

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning 2018, and ending 2018

Go to www.irs.gov/Form990T for instructions and the latest information. 1812

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

A Check box if address changed
B Exempt under section
C Book value of all assets at end of year

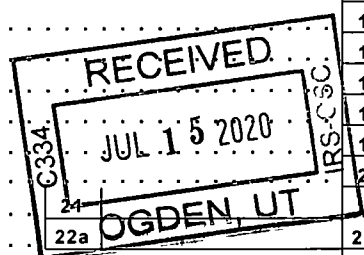
Name of organization KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC.
Number, street, and room or suite no ONE KAISER PLAZA, SUITE 15L
City or town, state or province, country, and ZIP or foreign postal code OAKLAND, CA 94612

D Employer identification number 52-0954463
E Unrelated business activity code 446110

F Group exemption number 1876306551
G Check organization type 501(c) corporation
H Enter the number of the organization's unrelated trades or businesses 2
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes
J The books are in care of CHIEF ACCOUNTING OFFICER Telephone number 510-271-6611

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, etc.

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, Salaries and wages, Repairs and maintenance, etc.



SCANNED OCT 26 2020 47 Received In Batching Ogden SEP 29 2020

341

GIB

2

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	33	50,082.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions).	35	50,082.
36	Total of unrelated business taxable income before specific deduction Subtract line 35 from the sum of lines 33 and 34.	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36.	38	0.

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21).	39	
40	Trusts Taxable at Trust Rates See instructions for tax computation Income tax on the amount on line 38 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only).	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	

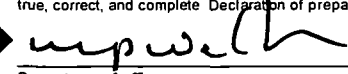
Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116).	45a	
b	Other credits (see instructions).	45b	
c	General business credit Attach Form 3800 (see instructions)	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827).	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44.	46	
47	Other taxes Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule).	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2.	49	
50a	Payments A 2017 overpayment credited to 2018	50a	78,529.
b	2018 estimated tax payments	50b	143,234.
c	Tax deposited with Form 8868.	50c	120,000.
d	Foreign organizations Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	Total payments Add lines 50a through 50g	51	341,763.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached.	52	
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	341,763.
55	Enter the amount of line 54 you want Credited to 2019 estimated tax Refunded	55	341,763.

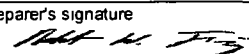
Part VI Statements Regarding Certain Activities and Other Information (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country here	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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 taxpayer) is based on all information of which preparer has any knowledge

Sign Here  7/9/2020 CHIEF TAX OFFICER
Signature of officer Date Title

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

Paid Preparer Use Only
Print/Type preparer's name: ROBERT W FRIZ
Preparer's signature:  Date: 06/23/2020
Check if self-employed PTIN: P00438748
Firm's name: PRICEWATERHOUSECOOPERS LLP Firm's EIN: 13-4008324
Firm's address: 2001 MARKET ST, SUITE 1800, PHILADELPHIA, PA 19103 Phone no: 267-330-3000

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ►

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2	65,331.	7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.	7	65,331.
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs (attach schedule)	4a					
4b	Other costs (attach schedule)	4b					X
5	Total. Add lines 1 through 4b.	5	65,331.				

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A).		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B).

Schedule E - Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions included in column 8				

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
Totals ▶				

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
Totals ▶				

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26
Totals ▶						

Schedule J—Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ▶						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I. ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC.
FEIN 52-0954463

FORM 990-T
AMENDED RETURN STATEMENT
FOR THE TAX YEAR ENDED DECEMBER 31, 2018

KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC. ("TAXPAYER") IS FILING AN AMENDED FORM 990-T FOR THE TAX YEAR ENDED DECEMBER 31, 2018 PURSUANT TO THE RETROACTIVE REPEAL OF INTERNAL REVENUE CODE SECTION 512(A)(7). AS A RESULT, TAXPAYER IS FILING AN AMENDED RETURN IN ORDER TO REMOVE THE AMOUNTS PREVIOUSLY REPORTED AS UNRELATED BUSINESS INCOME FROM THE PROVISION OF QUALIFIED TRANSPORTATION FRINGES.

