

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **01-01-2019**, and ending **12-31-2019**

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
 % CHIEF ACCOUNTING OFFICER: 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 \$ 6,592,566,094

F Name and address of principal officer: Mike Ramseier, 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	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	7,339
6 Total number of volunteers (estimate if necessary)	6	852
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	304,221
7b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	11,525,868	12,272,593
9 Program service revenue (Part VIII, line 2g)	4,124,184,861	4,277,584,923
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	59,576,599	53,730,920
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,832,946	1,044,575
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,198,120,274	4,344,633,011
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,765,492	25,288,250
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)	816,889,703	733,845,862
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,567,776,265	3,326,878,318
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,388,431,460	4,086,012,430
19 Revenue less expenses. Subtract line 18 from line 12	-190,311,186	258,620,581

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,825,433,704	1,663,651,072
21 Total liabilities (Part X, line 26)	1,382,734,555	1,036,599,450
22 Net assets or fund balances. Subtract line 21 from line 20	442,699,149	627,051,622

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: 2020-10-23
 MICHAEL P WALTON CHIEF TAX OFFICER
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: P00438748
 Firm's name ▶ PricewaterhouseCoopers LLP Firm's EIN ▶ _____
 Firm's address ▶ 2001 MARKET ST SUITE 1800 Phone no. (267) 330-3000
 PHILADELPHIA, PA 19103

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 \$ 3,631,700,777 including grants of \$ 2,867,538) (Revenue \$ 4,202,145,615)

See Additional Data

4b (Code:) (Expenses \$ 128,763,261 including grants of \$ 0) (Revenue \$ 60,791,818)

See Additional Data

4c (Code:) (Expenses \$ 31,751,559 including grants of \$ 0) (Revenue \$ 1,231,120)

See Additional Data

(Code:) (Expenses \$ 44,282,515 including grants of \$ 22,420,712) (Revenue \$ 13,416,370)

SCH. O, community benefit report

4d Other program services (Describe in Schedule O.)
(Expenses \$ 44,282,515 including grants of \$ 22,420,712) (Revenue \$ 13,416,370)

4e Total program service expenses ▶ 3,836,498,112

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 10, 11, and 12. Questions cover topics like political activities, lobbying, donor funds, conservation easements, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		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.	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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 16 main rows and multiple sub-rows. Columns include question text, a column for numerical answers (e.g., 2a: 7,339), and columns for 'Yes/No' responses. Rows cover topics like employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a (13), 1b (12), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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-A 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.
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:

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.

See instructions for the order in which to list the persons above.

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			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)	901,875	47,586,148	25,165,974

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 ▶ 2,205

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	5 Yes	

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 802471314	MEDICAL SERVICES	720,142,858
ST ANTHONY HOSPITAL, PO BOX 910728 DENVER, CO 802910728	MEDICAL SERVICES	102,122,670
CHILDREN'S HOSPITAL COLORADO, PO BOX 911611 DENVER, CO 802911611	MEDICAL SERVICES	74,074,837
MEMORIAL HOSPITAL COLORADO SPRINGS, PO BOX 732029 DALLAS, TX 753732029	MEDICAL SERVICES	73,635,668
UNIVERSITY OF COLORADO HOSPITAL AUR, PO BOX 731605 DALLAS, TX 753731605	MEDICAL SERVICES	48,513,137

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 ▶ 394

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Federated campaigns, membership dues, fundraising events, related organizations, government grants, and other contributions.

Table for Program Service Revenue with columns for Business Code, Total revenue, Related or exempt function revenue, Unrelated business revenue, and Revenue excluded from tax. Rows include 2a-2f for MEMBERS' DUES, MEDICARE REVENUE, SUPPLEMENTAL REVENUE, NON-PLAN & INDUSTRIAL, and OTHER PROGRAM SERVICE.

Table for Other Revenue with columns for Business Code, Total revenue, Related or exempt function revenue, Unrelated business revenue, and Revenue excluded from tax. Rows include 3-12 for investment income, royalties, rental income, gain from sales of assets, fundraising events, gaming activities, and sales of inventory.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	25,288,250	25,288,250		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	901,875		901,875	
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	498,809,690	466,192,812	32,616,878	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	73,606,352	73,606,352		
9 Other employee benefits	118,516,433	103,624,876	14,891,557	
10 Payroll taxes	42,011,512	42,011,512	0	0
11 Fees for services (non-employees):				
a Management	0			
b Legal	112,985		112,985	
c Accounting	1,225,091		1,225,091	
d Lobbying	105,000		105,000	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	987,805		987,805	
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	8,881,589	350,703	8,530,886	0
13 Office expenses	9,355,570	8,793,947	561,623	
14 Information technology	209,419,800	141,653,120	67,766,680	
15 Royalties	0			
16 Occupancy	30,961,255	30,961,255		
17 Travel	1,974,065	1,807,732	166,333	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	417,544		417,544	
20 Interest	2,637,261	2,637,261		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	55,930,895	55,930,895		
23 Insurance	7,347,086	7,347,086		
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 CONTRACTUAL PAYMENTS	1,381,772,487	1,381,772,487	0	0
b PURCHASED MED SVC - OUTSIDE	746,721,516	746,721,516	0	0
c PURCHASED SVC - NON-MEDICAL	103,420,908	65,555,131	37,865,777	0
d SUPPLIES	575,974,962	507,511,856	68,463,106	0
e All other expenses	189,632,499	174,731,321	14,901,178	
25 Total functional expenses. Add lines 1 through 24e	4,086,012,430	3,836,498,112	249,514,318	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	13,869,003	1	10,990,225
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	125,941,632	4	124,695,239
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	37,367,391	8	15,778,799
	9 Prepaid expenses and deferred charges	9,017,389	9	12,150,185
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 882,472,108		
	b Less: accumulated depreciation	10b 535,647,209	374,126,978	10c 346,824,899
	11 Investments—publicly traded securities	1,212,720,392	11	1,074,796,153
	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	52,390,919	15	78,415,572
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,825,433,704	16	1,663,651,072	
Liabilities	17 Accounts payable and accrued expenses	858,433,588	17	740,613,126
	18 Grants payable	0	18	0
	19 Deferred revenue	51,515,661	19	47,679,062
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	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	472,785,306	25	248,307,262
	26 Total liabilities. Add lines 17 through 25	1,382,734,555	26	1,036,599,450
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	0
	30 Paid-in or capital surplus, or land, building or equipment fund	20,702	30	20,702
	31 Retained earnings, endowment, accumulated income, or other funds	442,678,447	31	627,030,920
32 Total net assets or fund balances	442,699,149	32	627,051,622	
33 Total liabilities and net assets/fund balances	1,825,433,704	33	1,663,651,072	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,344,633,011
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,086,012,430
3	Revenue less expenses. Subtract line 2 from line 1	3	258,620,581
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	442,699,149
5	Net unrealized gains (losses) on investments	5	7,339,927
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	-81,608,035
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	627,051,622

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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:</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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:</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</p>	2c	Yes	
<p>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?</p>	3a		No
<p>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.</p>	3b		

Additional Data

Software ID:

Software Version:

EIN: 84-0591617

Name: KAISER FOUNDATION HEALTH PLAN OF COLORADO

Form 990 (2019)

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:

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 2019, APPROXIMATELY 43,000 INDIVIDUALS WERE RECEIVING THE BENEFITS OF FULL MEMBERSHIP THROUGH KFHP-CO'S MEDICAID MANAGED CARE PROGRAM AND CHILDREN'S 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 III, Line 4c:

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 2019, THIS PROGRAM ASSISTED APPROXIMATELY 47,000 PATIENTS THROUGH FINANCIAL ASSISTANCE. 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. APPROXIMATELY 300 INDIVIDUALS WERE RECEIVING COMPREHENSIVE HEALTH CARE THROUGH THIS PROGRAM AT THE END OF 2019.

