHR) system launched in Octob er 2016, by the Rocky Mountain Youth Clinic (RMYC) RMYC identified 335 unduplicated Kids Clinic patients with asthma or obesity as of December 31, 2016 Of these, 136 were identif ied as obese and 199 were identified as having asthma, and were referred either to Childre ns Hospital Colorados Shape Down program and/or Aurora Public Schools Mend program B Com munity Health Initiatives The Community Health Initiatives (CHI) strategy aims to improve the health of individuals, families, and communities by addressing the social, economic, a nd environmental determinants of health Research supports the central premise that excell ent medical care alone is insufficient to create healthy people in healthy communities Ev idence underscores the importance of changing community environments as a critical communi ty health strategy Guided by this evidence, Kaiser Foundation Health Plan of Colorado, In c supports comprehensive initiatives that focus on policy and environmental changes to pr omote healthy eating and active living (HEAL), community safety, economic stability, and s ocial and emotional wellness Two of the primary programs supported within the CHI Stream of Work include Healthy Eating, Active Living (HEAL) and obesity prevention Healthy eatin g, active living has been and continues to be a compelling focus for Kaiser Foundation Hea lth Plan of Colorados work, as obesity continues to be a significant and pervasive public health problem Despite encouraging signs of obesity rates leveling off in recent years, s ubstantial racial and ethnic disparities continue to exist Also, through a focus on healt hy eating and active living, Colorado Health Plan can have a marked impact on a wide range of health conditions including pre-diabetes, diabetes, cardiovascular disease and several cancers that are affected by these behaviors Finally, a focus on nutrition, physical act ivity and weight management are highly aligned with Colorado Health Plans clinical experti se in this area, including a prevention orientation and a number of existing programs and partnerships Wherever possible, KFHP-CO supports a concentration of multiple strategies t hat enable sustainable change towards healthy eating and active living lifestyles These i nclude policies and practices

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A 3 Care and Coverage Investments in the Community	to reduce the availability and consumption of sugar-sweetened beverages, encourage the est ablishment of safe spaces, promote active transportation policies that support equitable p ublic transit, and create connections between health clinics and community resources Thri ving Schools Thriving Schools is an initiative to improve healthy eating, physical activit y, and social and emotional wellness in K-12 schools within Kaiser Foundation Health Plan of Colorados geographic service areas Thriving Schools efforts focus on policy, systems, and environmental changes that make the healthy choice the easy choice Interventions aim to create a culture of health on school campuses to spur individual behavior change target ing students, teachers, and staff In 2016, Colorado Health Plan spent approximately $2 6 million to support Community Health Initiatives that addressed needs underscored by recent Community Health Needs Assessments B 1 CHI Programs and Services Colorado Health Plan w orks with community-based organizations to design, deliver, and sustain long-term efforts that improve the conditions of neighborhoods, workplaces, schools, and other settings In some cases, the community health initiatives programs have also addressed community econom ic development, neighborhood safety, and other key drivers of healthy communities In Colo rado, the Community Health Initiative (CHI) strategy is informed by the Community Health N eeds Assessment (CHNA) and Implementation Strategy (IS) which identified the following six broad community health needs - Economic stability and vitality - Healthy eating active l iving (HEAL) - Mental health - Access to primary and specialty care - Climate change - Sub stance use In 2016, CHIs primary focus was on HEAL and mental health, with other Communit y Benefit activities and resources focused on access to primary and specialty care and eco nomic stability and vitality In 2014, KFHP of Colorado invested $4 85 million over three years in LiveWell Colorado (LWC) LWC is a place-based initiative, in 23 communities throu ghout the KFHP of Colorado service area In 2016, LiveWell Colorado adopted a new strategi c direction that left seven (7) LiveWell Colorado communities in the fourth or fifth years of project implementation and unable to continue their work after 2016 KFHP of Colorado in collaboration with The Colorado Health Foundation is providing funding to allow these s even LiveWell Colorado communities to complete the implementation phase of the projects th ey have already started, and to work toward achieving long-term sustainability of these co mmunity coalition efforts KFHP of Colorados investment of $1 6 million is to support cont inued efforts to create sustainable HEAL behaviors among the populations of these communit ies B 2 CHI Investments in the Community B 2 1 Summer Food Service Program In 2016, Col orado Health Plan invested $42 thousand to support Cultivando with the purpose to increase participation in the Summer F

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A 3 Care and Coverage Investments in the Community	ood Service Program During the first summer the program was implemented, Cultivando provi ded approximately 20,000 free meals to individuals and families in Colorado in the summer of 2016 This was a substantial increase from the previous summer in which approximately 2 ,500 meals were served B 2 2 Supplemental Nutrition Assistance Program (SNAP) In 2016, K FHP CO invested approximately $40 thousand to increase enrollment in SNAP benefits facilit ated through the SET Family Clinic in Southern Colorado The goal is to increase enrollmen t in SNAP in a collaborative effort with other organizations by linking 1,590 members of t heir community to SNAP education, application assistance and enrollment The SET Family Cl inic, in its first 8 months of program implementation, screened approximately 733 Colorada ns for food insecurity and assisted 101 families in applying for SNAP The number of house holds they assist has steadily increased each quarter B 3 Prior Year Contributions for C HI Investments In prior years, KFHP-CO made contributions to donor advised funds under the direction of a foundation operating in our local community These funds were intended to identify and support nonprofit organizations that meet community needs in the area of comm unity health initiatives In 2015, the following initiative was funded through disbursemen ts issued by the community foundation based upon recommendations informed by KFHP-CO's exp ertise B 3 1 Thriving Schools 16 School Districts In 2016, the Thriving Schools initiati ve received over $450,000 in connection with a 2-year grant totaling $968 thousand to incr ease physical activity before, during, and after school to be in compliance with Colorado House Bill 1069 which requires they offer physical activities at least 30 minutes per day In year one, 85 individual schools participated with 76% of districts reporting they prov ided at least 30 minutes a day of physical activity This program also found 36% of distri cts provided enough physical activity opportunities for children and adolescents to meet p ublic health recommendations of 60 minutes per day