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			
Bernard Tyson Chairman & CEO	4.0 46.0	X		X				0	16,114,729	19,364,810
Kathryn Lancaster EVP & CFO	3.5 46.5			X				0	6,221,959	498,376
Gregory Adams Chairman & CEO	4.0 46.0	X		X				0	5,505,365	707,892
Arthur Southam EVP, Health Plan Operations	4.0 46.0			X				0	5,331,038	506,745
Mark Zemelman SVP, General Counsel & Secy	2.0 48.0			X				0	2,074,271	328,680
Donald Orndoff SVP, NFS	4.0 46.0			X				0	1,556,215	176,921
Roland Lyon SVP, Natl Del System Strategy	0.0 50.0						X	0	1,259,869	319,706
Michael Ramseier Region President - Colorado	45.0 5.0			X				0	1,251,141	262,203
Thomas Meier SVP, Corporate Treasurer	1.5 48.5			X				0	1,177,748	260,343
Ronald Vance Interim Regional President	20.0 30.0			X				901,875	285,000	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			
Alfonse Upshaw SVP, Corporate Controller & CAO	3.5 46.5			X				0	948,792	200,172
Jennifer Goldberg Assistant Secretary - CO	50.0 0.0			X				0	568,930	199,731
Matthew Weber Assistant Secretary	0.0 50.0						X	0	549,146	209,093
Chad Friday ED, Pharmacy Operations	50.0 0.0					X		0	485,295	209,506
Shawn Mehta VP, HPSA - CO	50.0 0.0				X			0	424,790	248,753
Hong-Sze Yu VP, Brd & Corp Gov & Asst Secy	3.5 46.5			X				0	383,934	286,903
Keith Evans ED, Retail & Second Sale	0.0 50.0						X	0	507,455	157,970
Laura English VP, CFO - CO	50.0 0.0				X			0	522,301	135,647
Jerry Hartbarger VP, HR - Colorado	50.0 0.0					X		0	548,410	92,131
Kristin Bear Assistant Secretary	4.0 46.0			X				0	369,075	214,980

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			
Steven Miller Area Pharmacy Dir	50.0 0.0					X		0	295,257	219,369
Brent Bowman VP, Strategy, Patient Exp & Mkts	50.0 0.0					X		0	336,992	158,857
Guy Thomas ED, Hosp Contractg & Prov Reltns	50.0 0.0					X		0	309,593	128,147
Bernice Gould Assistant Secretary	1.0 49.0			X				0	234,945	198,256
Cory Foreman VP, MSBD - CO	50.0 0.0				X			0	323,898	80,783
Rochelle Roth Assistant Secretary	4.0 46.0						X	0	225,154	146,499
Sharon Peters Interim Chief Operating Offcr	50.0 0.0				X			0	299,871	65,044
Jeffrey Hahn Channel Optimization Leader	50.0 0.0						X	0	190,670	161,168
Margaret E Porfido J Director	1.0 5.0	X						0	301,762	-23,196
Edward YW Pei Director	0.25 7.25	X						0	252,531	19,000

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			
A Eugene Washington Director	0.25 6.75	X						0	232,045	-8,669
Suzanne Anest VP, MSBD	0.0 0.0						X	0	221,261	0
Daniel Garcia SVP, Chief Compliance Officer	0.0 0.0						X	0	58,564	0
Kim J Kaiser Director	0.0 0.5						X	0	39,460	0
William Graber Director	0.0 0.0						X	0	10,284	0

SCHEDULE A
(Form 990 or 990-EZ)

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. 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 ▶ <input type="checkbox"/>		
b	33 1/3% support test—2018. 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 ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. 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 ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,198,103	8,794,705	9,761,397	11,525,868	12,272,593	43,552,666
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	3,509,863,549	3,757,972,263	3,939,749,002	4,123,485,350	4,277,280,702	19,608,350,866
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	3,511,061,652	3,766,766,968	3,949,510,399	4,135,011,218	4,289,553,295	19,651,903,532
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.)						19,651,903,532

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.	3,511,061,652	3,766,766,968	3,949,510,399	4,135,011,218	4,289,553,295	19,651,903,532
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	38,733,737	35,298,724	49,681,919	31,851,288	36,313,388	191,879,056
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.	115,085	905,828	856,401	138,220	0	2,015,534
c Add lines 10a and 10b.	38,848,822	36,204,552	50,538,320	31,989,508	36,313,388	193,894,590
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.)	3,549,910,474	3,802,971,520	4,000,048,719	4,167,000,726	4,325,866,683	19,845,798,122
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. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	99.023 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	98.919 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	0.977 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	1.081 %

19a 33 1/3% support tests—2019. 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—2018. 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? <i>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.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	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)? <i>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.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
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? <i>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.</i>	Yes	No
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 (explain in Part VI). **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	<input type="checkbox"/> 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 84-0591617

Name: KAISER FOUNDATION HEALTH PLAN OF COLORADO

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

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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
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 KAISER FOUNDATION HEALTH PLAN OF COLORADO	Employer identification number 84-0591617
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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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

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-.
1				
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.

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.

- 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-
- 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) 2016	(b) 2017	(c) 2018	(d) 2019	(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)		(b)
	Yes	No	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?	Yes		37,920
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		33,000
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		105,020
j Total. Add lines 1c through 1i			175,940
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 ("KAISER FOUNDATION HEALTH PLAN OF COLORADO" AKA "KFHP CO") IS A MEMBER OF THE KAISER PERMANENTE MEDICAL CARE PROGRAM (KP) 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), KFHP CO HAS A POLICY PROHIBITING ANY OF KFHP CO'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. KFHP CO 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. KP EMPLOYS INDIVIDUALS, INCLUDING ONE OR MORE REGISTERED LOBBYISTS AND/OR MAY RETAIN ONE OR MORE PROFESSIONAL CONSULTANTS TO REPRESENT KFHP CO'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 KP'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 KP, 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 KFHP CO 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 KFHP CO. INDIVIDUALS APPEARING AT SUCH HEARINGS AND MEETINGS FOR AND ON BEHALF OF KFHP CO OFTEN ARE REPRESENTING THE INTERESTS OF COMMON INTEREST GROUPS AS WELL AS THE INTERESTS OF THE MEMBERS AND PATIENTS OF KFHP CO. 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.

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

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. Go to www.irs.gov/Form990 for instructions and the latest information.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), 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?
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?

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)
Protection of natural habitat
Preservation of open space
Preservation of an historically important land area
Preservation of a certified historic structure

Table with 2 columns: Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
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)?
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:
(ii) Revenue included on Form 990, Part VIII, line 1
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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**

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

Part V Endowment Funds.

Complete if the organization answered "Yes" 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:

- (i)** unrelated organizations
- (ii)** related organizations

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

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

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		45,132,045		45,132,045
b Buildings		632,684,519	394,405,159	238,279,360
c Leasehold improvements		28,029,632	25,693,080	2,336,552
d Equipment		128,615,123	86,646,554	41,968,569
e Other		48,010,789	28,902,416	19,108,373
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				346,824,899

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
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 248,307,262

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.

Note: To capture the full content of this document as Filed, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(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 ▶ _____ 25

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(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
SCHEDULE I, PART I, QUESTION 2	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
ATHMAR PARK NEIGHBORHOOD ASSOCIATION 5045 W 1ST AVE DENVER, CO 80219	84-1206027	501(c)(3)	10,500				Project Support
BIKE FORT COLLINS 228 N LOOMIS AVE FORT COLLINS, CO 80521	20-3797097	501(c)(3)	99,998				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
CITY AND COUNTY OF DENVER 101 W COLFAX AVE DENVER, CO 80202	84-6000580	Government	25,000				Project Support
COLORADO DEPT OF PUBLIC HEALTH & ENV 4300 CHERRY CREEK DR SOUTH DENVER, CO 80246	84-0644739	Government	14,412				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 Nonprofit Development Center 789 Sherman St Ste 250 Denver, CO 80203	84-1493585	501(c)(3)	100,000				Project Support
COMMUNITY FOUNDATION 1123 SPRUCE ST BOULDER, CO 80302	84-1171836	501(c)(3)	92,850				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
DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE Boston, MA 02215	04-2263040	501(c)(3)	18,001				Research Collaboration
DEL NORTE NEIGHBORHOOD DEVELOPMENT CORP 3275 W 14TH AVE STE 202 DENVER, CO 80204	84-0783694	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
DENVER FOUNDATION 55 MADISON ST FL 8 DENVER, CO 80206	84-6048381	501(c)(3)	14,300,000				Project Support
DENVER HEALTH & HOSPITAL AUTHORITY PO BOX 17093 Denver, CO 80217	32-0310536	Government	368,667				Research Collaboration

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 RESEARCH INSTITUTE 830 POTOMAC CIR UNIT 125 Aurora, CO 80011	84-1392442	501(c)(3)	20,196				Research Collaboration
DOUGLAS COUNTY EDUCATIONAL FOUNDATION 620 WILCOX ST CASTLE ROCK, CO 80104	84-1165175	501(c)(3)	99,999				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
DUKE UNIVERSITY PO BOX 602651 Charlotte, NC 28260	56-0532129	501(c)(3)	5,019				Research Collaboration
HENRY FORD HEALTH SYSTEM 1 FORD PL UNIT 5E Detroit, MI 48202	38-6553031	501(c)(3)	518,056				Research Collaboration

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
HOPELIGHT MEDICAL CLINIC 1351 COLLYER ST LONGMONT, CO 80501	46-4657471	501(c)(3)	100,000				Project Support
JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CTR DR Chicago, IL 60693	36-7129657	501(c)(3)	108,743				Research Collaboration

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
LOCALWORKS 4251 KIPLING ST 580 WHEAT RIDGE, CO 80033	56-2550132	501(c)(3)	100,000				Project Support
MARSHFIELD CLINIC RESEARCH 1000 NORTH OAK AVENUE Marshfield, WI 54449	81-2822823	501(c)(3)	300,314				Research Collaboration

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
NATIONAL CIVIC LEAGUE 190 E 9TH AVE 200 DENVER, CO 80203	84-1255845	501(c)(3)	33,000				Project Support
PARTNERSHIP FOR COLORADO 789 SHERMAN ST 230 DENVER, CO 80203	74-2401941	501(c)(3)	48,480				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
REGENTS OF THE UNIVERSITY OF MICHIGAN PO BOX 223131 Pittsburgh, PA 15251	38-6006309	Government	29,781				Research Collaboration
SAINT JOSEPH HOSPITAL FOUNDATION 1375 E 19TH AVE DENVER, CO 80218	84-0735096	501(c)(3)	8,000,000				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
SCCC PO BOX 4337 FRISCO, CO 80443	20-1139635	501(c)(3)	99,873				Project Support
THE TRUSTEES OF THE UNIVERSITY OF PA PO BOX 785541 Philadelphia, PA 19178	23-1352685	501(c)(3)	584,425				Research Collaboration

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
UNIVERSITY OF COLORADO DENVER 12800 E 19TH AVE Aurora, CO 80045	84-6000555	Government	98,436				Research Collaboration

Schedule J
(Form 990)

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/>	First-class or charter travel	<input type="checkbox"/>	Housing allowance or residence for personal use
<input type="checkbox"/>	Travel for companions	<input type="checkbox"/>	Payments for business use of personal residence
<input type="checkbox"/>	Tax idemnification and gross-up payments	<input type="checkbox"/>	Health or social club dues or initiation fees
<input type="checkbox"/>	Discretionary spending account	<input type="checkbox"/>	Personal services (e.g., maid, chauffeur, chef)
b	If any of the boxes on 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 on 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.		
<input type="checkbox"/>	Compensation committee	<input type="checkbox"/>	Written employment contract
<input type="checkbox"/>	Independent compensation consultant	<input type="checkbox"/>	Compensation survey or study
<input type="checkbox"/>	Form 990 of other organizations	<input type="checkbox"/>	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 nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	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
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.
SCHEDULE J, PART I, LINE 4A	- Severance Payments - Jerry Hartbarger \$ 254,856 LISTED PERSONS PARTICIPATED IN ARRANGEMENTS ENTITLING THEM TO SEVERANCE BENEFITS IN THE EVENT OF TERMINATION BY THE ORGANIZATION WITHOUT CAUSE OR DUE TO JOB ELIMINATION. DEPENDING ON POSITION LEVEL, TENURE, AND TERMINATION REASON, SEVERANCE BENEFITS PAYABLE UNDER THESE ARRANGEMENTS PROVIDE FOR PAY AND HEALTH BENEFITS CONTINUATION PLUS PAYMENT OF ACCRUED OBLIGATIONS. IN ADDITION, FOR SOME OF THE LISTED PERSONS, SEVERANCE BENEFITS PAYABLE INCLUDE PRORATED INCENTIVE AWARDS FOR PERFORMANCE PERIODS NOT YET ENDED. NONE OF THE LISTED PERSONS PARTICIPATED IN ARRANGEMENTS ENTITLING THEM TO CHANGE-OF-CONTROL PAYMENTS.
SCHEDULE J, PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN PAYMENT: Gregory Adams \$ 501,612 Keith Evans 28,394 Jerry Hartbarger 81,645 Kathryn Lancaster 3,257,380 Thomas Meier 79,722 Donald Orndoff 605,306 Arthur Southam 2,350,243 Bernard Tyson 1,079,066 Matthew Weber 49,985 Mark Zelman 239,768 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.
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. THE PLANS ORGANIZATIONAL PERFORMANCE GOALS INCLUDED: QUALITY OF CARE AND SERVICE, MEMBERSHIP GROWTH, OPERATING INCOME, PER MEMBER EXPENSE TREND, AND COMMUNITY BENEFIT. PLAN DESIGNS, PERFORMANCE, AND PAYOUT LEVELS, AS WELL AS INDIVIDUAL PAYMENTS TO CERTAIN PERSONS, WERE REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS, COMPRISED OF INDEPENDENT DIRECTORS. 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 INDIVIDUAL IN 2019.
SCHEDULE J, PART II, COLUMN C	THE ACTUARIAL VALUE FOR SOME INDIVIDUALS' BENEFIT PLAN DECLINED IN 2019, RESULTING IN NEGATIVE VALUES IN COLUMN (C) IN SOME INSTANCES.
SCHEDULE J, PART II, COLUMN F	AMOUNTS INCLUDED IN SCHEDULE J, PART II, COLUMN F INCLUDE AMOUNTS PREVIOUSLY REPORTED AS DEFERRED COMPENSATION, AS WELL AS, DISTRIBUTIONS FROM A 457(B) PLAN THAT WERE PREVIOUSLY REPORTED AS REPORTABLE COMPENSATION IN ACCORDANCE WITH FORM 990 INSTRUCTIONS.
PART VII, LINE 5 COMPENSATION FROM AN UNRELATED ORGANIZATION	ONE OFFICER RECEIVED COMPENSATION FROM AN UNRELATED ORGANIZATION, ALVAREZ & MARSAL HOLDINGS, LLC.

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Gregory Adams Chairman & CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,311,861	3,637,446	556,058	681,386	26,506	6,213,257	1,174,224
1Suzanne Anest VP, MSBD	(i)	0	0	0	0	0	0	0
	(ii)	0	86,574	134,687	0	0	221,261	134,687
2Ramon F Baez Director	(i)	0	0	0	0	0	0	0
	(ii)	236,500	0	13,530	1,555	0	251,585	0
3David J Barger Director	(i)	0	0	0	0	0	0	0
	(ii)	227,000	0	0	4,554	0	231,554	0
4Kristin Bear Assistant Secretary	(i)	0	0	0	0	0	0	0
	(ii)	238,589	117,747	12,739	195,193	19,787	584,055	0
5Regina M Benjamin MD MBA Director	(i)	0	0	0	0	0	0	0
	(ii)	210,500	0	8,668	36,843	0	256,011	0
6Maryann Bodayle Assistant Secretary	(i)	0	0	0	0	0	0	0
	(ii)	162,592	13,052	2,285	59,564	9,977	247,470	0
7Brent Bowman VP, Strategy, Patient Exp & Mkts	(i)	0	0	0	0	0	0	0
	(ii)	249,894	71,413	15,685	127,926	30,931	495,849	0
8Laura English VP, CFO - CO	(i)	0	0	0	0	0	0	0
	(ii)	306,075	180,552	35,674	106,984	28,663	657,948	8,311
9Jeffrey E Epstein Director	(i)	0	0	0	0	0	0	0
	(ii)	243,000	0	8,395	-26,164	0	225,231	0
10Keith Evans ED, Retail & Second Sale	(i)	0	0	0	0	0	0	0
	(ii)	243,777	209,219	54,459	132,477	25,493	665,425	56,065
11Cory Foreman VP, MSBD - CO	(i)	0	0	0	0	0	0	0
	(ii)	268,540	20,176	35,182	59,594	21,189	404,681	0
12Chad Friday ED, Pharmacy Operations	(i)	0	0	0	0	0	0	0
	(ii)	225,641	26,040	233,614	180,575	28,931	694,801	0
13Daniel Garcia SVP, Chief Compliance Officer	(i)	0	0	0	0	0	0	0
	(ii)	0	0	58,564	0	0	58,564	49,611
14Jennifer Goldberg Assistant Secretary - CO	(i)	0	0	0	0	0	0	0
	(ii)	262,508	68,241	238,181	167,544	32,187	768,661	0
15Bernice Gould Assistant Secretary	(i)	0	0	0	0	0	0	0
	(ii)	208,314	24,065	2,566	187,578	10,678	433,201	0
16William Graber Director	(i)	0	0	0	0	0	0	0
	(ii)	0	0	10,284	0	0	10,284	0
17Jeffrey Hahn Channel Optimization Leader	(i)	0	0	0	0	0	0	0
	(ii)	151,218	19,161	20,291	129,409	31,759	351,838	0
18Jerry Hartbarger VP, HR - Colorado	(i)	0	0	0	0	0	0	0
	(ii)	100,875	106,410	341,125	71,007	21,124	640,541	63,373
19Leslie S Heisz Director	(i)	0	0	0	0	0	0	0
	(ii)	235,500	0	17,787	8,494	0	261,781	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			(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				
21 David F Hoffmeister Director	(i)	0	0	0	0	0	0	
	(ii)	222,000	0	12,880	-3,793	0	231,087	
1 Judith A Johansen JD Director	(i)	0	0	0	0	0	0	
	(ii)	263,500	0	9,375	-13,027	0	259,848	
2 Kim J Kaiser Director	(i)	0	0	0	0	0	0	
	(ii)	26,300	0	13,160	0	0	39,460	
3 Kathryn Lancaster EVP & CFO	(i)	0	0	0	0	0	0	
	(ii)	1,110,792	1,801,204	3,309,963	482,339	16,037	6,720,335	
4 Roland Lyon SVP, Natl Del System Strategy	(i)	0	0	0	0	0	0	
	(ii)	508,767	658,824	92,278	292,052	27,654	1,579,575	
5 Shawn Mehta VP, HPSA - CO	(i)	0	0	0	0	0	0	
	(ii)	282,411	125,739	16,640	215,868	32,885	673,543	
6 Thomas Meier SVP, Corporate Treasurer	(i)	0	0	0	0	0	0	
	(ii)	488,751	565,117	123,880	226,729	33,614	1,438,091	
7 Steven Miller Area Pharmacy Dir	(i)	0	0	0	0	0	0	
	(ii)	204,116	58,037	33,104	200,500	18,869	514,626	
8 Donald Orndoff SVP, NFS	(i)	0	0	0	0	0	0	
	(ii)	445,801	478,235	632,179	148,482	28,439	1,733,136	
9 Edward YW Pei Director	(i)	0	0	0	0	0	0	
	(ii)	238,000	0	14,531	19,000	0	271,531	
10 Sharon Peters Interim Chief Operating Offcr	(i)	0	0	0	0	0	0	
	(ii)	255,899	0	43,972	42,474	22,570	364,915	
11 Margaret E Porfido JD Director	(i)	0	0	0	0	0	0	
	(ii)	281,500	0	20,262	-23,196	0	278,566	
12 Michael Ramseier Region President - Colorado	(i)	0	0	0	0	0	0	
	(ii)	282,615	950,000	18,526	250,665	11,538	1,513,344	
13 Rochelle Roth Assistant Secretary	(i)	0	0	0	0	0	0	
	(ii)	172,901	49,992	2,261	128,451	18,048	371,653	
14 Richard P Shannon MD Director	(i)	0	0	0	0	0	0	
	(ii)	235,500	0	0	8,391	0	243,891	
15 Arthur Southam EVP, Health Plan Operations	(i)	0	0	0	0	0	0	
	(ii)	1,115,013	1,813,133	2,402,892	475,052	31,693	5,837,783	
16 Cynthia A Telles PHD Director	(i)	0	0	0	0	0	0	
	(ii)	257,500	0	13,108	-6,498	0	264,110	
17 Guy Thomas ED,Hosp Contractg &Prov Reltns	(i)	0	0	0	0	0	0	
	(ii)	247,124	55,959	6,510	101,314	26,833	437,740	
18 Bernard Tyson Chairman & CEO	(i)	0	0	0	0	0	0	
	(ii)	1,597,794	13,057,701	1,459,234	19,325,730	39,080	35,479,539	
19 Alfonse Upshaw SVP, Corporate Controller & CAO	(i)	0	0	0	0	0	0	
	(ii)	463,195	446,852	38,745	179,095	21,077	1,148,964	