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C Safety Net Partnerships	Kaiser Foundation Health Plan of Colorado is committed to building partnerships with the i nstitutions that serve on the front lines of health care for the uninsured and underserved By providing support to community health centers, public hospitals, and local health dep artments, KFHP-CO helps them deliver care and treatment to the most vulnerable in our comm unities KFHP-CO is dedicated to investing in communities and promoting good health for th e communities served As such, Safety Net Partnership (SNP) initiatives aim to strengthen the system of community clinics, public hospitals, and health departments to promote acces s to high quality care for the uninsured and underserved vulnerable populations Colorado Health Plan also focuses on improving access to health services and the transformation of care delivery to meet the challenges of the ever evolving performance expectations and rev enue design Efforts to improve access and transform care include work on increasing acce ss to specialty care services, increasing the utility of health information technology in safety net settings, addressing mental health and wellness, improving population outcomes and eliminating health disparities KFHP-CO also supports innovative efforts to bring both health care and support services closer to underserved populations through partnerships w ith school based health centers and community clinics Investments in Safety Net Partnersh ips target the following strategic focus areas I Quality Improvement II Capacity Buildi ng III Clinic-Community Integration IV Knowledge Dissemination V Improving Access to Ca re VI Total Health C 1 Safety Net Partnership Programs and Services Kaiser Foundation He alth Plan of Colorado, Inc did not recognize significant financial contributions in Safet y Net Partnerships Stream of Work in 2016, but it invested considerable effort towards adv ancing development of the safety net through deploying technical assistance and clinical s upport Below are examples of programs under SNP that addressed the targeted focus areas C 1 1 Capacity Building KFHP of Colorado and the Institute for Healthcare Improvement (IH I) have a long-standing partnership IHI, an independent not-for-profit organization based in Cambridge, Massachusetts, is a leading innovator in health and health care improvement worldwide At their core is the belief that everyone should get the best health care poss ible In support of the health care Safety Net, KFHP of Colorado grants conference fee sch olarships and accompanying travel support to Safety Net leaders for trainings and learning opportunities, made possible by an endowment established in partnership with IHI in 2004 In 2016, 66 scholarships were awarded to Safety Net staff to attend IHI convenings Addit ionally, scholarships were awarded to 4 safety net clinics to attend and present at the Ce nter for Care Innovations Safety Net Innovation Network twice in 2016 C 1 2 Community to Clinic Integration In 2016, K

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C Safety Net Partnerships	FHP of Colorado awarded 13 grants to work on decreasing food insecurity specifically 10 to increase enrollment in Supplemental Nutrition Program (SNAP) and 3 to increase participat ion in the Summer Food Service Program (SFSP) Grants began in March 2016 and will continu e through March 2018 In addition to an internal evaluation team, KFHP worked to secure fo ur other technical assistance providers that are available to the cohort C 2 Safety Net Investments in the Community The following are examples of initiatives funded in accordanc e with the objectives of the Safety Net Partnerships Stream of Work during the year C 2 1 Comprehensive Respiratory Care clinic (CRCC) In 2016 KFHP-CO extended over $175,000 in c onnection with a $1 million grant for the National Jewish Health organization in support o f the Comprehensive Respiratory Care Clinic (CRCC) The CRCCs focus is on the underserved and towards the development of the Colorado Respiratory Toolkit (CRT) Used as a web-based and in-person intervention tool, the CRT teaches evidence-based care for asthma and chron ic obstructive pulmonary disease in Federally Qualified Heath Centers and Colorado Health Medical Group clinics in the northern Front Range Select results to date include training on the CRT for 76 Rocky Mountain Youth clinic providers and staff Hiring is underway for the development of the initial infrastructure necessary to implement the outpatient clini c model for care between primary care/medical home and specialty care for low-income and h omeless adults with lung disease C 2 2 Healthier Learner Model North Central & Pikes Pea k Regions The Colorado Department of Education (CDE) received an installment of over $166, 000 from a cumulative grant in excess of $509 thousand in 2016 to support the Healthier Le arner Model (HLM) for a three-year term This model places a nurse into eight regions of C olorado Each regional nurse is accountable for creating a learning environment for their nurses to learn and implement the latest evidence based nursing practices related to chron ic conditions management, and building a stronger primary care community referral program Accomplishments for 2016 include the training of over 70 school nurses in the use of stan dardized asthma tools at a School Nurse Orientation program in July, 2016 Based on evalua tion feedback from the original 4-hour HLM workshop conducted by the CDE, a school-based a sthma management toolkit was developed and delivered along with an additional 2-hour infor mation technology (IT) workshop in August and September of 2016 for 28 nurses C 2 3 Nurs ing Workforce Ethnic Diversity & Institute of Medicine Recommendations In 2016 the Colorad o Center for Nursing Excellence received a grant for $47 5 thousand to support specific ac tivities in four areas including increasing the ethnic diversity of the nursing workforce, and implementing three Institute of Medicine (IOM) recommendations The focus of the thre e IOM recommendations is conce