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
41 Ronald Vance Interim Regional President	(i)	901,875	0	0	0	0	901,875	0
	(ii)	285,000	0	0	0	0	285,000	0
1A Eugene Washington MD Director	(i)	0	0	0	0	0	0	0
	(ii)	229,500	0	2,545	-8,669	0	223,376	0
2 Matthew Weber Assistant Secretary	(i)	0	0	0	0	0	0	0
	(ii)	325,337	155,050	68,759	180,954	28,139	758,239	39,755
3 Hong-Sze Yu VP, Brd & Corp Gov & Asst Secy	(i)	0	0	0	0	0	0	0
	(ii)	264,788	101,619	17,527	260,726	26,177	670,837	0
4 Mark Zemelman SVP, General Counsel & Secy	(i)	0	0	0	0	0	0	0
	(ii)	733,254	1,044,587	296,430	290,533	38,147	2,402,951	0

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2019

Open to Public Inspection

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.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury

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 VI, LINE 1a	<p>THE EXECUTIVE COMMITTEE, COMPOSED OF THE DIRECTORS THAT ARE THE CHAIRS OF THE BOARDS OTHER STANDING COMMITTEES, HAS AUTHORITY TO ACT FOR THE BOARD BETWEEN MEETINGS EXCEPT IT HAS NO AUTHORITY TO: A. FILL VACANCIES ON THE BOARD OR THE COMMITTEE; B. FIX THE COMPENSATION OF DIRECTORS FOR SERVING ON THE BOARD OR ANY COMMITTEE; C. ADOPT, AMEND OR REPEAL BYLAWS; D. AMEND OR REPEAL ANY RESOLUTION OF THE BOARD WHICH BY ITS EXPRESS TERMS CANNOT BE AMENDED OR REPEALED BY THE EXECUTIVE COMMITTEE; E. APPOINT COMMITTEES OF THE BOARD OR APPOINT THE MEMBERS THEREOF; OR F. APPROVE ANY ASPECT OF A TRANSACTION INVOLVING THE COMPANY WHEN A DIRECTOR HAS A MATERIAL FINANCIAL INTEREST IN THAT TRANSACTION, EXCEPT AS EXPRESSLY PROVIDED BY THE LAW. Form 990, Part VI, Line 2 Family or Business Relationships Board members Eugene Washington, MD and Richard Shannon, MD have a business relationship. Form 990, Part VI, Line 4 The Bylaws of the Corporation were amended in 2019 as follows: On December 12, 2019, Article E, Section E-9 was amended to add that the Executive Vice President and Chief Financial Officer is designated to perform the duties of the Executive Vice President and Group President in his or her absence or disability. 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.</p>

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 KFHPW HOLDINGS.

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 with 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	<p>ETHICS AND COMPLIANCE ENFORCEMENT A. REGULARLY AND CONSISTENTLY MONITORS COMPLIANCE WITH THE CONFLICTS OF INTEREST POLICY - KAISER PERMANENTE REGULARLY MONITORS COMPLIANCE WITH THE CONFLICTS OF INTEREST POLICY IN 3 KEY WAYS: A1. THE KAISER PERMANENTE COMPLIANCE HOTLINE IS AVAILABLE TO ALL EMPLOYEES AND VENDORS TO REPORT ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. ALL CALLS ARE ANSWERED BY A THIRD PARTY AND PROVIDED TO KAISER PERMANENTE'S NATIONAL COMPLIANCE OFFICE FOR REVIEW AND APPROPRIATE ACTION. EMPLOYEES CAN REPORT ANONYMOUSLY. RETALIATION IS PROHIBITED. REPORTS OF ACTUAL OR POTENTIAL CONFLICTS OF INTEREST ARE GENERATED AND INVESTIGATIONS ARE CONDUCTED AS REQUIRED AND INFORMATION IS TRACKED AND TRENDED TO DETERMINE IF ADDITIONAL GUIDANCE IS REQUIRED TO AVOID OR MANAGE CONFLICTS OF INTEREST. COMPLIANCE HOTLINE REPORTS ARE PROVIDED FOR REVIEW AND ACTION TO THE KAISER FOUNDATION HEALTH PLAN/HOSPITALS BOARDS OF DIRECTORS ANNUALLY. A2.a - ETHICS AND COMPLIANCE ANNUALLY REVIEWS THE DIRECTORS', OFFICERS', KEY EMPLOYEES', AND EXECUTIVES' ANNUAL CONFLICTS OF INTEREST QUESTIONNAIRE DISCLOSURES AND PROVIDES DIRECTION ON ANY INVESTIGATIONS REQUIRED. INVESTIGATIONS ARE DOCUMENTED, TRACKED AND TRENDED TO DETERMINE IF ADDITIONAL CONTROLS OR EDUCATION IS REQUIRED. IN ADDITION, CONFLICTS OF INTEREST QUESTIONNAIRE REPORTS ARE PROVIDED FOR REVIEW AND ACTION TO THE KAISER FOUNDATION HEALTH PLAN/HOSPITALS BOARDS OF DIRECTORS ANNUALLY; AND A2.b - ANNUALLY, EMPLOYEES IN ROLES WITH AN ELEVATED RISK OF CONFLICTS OF INTEREST COMPLETE A CONFLICTS OF INTEREST QUESTIONNAIRE. RESPONSES ARE REVIEWED AND ASSESSED. WHEN ACTION IS WARRANTED, THE SITUATION IS ADDRESSED IN ACCORDANCE WITH WRITTEN STANDARDS. DOCUMENTATION AND TRACKING IS MAINTAINED IN THE SAME WAY AS DIRECTORS, OFFICERS, AND KEY EMPLOYEES. A2.c - IN ADDITION TO THE CONFLICTS OF INTEREST QUESTIONNAIRE, ETHICS AND COMPLIANCE RECEIVES, CONSULTS, MONITORS, AND REPORTS ONGOING DISCLOSURES MADE BY EMPLOYEES THROUGHOUT THE YEAR. A3. ANNUALLY, AS A COMPONENT OF THE EXTERNAL AUDIT, AN OUTSIDE CERTIFIED PUBLIC ACCOUNTING FIRM REVIEWS THE ANNUAL CONFLICTS OF INTEREST QUESTIONNAIRES PROCESS COMPLETED BY DIRECTORS, OFFICERS, KEY EMPLOYEES, AND EXECUTIVES, AND ACTIONS TAKEN AS A RESULT OF THE DISCLOSURES. THE RESULTS OF THE ANNUAL AUDIT, INCLUDING ANY FINDINGS IN THIS AREA, ARE PRESENTED TO THE KAISER FOUNDATION HEALTH PLAN/HOSPITALS AUDIT AND COMPLIANCE COMMITTEE. B. REGULARLY AND CONSISTENTLY ENFORCES COMPLIANCE WITH THE CONFLICTS OF INTEREST POLICY - TO ENSURE CONSISTENCY IN THE ENFORCEMENT OF THE POLICY KAISER PERMANENTE USES THE FOLLOWING STEPS AS A GENERAL GUIDELINE: B1. REPRESENTED EMPLOYEES ARE SUBJECT TO ANY CORRECTIVE/DISCIPLINARY ACTION PROVISIONS DESCRIBED IN SPECIFIC REGIONAL/NATIONAL COLLECTIVE BARGAINING AGREEMENTS AND/OR ORGANIZATIONAL POLICIES AND PRACTICES. B2. KAISER PERMANENTE NOTIFIES EMPLOYEES OF THE NATIONAL HUMAN RESOURCES POLICY NO. 14. CORRECTIVE/DISCIPLINARY ACTION POLICY DURING NEW EMPLOYEE ORIENTATION</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, PART VI, LINE 12C	ION 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 POLICIES AND PROCEDURES, OR THE PRINCIPLES OF RESPONSIBILITY, OR FOR UNSATISFACTORY PERFORMANCE OR MISCONDUCT, COACHING/COUNSELING AND/OR CORRECTIVE/DISCIPLINARY ACTION MAY INCLUDE, BUT IS NOT LIMITED TO: - ORAL DISCUSSION AND/OR WARNING BY THE EMPLOYEE'S IMMEDIATE SUPERVISOR OR HIGHER LEVEL MANAGER TO CORRECT THE PROBLEM; - WRITTEN NOTICE, WITH OR WITHOUT FINAL WARNING; - PAID OR UNPAID SUSPENSION, WITH OR WITHOUT FINAL WARNING; - TERMINATION OF EMPLOYMENT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, PART VI, LINEs 15A/B	<p>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 RESOURCES 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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, PART VI, LINE 18	Form 990 is 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, Communications 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 WERE 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 \$(82,565,371) Gain/ Loss on Investments - Book 21,441,992 Gain/ Loss on Investments - Tax (18,727,770) otti losses - book (1,756,886) ----- (81,608,035)

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, PART III, LINE 4A-D	<p>2019 Community Benefit Report Kaiser Foundation Health Plan of Colorado I. Introduction A. About Kaiser Permanente Founded in 1942 to serve employees of Kaiser Industries and opened to the public in 1945, Kaiser Permanente is recognized as one of Americas leading health care providers and nonprofit health plans. We were created to meet the challenge of providing American workers with medical care during the Great Depression and World War II, when most people could not afford to go to a doctor. Since our beginnings, we have been committed to helping shape the future of healthcare. Among the innovations Kaiser Permanente has brought to U.S. health care are: * Prepaid health plans, which spread the cost to make it more affordable * A focus on preventing illness and disease as much as on caring for the sick * An organized, coordinated system that puts as many services as possible under one roof-all connected by an electronic medical record Kaiser Permanente is an integrated health care delivery system comprised of Kaiser Foundation Hospitals (KFH), Kaiser Foundation Health Plan (KFHP), and physicians in the Permanente Medical Groups. Today we serve more than 12.2 million members in eight states and the District of Columbia. Our mission is to provide high-quality, affordable health care services and to improve the health of our members and the communities we serve. Care for members and patients is focused on their Total Health and guided by their personal physicians, specialists, and team of caregivers. Our expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to care innovations, clinical research, health education, and the support of community health. B. Kaiser Permanentes Approach to Community Health For 75 years, Kaiser Permanente has been dedicated to providing high-quality, affordable health care services and to improving the health of our members and the communities we serve. We believe good health is a fundamental right shared by all and we recognize that good health extends beyond the doctors office and the hospital. It begins with healthy environments: fresh fruits and vegetables in neighborhood stores, successful schools, clean air, accessible parks, and safe playgrounds. Good health for the entire community requires equity and social and economic well-being. These are the vital signs of healthy communities. Better health outcomes begin where health starts, in our communities. Like our approach to medicine, our work in the community takes a prevention-focused, evidence-based approach. We go beyond traditional corporate philanthropy or grant making to pair financial resources with medical research, physician expertise, and clinical practices. Our community health strategy focuses on three areas: * Ensuring health access by providing individual</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, PART III, LINE 4A-D	<p>uals served at Kaiser Permanente or by our safety-net partners with integrated clinical and social services; * Improving conditions for health and equity by engaging members, communities, and Kaiser Permanentes workforce and assets; and * Advancing the future of community health by innovating with technology and social solutions. C. Kaiser Permanentes Total Contribution Kaiser Permanente provided \$3.4 billion in community benefits in 2019. The amounts attributable to Kaiser Foundation Health Plan of Colorado is \$129.4 million as follows: * Financial Assistance at cost - \$30.5 million * Medicaid - \$60 million * Costs of other means-tested government programs - \$8.1 million * Community health improvement services and community benefit operations - \$5.3 million * Health Professions Education - \$470,000 * Research - \$2.7 million * Cash and in-kind contributions from community benefit - \$22.4 million In addition to our direct spend on community benefits, we also leverage assets from across Kaiser Permanente to help us achieve our mission to improve the health of communities. This "Total Health" strategy includes our widely recognized activities around supplier diversity, socially responsible investing and environmental stewardship. II. Ensure Health Access A. Summary of The Strategy Ensuring access to high quality health care services for low-income populations within the communities we serve is core to our mission and tax-exempt status. Access to healthcare for vulnerable low-income populations is routinely identified in our Community Health Needs Assessments as one of the top health needs in the communities Kaiser Permanente serves. There are two main access challenges: coverage and care. Without access to adequate health insurance coverage, people may not receive the comprehensive and continuous medical care needed to help achieve maximum health outcomes. And without access to convenient and high-quality care by trusted providers, they are less likely to get and/or stay healthy. Over time, access challenges can compromise health outcomes as well as create additional burden on government to provide necessary social services. Kaiser Foundation Health Plan of Colorado supports the health access needs of our communities through a combination of coverage and care programs. We provide coverage to low-income populations through two key vehicles: first, via our participation in government programs like Medicaid and the Childrens Health Insurance Programs (CHIP), and second, via our own Charitable Health Coverage (CHC) program, which provides a premium subsidy for Kaiser Permanente coverage for qualified low-income families and children who do not have access to public or private health coverage. Similarly, we provide care to low-income populations through two key vehicles: first, via our treatment of Medicaid and CHIP enrollees (not assigned to Kaiser Permanente), and second, via the Medical Financial Assistance (MFA) program, which is Kaiser Permanentes</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, PART III, LINE 4A-D	<p>traditional charity care or financial assistance program (FAP). For Kaiser Foundation Health Plan, Inc. and all of its subsidiary health plans, the main way to address health access challenges is by absorbing the cost of the coverage programs described above. In 2019, Kaiser Foundation Health Plan of Colorado spent a total of \$98.5 million on our coverage and care programs (at cost, net of all related revenues).</p> <p>B. Coverage Adequate health coverage means consistent access to comprehensive and continuous medical and preventative services for people to get and stay healthy, a much better and thorough alternative to episodic care at emergency departments. Coverage is good for the patient, good for Kaiser Permanente and good for the US overall because it helps people get and stay healthy and avoid costly hospital services.</p> <p>i. Coverage provided through Medicaid, CHIP and other government programs The Affordable Care Act has had a far-reaching 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 US population. Kaiser Permanente has responded to this challenge by developing organizational strategies to enable low-income individuals to obtain and/or retain health coverage through Medicaid, CHIP or other government programs, even as their personal or financial circumstances may be changing. At the end of 2019, Kaiser Foundation Health Plan of Colorado was providing coverage to approximately 43,000 people through these government programs.</p> <p>ii. Coverage provided through CHC CHC is a unique approach to caring for low-income uninsured persons in the community. The program provides a premium subsidy for a KFHP off exchange plan to low income individuals and families who are not eligible for other public or privately sponsored coverage. Eligible participants receive a regular KFHP membership card and have access to the same services and providers as other KFHP individual and family plan members. CHC members also receive cost sharing support that eliminates out of pocket costs for most covered services provided at Kaiser Permanente facilities. CHC provides individuals/families who would otherwise not have access to coverage, consistent access through the "front door" of the health delivery system, including a medical home and preventive services, better alternatives than episodic care. At the end of 2019, Kaiser Foundation Health Plan of Colorado was providing coverage to approximately 300 people through the CHC program.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
C. Care	<p>To get and/or stay healthy, people need access to high quality care by providers they trust. This care must include preventative services and required medications so that people can avoid ending up in the emergency room or requiring more extensive services down the line. Kaiser Permanente helps low income populations gain access to this type of care by leveraging the full scope of its integrated delivery system, including not only critical hospital-based services but also outpatient primary, specialty and pharmacy services.</p> <p>i. Care provided through Medicaid, CHIP and other government programs Kaiser Permanente provides a wide range of health care services to individuals enrolled in Medicaid, CHIP and other government programs, regardless of whether they are assigned to Kaiser Permanente or not. In addition to the individuals who received health coverage in 2019 due to Kaiser Permanente's participation in these government programs, Kaiser Foundation Health Plan of Colorado also subsidizes care to people who are enrolled in these programs but not formally assigned to Kaiser Foundation Health Plan.</p> <p>ii. Care subsidized by MFA Medical Financial Assistance program (MFA) helps low-income, uninsured, and underserved patients receive access to care. The program provides temporary financial assistance or free care to patients who receive health care services from our providers, regardless of whether they have health coverage or are uninsured. The MFA program is one of the most generous in the health care industry and is available to those patients in greatest need. Eligibility is based on financial need. In general, patients whose household income is at or below 200 percent, and in some regions up to 400 percent, of the federal poverty guidelines are eligible for the MFA program. Patients who are experiencing high medical expenses as compared to their income may be eligible under high medical expenses criteria, regardless of household income. The MFA program covers emergency and medically necessary health care services, pharmacy services and products, and medical supplies provided at Kaiser Permanente facilities (i.e. hospitals, medical centers, and medical office buildings), at Kaiser Permanente outpatient pharmacies, or by Kaiser Permanente providers. Over the course of 2019, Kaiser Foundation Health Plan of Colorado subsidized care for approximately 47,000 people through the MFA program.</p> <p>D. Social Health: Thrive Local As an integrated health system committed to total health, Kaiser Permanente must not only provide excellent medical care and health services, it must also address social health-for Kaiser Permanente members and in our communities. To help address unmet social needs, Kaiser Permanente is deploying Thrive Local in each of its regions. Thrive Local integrates clinical and social care and is supported by data integration and partnerships with community-based organizations. Thrive Local consists of three components: a resource directory that pr</p>