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C Safety Net Partnerships	ntrated on increasing nursing academic preparation, expanding Colorados capacity to educat e new nurses, developing the role of nurses to be more effective community and clinical le aders, and working to reduce scope of practice barriers This project directly impacts at least 150 nurses and nursing students Highlights of 2016 results include 37 mentors and 3 8 mentees were matched to support the diversification of the nursing workforce via the Men tor Training Institute curriculum, a highly structure mentoring program for racially, ethi cally, culturally, and economically diverse nursing students Another project known as gro wn your own was developed to provide stipends to nurses living and working in rural commun ities to go back to school to become nurse practitioners and fill an access to care gap in their communities C 3 Prior Year Contributions for Safety Net Partnerships In prior yea rs, KFHP-CO made contributions to donor advised funds under the direction of a foundation operating in our local community These funds were intended to identify and support nonpro fit organizations that meet community needs in the area of safety net partnerships In 201 6, the following initiatives were funded through disbursements issued by the community fou ndation based upon recommendations informed by KFHP-CO's expertise C 3 1 Grants for Safe ty Net Partnership Initiatives In 2016, KFHP-CO continued its commitment to LAUNCH Togethe r by awarding $200,000 from a multi-year commitment This project represents a unique oppo rtunity for Kaiser Permanente to partner with 7 other health foundations pooling funds tow ards a $1 million multi-year grant awarded to the Rose Community Foundation This grant su pports the foundation in its efforts to scale a federal program designed to fuel community collaboration for improved early childhood mental health and development programs and sys tems to benefit higher risk children prenatally through age eight and their families Amon g the projects many accomplishments, for 2016, a kick-off event was held in January 2016 t o celebrate the Phase I Planning grants as part of a two-day partner retreat A LAUNCH Tog ether learning community concept was also developed, tying together components including o nline tools and resources, and peer-to-peer support

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C 3 2 Servicios de la Raza Behavioral Health/Substance Abuse	In 2016, Servicios de la Raza received over $49,000 from a total commitment expected to re ach over $99,000 This grant supports the revitalization of Servicios de la Razas substanc e abuse program and to fill a void in culturally competent substance abuse providers The program includes outpatient services to a minimum of 85 clients Select results to date in clude 18 students at Justice High School and 12 students at Escuela Tlatelolco who complet ed a 10-week substance abuse treatment program Twenty-one of sixty-six Individuals enroll ed in Servicios substance abuse program have a co-occurring mental health diagnosis Appro ximately 40% of these clients reported abstinence from alcohol and drug use within a 30-da y period D Developing and Disseminating Knowledge The Developing and Disseminating Knowl edge Stream of Work supports activities that improve health care by sharing knowledge, edu cating practitioners, advancing research, empowering consumers and informing policymakers about evidence-based care and health Kaiser Foundation Health Plan of Colorado spent appr oximately $10 3 million in 2016 (at cost, net of $9 1 million of related revenues) to supp ort programs and services associated with the development and dissemination of knowledge D 1 Medical Research Programs As the largest nonprofit integrated health system in the Un ited States, Kaiser Permanente has a long history of conducting health research related to both prevention and treatment of disease that benefits both Kaiser Foundation Health Plan members and the communities that are served Colorado Health Plans research efforts are c ore to the collective organizations mission to improve population health, and promote cont inued learning Researchers study critical health issues including cancer, cardiovascular conditions, diabetes, behavioral and mental health, and health care delivery improvement while remaining broadly centered upon the following three themes - Understanding health r isks, - Addressing patients needs and improving health outcomes, and - Informing policy an d practice to facilitate the use of evidence-based care Kaiser Permanente is uniquely pos itioned to do research due to its rich, longitudinal, electronic clinical databases that c apture virtually complete health care delivery, payment, decision-making and behavioral da ta in detail to support primary, secondary and tertiary clinical care across inpatient, ou tpatient and emergency department settings for more than 10 million geographically and dem ographically diverse members D 1 1 National Research Program Colorados Institute for Hea lth Research is one of seven regional centers overseen and administered by the Kaiser Foun dation Research Institute (KFRI) and three national research infrastructure support center s Research projects conducted by this collaborative team have yielded findings that affec t not only the practice of medicine within the area served by KFHP-CO, but also for societ y-at-large The following are

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C 3 2 Servicios de la Raza Behavioral Health/Substance Abuse	descriptions of the entities providing support at the national level D 1 1 1 Kaiser Found ation Research Institute (KFRI) The Kaiser Foundation Research Institute (KFRI) is a natio nal program established in 1958 to administer and support research at Kaiser Permanente K FRIs responsibilities include overseeing and maintaining Kaiser Permanente's relationship with federal granting agencies, providing contract negotiation services for all regional centers, promoting responsible research conduct, and partnering with clinical trials stake holders across Kaiser Permanente to ensure quality and compliance through the clinical tri als program D 1 1 2 The Center for Effectiveness and Safety Research (CESR) The Center fo r Effectiveness & Safety Research enhances opportunities to answer questions about which i nterventions work best for whom across all of KPs regional centers by investing in the ong oing development of a common data model, convening researchers and organizational leaders at an annual meeting and via webinars, and by conducting research The center routinely pa rtners with investigators in KPs regional research centers and with selected operational a nalytical groups D 1 1 3 The Utility for Care Data Analysis (UCDA) The Utility for Care D ata Analysis (UCDA) was created to ensure that analysts and researchers throughout Kaiser Permanente are able to fully realize the analytical potential of Kaiser Permanentes enterp rise-wide information systems This allows experts to compile and compare clinical and uti lization data from across Kaiser Permanente in order to assess patterns in health, health care delivery, and clinical quality UCDA has developed tools for using geographic informa tion systems and providing analytic support for Community Benefit, including the Community Health Needs Assessments D 1 1 4 The Kaiser Permanente Research Bank The Kaiser Permanen te Research Bank is a research resource designed to help the organization better understan d how peoples health is affected by their genes, behaviors and the environment It allows researchers to use DNA and other health information voluntarily provided by a diverse cros s-section of KP members to study how genetic and environmental factors affect health, and look for new ways to diagnose, treat and prevent certain diseases KP has set a goal to co llect data from a total of 500,000 participants from all seven regional centers, which wou ld make it one of the worlds largest and most diverse repositories of genetic, environment al and health data To date, more than 250,000 members from four geographic regions have p articipated in bio-banking efforts D 1 2 Regional Research Center D 1 2 1 Colorado's Re search Program The principal research activities conducted in Colorado take place at the f ollowing regional research center D 1 2 1 1 The Institute for Health Research The Instit ute for Health Research was established in 1990 The institute partners with members, clin icians, fellow researchers, an

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C 3 2 Servicios de la Raza Behavioral Health/Substance Abuse	d local and national organizations and aims to improve quality of life and reduce health d isparities through patient, community, and policy centered research The institute's resea rchers study innovative technologies to enhance the impact and sustainability of evidence based health care The institute conducts research to address the Institute of Medicine's goals for a reformed health care system that is safe, effective, timely, efficient, equita ble, affordable, and patient-centered Colorado Health Plan provided approximately $2 5 mi llion (at cost, net of $9 1 million of related revenues) for medical research projects in 2016

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Key Statistics	Number of research papers published in journals in 2016 75 Number of investigators 14 Nu mber of support staff 69 Number of clinical trials in 2016 53 Number of active studies (clinical and non clinical trials) in 2016 200 Top Research Areas - Epidemiology - Behavi oral Health Research - Health Services D 1 2 1 2 Major Areas of Funded Research The follo wing are examples of research projects conducted by investigators at the Institute for Hea lth Research in Colorado in 2016 D 1 2 1 2 1 The Association Between Molecular markers i n Colorectal Sessile Serrated Polyps and Colorectal Cancer Risk Research Area Cancer The primary objective of this research is to identify histologic characteristics and molecular markers associated with an increased risk of colorectal cancer in patients with sessile s errated polyps Primary Funding Provided By US Department of Defense D 1 2 1 2 2 Using V alues Affirmation to reduce the Effects of Perceived Discrimination on Hypertension dispar ities Research Area Cardiovascular Conditions The aims of this project are to (1) compar e the effects of the values-affirmation exercise with a control exercise on antihypertensi ve medication adherence in African American patients across three clinical settings, (2) c ompare the effects of the values-affirmation exercise in African American patients with it s effects in white patients with similar socioeconomic and clinical characteristics, and (3) assess the suitability of the intervention for widespread dissemination using the RE-AI M (Reach, Effectiveness, Adoption, Implementation and Maintenance) framework Primary Fund ing Provided By National Institutes of Health/National Heart Lung and Blood Institute thr ough University of Colorado Denver D 1 2 1 2 3 The Safety and Impact of Expanded Access t o Naloxone in Health Systems Research Area Behavioral Health and Mental Health In this st udy researchers are examining the impact and safety of expanded access to naloxone, an eff ective opioid antidote which reverses opioid overdose, for patients prescribed opioids for pain in two large and diverse health systems Primary Funding Provided By The National I nstitutes for Health/The National Institutes on Drug Abuse D 2 Educational Theatre Progra ms (ETP) Confronted with an urgent need for preventive health information in the communiti es we serve, the Educational Theatre Program (ETP) was created to inspire children, teens and adults to make informed decisions about their health and to build stronger, healthier communities The Educational Theatre Program uses live theatre, music, comedy, and drama a nd these educational programs were developed with the advice of teachers, parents, student s, health educators, medical professionals, and professional theatre artists Performances are delivered by professional actors who are also trained as peer health educators, and a re performed free of charge for the community ETP also provides schools and organizations with supplementary educationa

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Key Statistics	l materials, such as workbooks, parent and teacher guides, and student wallet cards to rei nforce the messages presented on stage In 2015, in order to more accurately capture the b readth of work being done, KFHP of Colorado changed ETPs name to Arts Integrated Resources (AIR) In 2016, KFHP Colorado invested approximately $2 1 million to educate and entertai n approximately 108,000 people across Colorado who enjoyed the opportunity to view or part icipate in one of the more than 800 performances, workshops and other educational interact ions offered during 2016 D 2 1 Arts Integrated Resources (AIR) AIR integrates the arts w ith multi-media technology and public health knowledge to improve community health All pr ograms and services provided by AIR are rooted in the philosophy and best practices of Pos itive Youth Development (PYD), a strength-based approach that sees all people as bearers o f solutions rather than problems to be fixed Through the years, over three million people in Colorado have been reached by AIRs free programs in the following areas D 2 1 1 Educ ational Theatre For 2016, Educational Theatre programs sponsored programming that focused on healthy eating and active living, in addition to developing new programming designed to address mental health and social emotional wellness with elementary school audiences Off erings included Health Team 4, a play that promotes physical activity and nutrition throug h evidence-informed, nationally recognized 5-2-1-0 messaging The Pressure Point and When Youre Seeing Stars focus on resiliency skills for elementary school students Finally, Peo ple Like Vince seeks to raise understanding of mental health issues for upper elementary a udiences D 2 1 2 Experiential Learning Experiential Learning creates open dialogue for g roups to navigate social issues through facilitated workshops, story-telling, improvisatio n techniques, and interactive exercises Initiatives include the Care Equity Project and C onfronting Conflict and Laughaceuticals workshops Audiences come away with new perspectiv es and a greater understanding of health challenges and needs in their communities D 2 1 3 Youth Engagement Youth Engagement builds partnerships and coordinates initiatives that allow high school students to create and implement solutions to community and school healt h challenges Youth are mentored to work side-by-side with adults to influence policy and create programs that promote health - where people live, work and earn In the fall of 201 6, the Student Health Advisory Council (SHAC) won the youth award for the Colorado Innovat ion Network (COIN) by pitching their ideas via video and in-person presentations to build a social app that brings youth together to get outdoors and be physically active D 3 Hea lth Professional Training and Education Kaiser Foundation Health Plan of Colorado has a lo ng standing commitment to medical education By continuing to strategically develop and ex pand the residency programs, t