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Return Reference	Explanation
C. Care	<p>Provides current, up-to-date and searchable information on community resources; geographically based community partner networks of social service organizations; and a technology platform that allows for two-way referrals between health care providers and social care providers. By linking clinical and social care delivery and building social health networks for our members and the communities we serve, Kaiser Permanente is making a bold move to transform health.</p> <p>E. Safety-Net Partnerships Kaiser Permanente is committed to building partnerships with the institutions that serve on the front lines of health care for the uninsured and underserved, often referred to as the health care "safety net." Through grants, training, and technical assistance, we're working with safety-net hospitals and health centers to help these institutions reach people in our communities who are low-income, uninsured, or under-resourced. Specific example(s) of our efforts in 2019 include: Kaiser Foundation Health Plan of Colorado continued its support of the Safety-Net Specialty Care program which provides consultations and specialty care visits to patients served by the safety-net. In 2019, Kaiser Permanente physician specialists provided 631 electronic consultations and 151 face-to-face visits to patients in need of specialty care. This program provides critical access to care for vulnerable patients that would have nowhere else to go to address their specialty health care needs. Additionally, the consultations provided enable the patients to be cared for in the trusted primary care setting while also supporting the role of safety-net primary care providers.</p> <p>III. Improve Conditions for Health and Equity</p> <p>A. Summary of the Strategy Healthy individuals need healthy communities, and healthy communities need healthy people to thrive. At Kaiser Permanente, we are working to improve the conditions for health and equity in the community by addressing the root causes of health, such as economic opportunity, affordable housing, safe and supportive schools, and a healthy environment. These improvements grow from our collaboration with each community to co-design and co-create solutions that truly make a positive impact. By engaging members, communities, our sizeable workforce, and all of our organizations considerable assets, we are working to create communities that are among the healthiest in the nation, and inspiring greater health for America and the world. In 2019, Kaiser Foundation Health Plan of Colorado spent a total of \$8.1 million on charitable contributions designed to improve conditions for health and equity. In addition to the charitable contributions awarded to improve conditions for health and equity, Kaiser Foundation Health Plan of Colorado also provided \$14.3 million in charitable contributions for other Community Health activities and programs.</p> <p>B. Social Health: Food for Life Kaiser Permanente is tackling the most basic of human needs—food—by helping at-risk members</p>

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Return Reference	Explanation
C. Care	and communities access the food and nutrition they need to live a full and healthy life. We launched Food for Life to transform the economic, social and policy environments connected to food so that people across the nation have access to, and can afford, healthy food.

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Return Reference	Explanation
C. Thriving Schools	<p>Our efforts to support health in schools are part of how we are advancing our vision for total health - a holistic approach that emphasizes the social, environmental, behavioral, and clinical aspects that shape one's well-being. Schools are passionate about ensuring that all students succeed. They need strong partners to help them address health as part of their strategy. That's why Kaiser Permanente created Thriving Schools, our all-in engagement to improve health for students, staff, and teachers. Our vision is that every community can count on their school as a champion for good health that enables great learning. Kaiser Permanente Thriving Schools is intentional about coordinating our own knowledge and existing work in school health with the good work of others. Through our valued partnerships with some of the country's most innovative organizations, we are able to provide concrete resources and pathways to health in schools. To create lasting change, we use our voice to advance local, regional, and national policies and a movement to make healthy schools the norm for everyone. A distinguishing feature of Thriving Schools is our complementary focus: we support students, staff, and teachers, and we address their physical, emotional, and social wellness. This approach builds a culture of wellness across the entire school. Specific example(s) of our efforts in 2019 include: Kaiser Foundation Health Plan of Colorado supported the RISE (Resilience in School Environments) initiative, an enterprise-wide effort with the Alliance for Healthier Generation. RISE is designed to empower schools and districts to create safe and supportive learning environments by cultivating practices that strengthen the social and emotional health of all students and staff, understand and integrate social and emotional well-being into all aspects of school life. 11 schools and 1 district were recruited in 2019 to participate in RISE onsite program. Kaiser Foundation Health Plan of Colorado supported the Alliance for a Healthier Generation for the Healthy Schools Program also known as the Healthy Eating Active Living initiative. The Healthy Eating Active Living initiative empowers school and district leaders to create and sustain healthier learning environments for students, staff and teachers. School and districts receive a range of school health resources and information through onsite support and a virtual platform to help them choose smart snacks and healthier school breakfast and lunch programs, including movement in the classroom, support for health and physical education instruction, healthy food procurement, and adopting school and district wellness policies that guide positive, healthy practices. In Colorado, 45 schools made one or more improvements in physical activity, nutrition, or staff wellness meeting the guidelines of the Healthy Schools Program. Kaiser Foundation Health Plan of Colorado partnered with the Boulder Valley School District for the Let's Connect</p>

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Return Reference	Explanation
C. Thriving Schools	<p>t Program. This effort, reaching 2,744 students and 320 teachers is designed to address policies and practices that specifically aim to improve school climate and culture through norms, values, and expectations for staff and students, ensure teacher and staff learnings translate to improved school climate as teachers model and encourage social emotional learning skills with students, build adult capacity for self-care and recognition of the signs of trauma and socio-emotional learning competencies, which are designed to be actively practiced in the classroom and transferred and taught to students. Kaiser Foundation Health Plan of Colorado partnered with the Cherry Creek School District for the HEARTS program. This effort, reaching 1,780 students, 154 staff, and over 3,000 parents/caregivers, is designed to create a more trauma-sensitive, safe, and supportive school environments. Strategies used to meet this goal include, increasing parent, guardian and youth presence and voice in program implementation; promoting and incorporating teacher and staff self-care and social/emotional wellness professional learning opportunities through capacity building and ongoing consultation; and providing coaching and trainings for leadership, staff teachers, and families to promote awareness and to recognize the signs and symptoms of trauma/adverse childhood experiences.</p> <p>D. Thriving Cities The places where we live, learn, work, and play - our cities and towns, our schools, our homes, our neighborhoods - have an enormous impact on our health. And how we shape those places, through public policy and the support for healthy environments, has the potential to make real, lasting impacts on our surroundings and our everyday quality of life. Through Kaiser Permanente's ongoing partnerships with community organizations, municipal leaders, and public health champions, we are working to incorporate health, equity and sustainability considerations into public policy and the built environment in ways that influence how neighborhoods take shape and grow. Specific example(s) of our efforts in 2019 include: Kaiser Permanente continued as a partner in CityHealth, an initiative of the de Beaumont Foundation and Kaiser Permanente that advances a package of evidence-based policy solutions that will help millions of people live longer, better lives in vibrant, prosperous communities. CityHealth recognized large cities across the country for specific policies related to health and quality of life, including Pre-K, Tobacco 21, complete streets, smoke-free indoor air, and healthy food procurement. In the policy areas assessed by CityHealth among the 40 largest cities, a total of 35 new policy advances occurred since 2018. Denver was recognized by CityHealth for two new policies related to Tobacco 21 and healthy food procurement. These policies are projected to deter young people from initiating tobacco use and improve access to healthy foods on city properties. In recognition of these</p>

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Return Reference	Explanation
C. Thriving Schools	<p>new policies, Denver was awarded a 2019 overall silver medal. Kaiser Permanente encouraged the passage of the Tobacco 21 policy by testifying in support as an effort to curb the health effects related to tobacco use. Kaiser Foundation Health Plan of Colorado has funded the Healthy Eating, Active Living (HEAL) Cities Campaign since its initiation in 2008. Since 2008, a total of 373 cities, including 59 in Colorado, have committed to pass and implement policies addressing healthy eating and active living. These policies range from health in general or comprehensive plans to healthy food procurement to complete streets and worksite wellness, with LiveWell Colorado leading the work in Colorado.</p>

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E. Economic Opportunity	<p>Inclusive economic growth is critical to both individual and community health. When there is a lack of economic opportunity in communities, the prospects for upward social mobility are diminished, often resulting in poorer health and higher mortality rates for people living in those communities. By contrast, economic growth and opportunity provides individuals with jobs, income, a sense of purpose, and opportunities to improve their economic circumstances overtime. As a large, influential institution in our communities, Kaiser Permanente recognizes that the way we do business can support economic opportunity in local communities through how we hire, purchase, build our facilities and partner with communities. Some ways that we're helping revitalize and grow our communities by strengthening economic opportunity include:</p> <ul style="list-style-type: none"> * Providing good jobs to individuals facing barriers to employment through high-impact hiring and workforce pipeline efforts. * Pursuing a social impact investment strategy to support impact investments aimed at addressing key social issues that have a significant impact on health. * Purchasing goods and services from local minority- and women-owned businesses and encouraging good employment practices by our vendor partners. * Building new facilities with an emphasis on positive local community impact, including local construction hiring, local and diverse purchasing, healthy and sustainable design features, neighborhood revitalization, and deep community engagement. <p>Specific examples of our efforts in 2019 include: Kaiser Foundation Health Plan of Colorado created the Kaiser Permanente Diversity Scholarship Program as a community outreach effort to financially support minority students pursuing an education for any health career. The objectives are to address the shortage of diverse health care and public health professionals. Scholars are selected by Kaiser Foundation Health Plan of Colorado staff, physicians and community partners. All qualified students may apply, including those students who identify as one or more of the following: African American, Asian/Pacific, Latino, Lesbian, Gay, Bisexual, Transgender, Intersex, Native-American, U.S. Veteran, and/or as a Person with a Disability. Kaiser Permanente continued its commitment to source goods and services from the minority, women, veteran, disabled, and LGBTQ-owned business community as a member of the Billion Dollar Roundtable. As part of this commitment, we encouraged our own suppliers to also increase their sourcing of goods and services from the minority, women, veteran, disabled, and LGBTQ-owned business community. Furthermore, we also began to measure job creation that resulted from our procurement spending and in 2019, found that our procurement spending led our supplier partners to create new jobs.</p> <p>F. Housing for Health Housing stability is a key factor in a person's overall health and well-being. Without a safe, stable place to live, it is nearly impossible to maintain</p>

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E. Economic Opportunity	<p>in health or sustain health improvements achieved in a medical setting. With homelessness affecting more than 550,000 people every day throughout our country, the need for safe, stable and affordable housing has never been greater. Kaiser Permanente understands the connection between housing and health. Our impact investments aim to create more affordable housing, reduce the displacement of lower-and middle-income households, and end homelessness by ensuring access to supportive housing. Specific example(s) of our efforts in 2019 include: Kaiser Foundation Health Plan of Colorado partnered with Community Solutions and the Colorado Division of Housing to launch a statewide leadership team to 'clear the path address community barriers to end homelessness. Community Solutions is Kaiser Permanente's national partner for ending veteran and chronic homelessness in Kaiser Permanente communities. Community Solutions is a nonprofit that leads Built for Zero, a movement of more than 80 cities and counties using data to radically change how they work and the impact they can achieve; and proving that it is possible to make homelessness rare and brief. In order to propel this movement to end homelessness up and over a tipping point, Community Solutions works with communities to solve the most persistent challenges that stand in the way. This partnership will form a team that includes 20 key stakeholders from federal and state government agencies, nonprofit service providers, policy advocacy organizations, and health systems. The team has set an aim of ending homelessness, within two years, for three Colorado communities.</p> <p>G. Environmental Stewardship We believe it is our obligation as a health care provider to minimize our environmental impact. We embed efforts to be environmentally responsible throughout our organization - in how we power our facilities, purchase food and medical supplies and equipment, manage waste, and invest in our communities. We also prioritize partnerships with others to develop policies and systems that strengthen community health and protect our environment. In 2016, Kaiser Permanente adopted an ambitious set of environmental goals to guide the organization for the decade ahead. These goals have raised the bar on environmental responsibility, not just for Kaiser Permanente but for all health care organizations. Kaiser Permanente pledges that by 2025 it will:</p> <ul style="list-style-type: none"> * Become "carbon net positive" by buying enough clean energy and carbon offsets to remove more greenhouse gases from the atmosphere than it emits. * Buy all of its food locally or from farms and producers that use sustainable practices, including using antibiotics responsibly. * Recycle, reuse or compost 100 percent of its non-hazardous waste. * Reduce the amount of water it uses by 25 percent per square foot of buildings. * Increase its purchase of products and materials that meet environmental standards to 50 percent. * Meet international standards for environmental management at

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E. Economic Opportunity	all its hospitals. * Pursue new collaborations to reduce environmental risks to the foodsheds, watersheds and air basins supplying its communities. Specific example(s) of our efforts in 2019 include: Kaiser Permanente finalized an agreement for a major renewable energy purchase, enabling us to achieve our goal of becoming carbon neutral in 2020. Kaiser Permanente dedicated 20% of overall spending on products to items that met our Environmentally Preferable Purchasing standards and dedicated 42% of spending on food to items produced locally or from farms and producers that use sustainable practices, including using antibiotics responsibly. Kaiser Foundation Health Plan of Colorado dedicated 17% of its overall spending on products to items that met Kaiser Permanentes Environmentally Preferable Purchasing standards; hosted solar photovoltaic panels at seven of its facilities; and responsibly reused, recycled or composted over 607 tons of materials.

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<p>IV. Advance the Future of Community Health</p>	<p>A. Summary of the Strategy Kaiser Permanente works in partnership with our communities, using our collective knowledge to identify and implement creative solutions to difficult community health problems by: * Inspiring young people to pursue careers in health care * Conducting research to identify and eliminate disparities in care * Advancing health innovation and achieving greater and more equitable health outcomes In 2019, Kaiser Foundation Health Plan of Colorado spent a total of \$3.2 million on programs to advance the future of community health (at cost, net of all related revenues). This included \$470,000 in health professionals education and \$2.7 million in research. B. Health Professionals Education Our Graduate Medical Education (GME) program provides training and education for medical residents and interns in the interest of educating the next generation of physicians. The nationally acclaimed program attracts some of the top medical school graduates in the United States and serves as a national model by exposing future health care providers to an integrated health care delivery system. Residents are offered the opportunity to serve a large, culturally diverse patient base in a setting with sophisticated technology and information systems, established clinical guidelines and an emphasis on preventive and primary care. In 2019, Kaiser Foundation Health Plan of Colorado supported interns and residents through the GME program. The majority of medical residents are studying within the primary care medicine areas of family practice, internal medicine, ob/gyn, pediatrics, preventive medicine, and psychiatry. In addition to GME, we provide a range of training and education programs for nurse practitioners, nurses, radiology and sonography technicians, physical therapists, post-graduate psychology and social work students, pharmacists, and other non-physician health professionals. C. Research Kaiser Permanente has a long history of conducting health research related to both prevention and treatment of disease that benefits its members, the communities it serves and the nation. Kaiser Permanente's research efforts are core to the organization's mission to improve population health, and its commitment to continued learning. Research activities are conducted at Kaiser Permanente's eight regional research centers and three national groups: Kaiser Permanente Research Bank, Kaiser Permanente Center for Effectiveness & Safety Research; and Utility for Care Data Analysis. In addition, the Kaiser Foundation Research Institute administers and supports research at the research centers. Kaiser Permanente researchers study critical health issues including: cancer, cardiovascular conditions, diabetes, behavioral and mental health, and health care delivery improvement. Kaiser Permanente Research is broadly focused on three themes: understanding health risks; addressing patients' needs and improving health outcomes; and informing policy and practice to facilitate</p>