990 Schedule O, Supplemental Information

Return Reference	Explanation
Key Statistics	he organization will help address societys needs KFHP of Colorado is uniquely positioned to do this work because of its high quality, accountable care model, and commitment to com munity health for training future physicians KFHP of Colorados plan is to focus on shorta ge specialties and help to fill the need for a more diverse workforce Approximately $5 7 million was spent in 2016 on programs dedicated to promoting the education of healthcare p rofessionals, reaching more than 60 graduate medical students and residents, approximately 350 nurse practitioner and nursing students, and more than 550 allied health professional s in training The following are examples of initiatives funded under this program D 3 1 Graduate Medical Education Colorado Health Plan continued to sponsor a Graduate Medical E ducation (GME) fellowship/resident program in collaboration with the University of Colorad o and Rocky Vista University The resident and student rotations are provided through inpa tient hospital rotations in partnership with Saint Joseph Hospital and with teams of physi cians serving as teachers The Colorado Health Plans GME program allows medical residents to provide clinical guidance to a wide variety of patients, with racial, cultural, gender, sexual orientation, and socioeconomic diversity When medical residents graduate from the KFHP rotations they, therefore, have a breadth of experience to bring to their clinical p ractice D 3 2 Health Professional Education Colorado Health Plan supported training prog rams for physician assistants, pharmacy residents, technicians, social work, behavioral he alth counseling, physical therapy, and other non-physician health professionals During 20 16, Colorado Health Plan contributed resources dedicated to the training and education of students, interns and externs pursuing a career or working in the health care profession D 3 2 1 Pharmacy Six training and education opportunities were offered in connection with the specialty of pharmacy These programs provide experiential paid and unpaid training o pportunities for pharmacy students from Colorado and other states Students spend time in outpatient pharmacies or specialty areas During these rotations, students are able to gai n hands-on learning by providing care to members

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Return Reference	Explanation
D 3 2 2 Nursing-Related Fields	Colorado Health Plan supports very strong nurse practitioner physician assistant, laborato ry and imaging professional training programs KFHP Colorado nursing departments support l ocal nursing Licensed Practical Nurse, Registered Nurse, Nurse Practitioner, Masters in Nu rsing, and Doctor of Nurse Practice programs by providing clinical rotations for students Students from universities and community colleges work with KFHP-COs providers and state- of-the-art computer systems and equipment to gain knowledge and expertise in their chosen field of advanced practice D 4 Self-Sufficiency Programs Colorado Health Plan provided c ommunity-based programs and services to low-income residents and students through work stu dy, scholarships, and paid internship programs In 2016, Colorado Health Plan spent approx imately $259 thousand to support minority and underserved students pursuing careers relate d to health care The following are descriptions of activities supported under this progra m D 4 1 The Office of Diversity Equity and Inclusion The Office of Diversity Equity and Inclusion (ODEI) partners with the University of Colorado Anschutz Medical Campus Office o f Inclusion & Outreach to provide summer fellowships for undergraduate students interested in pursuing professional level careers within health care Students develop the skills an d knowledge to be competitive, marketable candidates for professional schools In 2016, 18 fellows were offered the KFHP of Colorado training placements Fellows in UPP commit to a 13-month program, which includes a 12-week full-time obligation during the summer, and ye ar-round workshops The program provides a paid project-based fellowship and incorporates education and training regarding health equity, promoting healthy communities, experientia l research, and work opportunities in a simulation medical lab D 4 2 Undergraduate Pre-H ealth Program (UPP) Under this program, Colorado Health Plan offers summer internships and supplemental education for undergraduate students interested in pursuing the health care professions of medicine, nursing, pharmacy and research Eighteen fellowships were offered for minority students pursuing careers in health care under this program in 2016 D 4 3 Arrup Jesuit High School Corporate Work Study Program (CWSP) Arrup Jesuit High School is a n educational, college preparatory school serving economically disadvantaged students from Denvers inner-city neighborhoods By enhancing the human, intellectual, and spiritual cap acities through a rigorous, innovative, and affordable college preparatory education, Arru p offers hope for a brighter future to some of Denvers disadvantaged youth The goal is to empower graduates who will continue their education and return as leaders in their commun ities The Corporate Work Study Program (CWSP) provides career skills for students in part nership with local corporations KFHP-CO hosted four students from Arrup in 2016 D 4 4 R ocky Mountain INROADS Rocky Mo

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Return Reference	Explanation
D 3 2 2 Nursing-Related Fields	untain INROADS develops and places talented underserved youth in business and industry, an d prepares them for corporate and community leadership In 2016, KFHP-CO hosted one studen t The student worked for 12 weeks over the summer building specific health care business skills in both human resources and revenue cycle services D 4 5 Diversity and Inclusion Health Care Scholarship Program (Diversity Scholarship Program) The Diversity Scholarship Program was created as a community outreach effort to financially support ethnically diver se students pursuing an education for any health career The objectives are to address the shortage of diverse health care and public health professionals and ensure the future of medical care is culturally responsive In the summer of 2016, KFHP-CO presented approximat ely $53 thousand in scholarship awards to 24 minority students who commit to fulfilling a career in health care E Other Community Benefit investments During 2016, the Colorado He alth Plan spent approximately $7 8 million to support Community Benefit activities and pro grams beyond national streams of work This included the administrative expenses of a Comm unity Benefit department dedicated to supporting regional Community Benefit programs, prov iding technical assistance services to the community, and coordination of related initiati ves Programmatically, the following are examples of additional activities funded within t his area E 1 Community Service Employees are actively encouraged to donate 96 hours per year in organization-funded time, energy, and skills towards approved activities in the co mmunity outside of their normal work responsibilities With the exception of those employe es whose jobs are directly classified within the Community Benefit department, organizatio n-funded time contributed to other nonprofits is not counted towards KFHP-COs annual Commu nity Benefit investment In 2016, over 9,750 hours of community volunteer service, coverin g over 360 projects for 300 community organizations, were reported by KFHP-CO employees un der this program E 2 Tumor Board and Cancer Registry Included in the other Community Ben efit spending reported above is approximately $628 thousand in expenses related to the Sta te of Colorados Tumor Board and Cancer Registry Colorado Health Plan collects specific ca ncer patient data to be sent to the state at particular intervals after diagnosis Each pa tient is followed on an annual basis for the remainder of his or her life E 3 Other Comm unity Benefit Investments in the Community In 2016, Kaiser Foundation Health Plan in Color ado awarded approximately $160 thousand in support of Community Benefit activities and pro grams beyond the national streams of work The following is an example of a program funded in this area E 3 1 Community Shares of Colorado KHFP-CO manages a workplace campaign for charity that has a matching component for employees gifts made through Community Shares o f Colorado In 2016 Community

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Return Reference	Explanation
D 3 2 2 Nursing-Related Fields	Shares of Colorado received a grant for $39 thousand in addition to employee and corporate matching funds donations Over 300 Colorado nonprofit organizations are screened to ensur e they are in compliance and good standing with the IRS Employees gifts to these organiza tions are eligible for an employer matching gift An employee's gift is fully matched and there is a $50 minimum requirement During the 2016 employee giving campaign, almost 500 e mployees participated and gave over 1,100 donations, representing more than $400 thousand in employee donations Kaiser Permanente Colorado matched eligible donations at an amount of nearly $375 thousand and provided a donation of over $59 thousand to offset administrat ive fees F Environmental Stewardship Poor environmental quality contributes to disease, illness and economic insecurity Kaiser Foundation Health Plan of Colorado has therefore c ommitted itself to protecting and improving the natural environment as a key component of our social mission to improve the health of the communities we serve To fulfill the commi tment, KFHP-CO maintains a governance structure for environmental stewardship that enables the organization to continually improve its environmental performance This structure inc ludes clearly defined roles, responsibilities, plans and routines, and has resulted in fiv e organization-wide focus areas that have been selected based on their ability to have the most impact on the environmental forces that shape environmental and human health - Addr essing causes of climate change - Promoting sustainable farming and food choices - Reducin g, reusing, and recycling to eliminate waste - Buying products and materials that do not c ontain chemicals of concern - Conserving water In each of these focus areas, KFHP-CO has e stablished ambitious goals (including a target to reduce total greenhouse gas emissions by 30% by 2020, compared to a 2008 baseline), implemented initiatives, achieved measurable i mprovements, and regularly reported progress to the board of directors, staff, and the gen eral public F 1 Performance Metrics During 2016, key performance indicators for Kaiser F oundation Health Plan of Colorado included F 1 1 Improved our energy use intensity (kBtu/ rentable square foot) by 6% compared to our 2010 baseline year F 1 2 Responsibly reused, recycled or composted over 1,600 tons of materials F 1 3 Reduced annual greenhouse gas (GHG) emissions by purchasing and retiring 3,237 metric tons of GHG offset credits from the Larimer County Landfill Gas Project (2012 vintage) The offset credits were issued by the Climate Action Reserve following a rigorous registration process used to ensure the origi nating offset project contributes to real and additional emission reductions

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 4	THE BYLAWS OF THE CORPORATION WERE AMENDED IN 2016 WITH THE FOLLOWING SIGNIFICANT CHANGES On March 3, 2016 - The Independent Director definition was removed and noted as being defined in the Corporate Governance Guidelines - Article D, Directors, Section D-2 was amended to change the number and description of inside Directors - Article D, Directors, Section D-4 was amended to modify the term and retirement age for Directors - Article F, Committees, Section F-4, Executive Committee, was amended to change the Committee composition and remove tax exemption and executive selection, performance appraisal, and succession duties

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6	Kaiser foundation health plan, inc is the sole member Upon dissolution, remaining assets shall be distributed to a 501(c)(3) organization

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, PART VI, LINE 7A	KFHP, INC appoints the directors (and fills vacancies and has authority to remove directors) The same individuals who comprise the board of directors of KFHP also serve as THE directors of KFHP COLORADO, NORTHWEST, MID-ATLANTIC STATES AND KFHP WASHINGTON

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, PART VI, LINE 7B	THE FOLLOWING ACTIONS OF THE CORPORATION REQUIRE APPROVAL OF THE SOLE MEMBER A) REMOVAL OF THE CHAIRMAN OF THE BOARD OR THE PRESIDENT, THE GROUP PRESIDENT OR REGIONAL PRESIDENT, B) AMENDMENT OF ARTICLE D, SECTION D-4 OF THE BYLAWS - ELECTION AND TERM OF OFFICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, PART VI, LINE 11B	Form 990 Review Process 1 Key information necessary for the preparation of the tax return is obtained and/or confirmed by internal sources including regional finance, executive compensation, community benefits, treasury, government relations, and legal 2 Prior to finalization, the return is reviewed by an external tax advisor 3 Once signed by an external tax advisor, the return and underlying data are reviewed by an officer or a member of management designated by an officer for signature and filing 4 Copies are then provided to board members prior to filing