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<p>IV. Advance the Future of Community Health</p>	<p>e the use of evidence-based care. Kaiser Permanente is uniquely positioned to do research due to its rich, longitudinal, electronic clinical databases that capture virtually complete health care delivery, payment, decision-making and behavioral data in detail to support primary, secondary and tertiary clinical care across inpatient, outpatient and emergency department settings for its geographically and demographically diverse members. In 2019, Kaiser Foundation Health Plan of Colorado engaged in over 300 active studies including over 100 clinical trials and published approximately 160 journal articles. Kaiser Foundation Health Plan of Colorado's research center, the Institute for Health Research (IHR) was established in 1992 and is an integrated department that conducts, publishes, and disseminates epidemiologic, behavioral, health services, implementation and clinical research. The IHR also hosts a clinical trials program, and a robust community evaluation team. The IHR has a specific focus on conducting research that can be translated into clinical practice, health promotion, and policies to influence the health of individuals and populations. Investigators undertake research in a number of areas, including cancer, vaccine safety and adherence, behavioral health, opioid addiction, multimorbidity and complex care, as well as non-medical determinants of care. Individuals prescribed high-dose opioid therapy are at increased risk for opioid overdose. Although new practice guidelines have led to substantial reductions in opioid prescribing across the United States, significant decreases in pharmaceutical opioid overdose have not been documented. A study published in 2019 in JAMA Network Open by a team of researchers from Kaiser Foundation Health Plan of Colorado followed 15,000 patients receiving long-term opioid therapy. They found that attempts to taper or discontinue opioid therapy to reduce the risk of overdose may lead patients to be exposed to variability in dosing. This variability may in turn increase the risk of overdose even if therapy discontinuation is associated with a reduction in risk. The researchers concluded that practitioners should seek to minimize dose variability when managing long-term opioid therapy. D. Advancing Innovation Despite our nation's best efforts at addressing the myriad of challenges facing the health of our communities, we see that social, economic and health disparities among people continue to grow. At Kaiser Permanente, we're trying to shift that paradigm by working to advance conditions for health through the spread of best practices, innovation and technology. Kaiser Permanente works in partnership with our communities, using our collective knowledge to identify and implement creative solutions to difficult community health problems. Using technology as the backbone of our efforts, we are exploring new approaches for accelerating and scaling community health solutions to create greater impact. Together, we</p>

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IV. Advance the Future of Community Health	are advancing health innovation and achieving greater and more equitable health outcomes. Specific example(s) of our efforts in 2019 include: Kaiser Permanente partnered with The Public Good Projects (PGP) to reduce stigma and raise awareness around mental health conditions. PGP's Action Minded Mental Health campaign has four components which include Therapy Pets, Like One Another, Mental Health Champions, and Community Partners and each component tailors its evidence-based approach to reach a specific audience. PGP's disease surveillance system monitors all publicly available media sources for mentions of mental health topics, and PGP tailors its messaging to address trending mental health topics.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

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	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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NXT CAP SR FD ILLC 191 N Wacker Dr 1200 CHICAGO, IL 60606 37-1651297	INVESTMENT	DE	NA	N/A	0	0			0			0 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1)OAK TREE ASSURANCE LTD ONE KAISER PLAZA 15L OAKLAND, CA 94612 03-0329760	INSURANCE	VT	NA	C CORP	0	0		Yes	
(2)KAISER PERMANENTE INSURANCE COMPANY ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3203402	INSURANCE	CA	NA	C CORP	0	0		Yes	
(3)KAISER PERMANENTE INTERNATIONAL ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3245176	CONSULTING	CA	NA	C CORP	0	0		Yes	
(4)GROUP HEALTH SERVICES INC ONE KAISER PLAZA 15L OAKLAND, CA 94612 91-1392222	INACTIVE	WA	NA	C CORP	0	0		Yes	
(5)KFHP OF WASHINGTON OPTIONS INC ONE KAISER PLAZA 15L OAKLAND, CA 94612 91-1467158	INSURANCE	WA	NA	C CORP	0	0		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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Yes	
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)		No
e Loans or loan guarantees by related organization(s)	Yes	
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)	Yes	
s Other transfer of cash or property from related organization(s)	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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		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
ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-1105628	HEALTH CARE	CA	501(c)(3)	3	NA		No
ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-1340523	HEALTH CARE	CA	501(c)(3)	10	NA		No
ONE KAISER PLAZA 15L OAKLAND, CA 94612 58-1592076	HEALTH CARE	GA	501(c)(3)	10	KFHP INC	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 52-0954463	HEALTH CARE	MD	501(c)(3)	10	KFHP INC	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 93-0798039	HEALTH CARE	OR	501(c)(3)	10	KFHP INC	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 91-0511770	HEALTH CARE	WA	501(c)(3)	3	KFHPW HLDING	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3299125	ASSET MGMT	CA	501(c)(3)	12-I	KFH	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3299124	ASSET MGMT	CA	501(c)(3)	12-I	KFHP INC	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3299123	ADMIN	CA	501(c)(3)	12-I	KFHP INC	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 91-2171891	WC PLACEMENT	HI	501(c)(3)	12-I	KFHP INC	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 94-3317484	FINANCING	CA	501(c)(3)	12-I	KFHP INC	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 31-1779500	FINANCING	CA	501(c)(3)	12-I	KFH	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 93-0954562	HEALTH CARE	OR	501(C)(3)	10	KEHP INC	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 81-4053028	MEDICAL EDU	CA	501(C)(3)	2	KFH	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 93-0480268	HEALTH CARE	WA	501(C)(3)	12-I	KFHP INC	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 91-1216856	INACTIVE	WA	501(C)(3)	12-I	KFHP OF WA	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 91-1314907	INACTIVE	WA	501(C)(3)	12-I	KFHP OF WA	Yes	
ONE KAISER PLAZA 15L OAKLAND, CA 94612 82-3819611	ADVOCACY	CA	501(C)(4)	N/A	KFHP INC	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
KAISER FOUNDATION HEALTH PLAN INC	L	6,229,091	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN INC	M	95,458,308	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN INC	P	136,263,196	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN INC	Q	66,632,092	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN INC	R	17,344,910	PER AGREEMENT
KAISER FOUNDATION HEALTH PLAN INC	S	251,019,996	PER AGREEMENT
KAISER FOUNDATION HOSPITALS	A	1,680,000	PER AGREEMENT
KAISER FOUNDATION HOSPITALS	K	7,443,456	PER AGREEMENT
KAISER FOUNDATION HOSPITALS	M	209,853,378	PER AGREEMENT
KAISER FOUNDATION HOSPITALS	P	2,552,890	PER AGREEMENT
KAISER FOUNDATION HOSPITALS	Q	48,737,255	PER AGREEMENT
KAISER FDN HEALTH PLAN OF THE NORTHWEST	L	1,931,166	PER AGREEMENT
KAISER FDN HEALTH PLAN OF THE NORTHWEST	M	1,831,649	PER AGREEMENT
KAISER FDN HEALTH PLAN OF THE NORTHWEST	P	50,828	PER AGREEMENT
KASISER FDN HEALTH PLAN OF WASHINGTON	P	332,049	PER AGREEMENT
KASISER FDN HEALTH PLAN OF WASHINGTON	Q	84,939	PER AGREEMENT
KASISER FDN HEALTH PLAN OF WASHINGTON	R	354,258	PER AGREEMENT
KFHP OF THE MID ATLANTIC STATES INC	L	632,866	PER AGREEMENT
KFHP OF THE MID ATLANTIC STATES INC	M	642,290	PER AGREEMENT
KFHP OF THE MID ATLANTIC STATES INC	P	170,757	PER AGREEMENT
KFHP OF THE MID ATLANTIC STATES INC	Q	228,542	PER AGREEMENT
KAISER FDN HEALTH PLAN OF GEORGIA INC	L	2,075,507	PER AGREEMENT
KAISER FDN HEALTH PLAN OF GEORGIA INC	M	1,258,399	PER AGREEMENT
KAISER FDN HEALTH PLAN OF GEORGIA INC	P	269,934	PER AGREEMENT
CAMP BOWIE SERVICE CENTER	Q	68,741,718	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
KAISER PERMANENTE INSURANCE COMPANY	L	17,099,127	PER AGREEMENT
KAISER PERMANENTE INSURANCE COMPANY	M	12,896,898	PER AGREEMENT
KAISER PERMANENTE INSURANCE COMPANY	Q	2,472,233	PER AGREEMENT
LOKAHI ASSURANCE LTD	M	8,663,000	PER AGREEMENT
LOKAHI ASSURANCE LTD	P	236,862	PER AGREEMENT
LOKAHI ASSURANCE LTD	Q	11,477,802	PER AGREEMENT
LOKAHI ASSURANCE LTD	R	2,470,838	PER AGREEMENT