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, PART VI, LINE 12C	COMPLIANCE ENFORCEMENT A REGULARLY AND CONSISTENTLY MONITORS COMPLIANCE WITH THE CONFLICT S OF INTEREST POLICY - KAISER PERMANENTE REGULARLY MONITORS COMPLIANCE WITH THE CONFLICTS OF INTEREST POLICY IN 3 KEY WAYS A1 THE KAISER PERMANENTE COMPLIANCE HOTLINE IS AVAILABL E TO ALL EMPLOYEES AND VENDORS TO REPORT ACTUAL OR POTENTIAL CONFLICTS OF INTEREST ALL CA LLS 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 INVEST IGATIONS 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 HOTLI NE REPORTS ARE PROVIDED FOR REVIEW AND ACTION TO THE KAISER FOUNDATION HEALTH PLAN/HOSPITA LS BOARDS OF DIRECTORS ANNUALLY A2 THE NATIONAL COMPLIANCE OFFICE AND INTERNAL AUDIT SER VICES ANNUALLY REVIEW THE DIRECTORS', OFFICERS', KEY EMPLOYEES', AND EXECUTIVES' ANNUAL CO NFLICTS OF INTEREST QUESTIONNAIRE DISCLOSURES AND PROVIDE DIRECTION ON ANY INVESTIGATIONS REQUIRED INVESTIGATIONS ARE DOCUMENTED, TRACKED AND TRENDED TO DETERMINE IF ADDITIONAL CO NTROLS 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 O F DIRECTORS ANNUALLY, AND A3 ANNUALLY, AS A COMPONENT OF THE EXTERNAL AUDIT, AN OUTSIDE C ERTIFIED PUBLIC ACCOUNTING FIRM REVIEWS THE ANNUAL CONFLICTS OF INTEREST QUESTIONNAIRES PR OCESS COMPLETED BY DIRECTORS, OFFICERS, KEY EMPLOYEES, AND EXECUTIVES, AND ACTIONS TAKEN A S 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 COMPLIANC E COMMITTEE B REGULARLY AND CONSISTENTLY ENFORCES COMPLIANCE WITH THE CONFLICTS OF INTER EST POLICY - TO ENSURE CONSISTENCY IN THE ENFORCEMENT OF THE POLICY KAISER PERMANENTE USES THE FOLLOWING STEPS AS A GENERAL GUIDELINE B1 REPRESENTED EMPLOYEES ARE SUBJECT TO ANY CORRECTIVE/DISCIPLINARY ACTION PROVISIONS DESCRIBED IN SPECIFIC REGIONAL/NATIONAL COLLECTI VE BARGAINING AGREEMENTS AND/OR ORGANIZATIONAL POLICIES AND PRACTICES B2 KAISER PERMANEN TE NOTIFIES EMPLOYEES OF THE NATIONAL HUMAN RESOURCES POLICY NO 14 CORRECTIVE/DISCIPLINA RY ACTION POLICY DURING NEW EMPLOYEE ORIENTATION AND IN ANNUAL COMPLIANCE TRAINING B3 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 POLICI ES 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 CO

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, PART VI, LINE 12C	RRECT THE PROBLEM, - WRITTEN NOTICE, WITH OR WITHOUT FINAL WARNING, - PAID OR UNPAID SUSPE NSION, WITH OR WITHOUT FINAL WARNING, - TERMINATION OF EMPLOYMENT

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, PART VI, LINEs 15A/B	COMPENSATION DETERMINATION THE EXECUTIVE COMPENSATION PROGRAM AS ADMINISTERED BY KAISER FOUNDATION HEALTH PLAN, INC 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 AND THE MANAGEMENT COMMITTEE ON COMPENSATION PRIOR TO PAYMENT, ALL PROGRAMS AND PAYMENTS TO THE CEO, EXECUTIVE DIRECTOR, AND TOP MANAGEMENT OFFICIALS (EXECUTIVES) ARE REVIEWED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS AND THE MANAGEMENT COMMITTEE ON COMPENSATION 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 TO BE COMPETITIVE TO 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, MEMBERSHIP GROWTH, FINANCIAL SOUNDNESS, AND THE COMMUNITY AND SOCIAL MISSION OF THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, PART VI, LINE 18	Forms 990 are available on www guidestar org

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, PART VI, LINE 19	Public Inspection Copy Governing documents, conflict of interest policy are available upon request as disclosed to other regulatory bodies 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 Independent Auditors' Report To request copies contact Vice President, Government Relations Kaiser Foundation Health Plan and Hospitals One Kaiser Plaza, 18th Floor Oakland, CA 94612

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, PART XI, LINE 9	other changes in net assets or fund balances change in pension and other retirement liabilities $(31,964,488) gain/loss on sale of investments book-to-tax difference 1,072,587 otti losses - book (4,319,623) ---------- (35,211,524)

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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

2016

Open to Public Inspection

Name of the organization
KAISER FOUNDATION 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 (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.

See Additional Data Table

(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	(g) Section 512(b)(13) controlled entity? No

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) Disproprtionate 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) NXT CAP SR FD I LLC 191 N WACKER DR ST 1200 CHICAGO, IL 60606 37-1651297	INVESTMENT	DE	NA	N/A								

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	(i) No
(1)KAISER PERMANENTE INTERNATIONAL ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-3245176	CONSULTING	CA	NA	C CORP				Yes	
(2)KAISER PERMANENTE INSURANCE COMPANY ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-3203402	INSURANCE	CA	NA	C CORP				Yes	
(3)KAISER PROPERTIES SERVICES INC ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-3259432	REAL ESTATE	CA	NA	C CORP				Yes	
(4)OAK TREE ASSURANCE INC ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 03-0329760	INSURANCE	VT	NA	C CORP				Yes	
(5) Kaiser Colorado Holdings ONE KAISER PLAZA SUITE 15L Oakland, CA 94612 81-4691154	health care	CO	na	c corp			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

		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, or**(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 84-0591617
Name: KAISER FOUNDATION 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 entity?	
						Yes	No
(1) ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 58-1592076	HEALTH CARE	GA	501(c)(3)	10	KFHP INC	Yes	
(1) ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 52-0954463	HEALTH CARE	MD	501(c)(3)	10	KFHP INC	Yes	
(2) ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 93-0798039	HEALTH CARE	OR	501(c)(3)	10	KFHP INC	Yes	
(3) ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-1105628	HEALTH CARE	CA	501(c)(3)	3	na		No
(4) ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-3299123	ADMIN	CA	501(c)(3)	12 - I	KFHP INC	Yes	
(5) ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 93-0954562	HEALTH CARE	OR	501(c)(3)	10	KFHP INC	Yes	
(6) ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-3299125	ASSET MGMT	CA	501(c)(3)	12 - I	KFH	Yes	
(7) ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-3299124	ASSET MGMT	CA	501(c)(3)	12 - I	KFHP INC	Yes	
(8) ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 91-2171891	wc placement	HI	501(c)(3)	12 - I	KFHP INC	Yes	
(9) ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 93-0480268	health care	WA	501(c)(3)	12 - I	KFHP INC	Yes	
(10) ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-1340523	HEALTH CARE	CA	501(c)(3)	10	NA		No
(11) ONE KAISER PLAZA SUITE 15L OAKLAND, CA 94612 94-3317484	FINANCING	CA	501(c)(3)	12 - II	KFHP INC	Yes	
(12) ONE KAISER PLAZA 15L OAKLAND, CA 94612 31-1779500	FINANCING	CA	501(c)(3)	12 - I	KFH	Yes	
(13) ONE KAISER PLAZA 15L OAKLAND, CA 94612 81-4053028	MEDICAL EDU	CA	501(c)(3)	2	KFH	Yes	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	KAISER FOUNDATION HEALTH PLAN INC	L	12,645,075	PER AGREEMENT
(1)	KAISER FOUNDATION HEALTH PLAN INC	M	111,524,362	PER AGREEMENT
(2)	KAISER FOUNDATION HEALTH PLAN INC	P	139,145,357	PER AGREEMENT
(3)	KAISER FOUNDATION HEALTH PLAN INC	Q	66,186,176	PER AGREEMENT
(4)	KAISER FOUNDATION HEALTH PLAN INC	R	713,795,703	PER AGREEMENT
(5)	KAISER FOUNDATION HEALTH PLAN INC	S	933,876,617	PER AGREEMENT
(6)	KAISER FOUNDATION HOSPITALS	J	7,443,456	PER AGREEMENT
(7)	KAISER FOUNDATION HOSPITALS	M	874,681,801	PER AGREEMENT
(8)	KAISER FOUNDATION HOSPITALS	P	11,329,830	PER AGREEMENT
(9)	KAISER FOUNDATION HOSPITALS	Q	19,611,389	PER AGREEMENT
(10)	CAMP BOWIE SERVICE CENTER	P	27,085,331	PER AGREEMENT
(11)	CAMP BOWIE SERVICE CENTER	Q	54,956,001	PER AGREEMENT
(12)	KAISER PERMANENTE INSURANCE COMPANY	L	22,670,478	PER AGREEMENT
(13)	KAISER PERMANENTE INSURANCE COMPANY	M	12,603,153	PER AGREEMENT
(14)	KAISER PERMANENTE INSURANCE COMPANY	Q	2,391,678	PER AGREEMENT
(15)	LOKAHI ASSURANCE LTD	M	7,204,850	PER AGREEMENT
(16)	LOKAHI ASSURANCE LTD	Q	3,162,078	PER AGREEMENT
(17)	LOKAHI ASSURANCE LTD	R	212,000	PER AGREEMENT
(18)	KAISER FDN HEALTH PLAN OF THE NORTHWEST	L	486,952	PER AGREEMENT
(19)	KAISER FDN HEALTH PLAN OF THE NORTHWEST	M	514,334	PER AGREEMENT
(20)	KAISER FDN HEALTH PLAN OF THE NORTHWEST	P	290,904	PER AGREEMENT
(21)	KFHP OF THE MID ATLANTIC STATES INC	L	537,276	PER AGREEMENT
(22)	KFHP OF THE MID ATLANTIC STATES INC	M	569,201	PER AGREEMENT
(23)	KFHP OF THE MID ATLANTIC STATES INC	Q	573,408	PER AGREEMENT
(24)	KAISER FDN HEALTH PLAN OF GEORGIA INC	L	182,662	PER AGREEMENT

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	KAISER FDN HEALTH PLAN OF GEORGIA INC	M	579,173	PER AGREEMENT
(1)	KAISER FDN HEALTH PLAN OF GEORGIA INC	P	86,195	PER AGREEMENT
(2)	KAISER FDN HEALTH PLAN OF GEORGIA INC	Q	719,110	PER AGREEMENT