PURSUANT TO SUCH REPEAL, TAXPAYER HAS REDUCED FORM 990-T, PART III, LINE 34 TO \$0, REDUCING THE TAXABLE INCOME AND TAX DUE WHICH WAS PREVIOUSLY REPORTED ON PART III, LINE 44 OF THE TAXPAYER'S ORIGINALLY FILED RETURN. A REFUND IN THE AMOUNT OF \$341,763 IS RESPECTFULLY REQUESTED ON PART V, LINE 55 OF THE ATTACHED AMENDED 2018 FORM 990-T.

THE CHANGES ARE BROKEN OUT AS FOLLOWS.

Form 990-T Breakout			
Comparison of Originally Filed to Amended Returns			
	Form 990-T Originally Filed	Form 990-T Amended Return	Difference
Part I - Unrelated Trade or Business Income			
Line 1a - Gross receipts or sales	183,742	183,742	-
Line 1c - Balance	183,742	183,742	-
Line 2 - Cost of goods sold	65,331	65,331	-
Line 3 - Gross profit	118,411	118,411	-
Line 13 - Total	118,411	118,411	-
Part II - Deductions Not Taken Elsewhere			
Line 15 - Salaries and Wages	21,287	21,287	-
Line 19 - Taxes and licenses	10,727	10,727	-
Line 20 - Charitable contributions	4,702	-	(4,702) *
Line 25 - Employee benefit programs	9,308	9,308	-
Line 28 - Other deductions	27,007	27,007	-
Line 29 - Total deductions	73,031	68,329	(4,702) *
Line 30 - Unrelated business taxable income before net operating loss deduction	45,380	50,082	4,702 *
Line 32 - Unrelated business taxable income	45,380	50,082	4,702 *
Schedule M - Part I - Unrelated Trade or Business Income			
Line 1a - Gross receipts or sales	508,648	508,648	-
Line 1c - Balance	508,648	508,648	-
Line 2 - Cost of goods sold	43,446	43,446	-
Line 3 - Gross profit	465,202	465,202	-
Line 13 - Total	465,202	465,202	-
Schedule M - Part II - Deductions Not Taken Elsewhere			
Line 15 - Salaries and Wages	237,147	237,147	-
Line 21 - Depreciation	70,466	70,466	-
Line 22b - Total depreciation	70,466	70,466	-
Line 25 - Employee benefit programs	100,842	100,842	-
Line 28 - Other deductions	265,991	265,991	-
Line 29 - Total deductions	674,446	674,446	-

Line 30 - Unrelated business taxable income before net operating loss deduction	(209,244)	(209,244)	-
Line 32 - Unrelated business taxable income	(209,244)	(209,244)	-
Part III - Total Unrelated Business Taxable Income			
Line 33 - Total unrelated business taxable income from all unrelated trades or businesses	(132,173)	50,082	182,255 *
Line 34 - Amounts paid for disallowed fringes	1,891,063	-	(1,891,063) *
Line 35 - Deduction for net operating loss	130,449	50,082	(80,367) *
Line 36 - Total of unrelated business taxable income before specific deduction	1,628,441	-	(1,628,441) *
Line 37 - Specific deduction	1,000	1,000	- *
Line 38 - Unrelated business taxable income	1,627,441	-	(1,627,441) *
Part IV - Tax Computation			
Line 39 - Organizations taxable as corporations	341,763	-	(341,763) *
Line 44 - Total	341,763	-	(341,763) *
Part V - Tax and Payments			
Line 46 - Subtract total credits from Line 44	341,763	-	(341,763) *
Line 48 - Total tax	341,763	-	(341,763) *
Line 50a - 2017 overpayment credited to 2018	78,529	78,529	-
Line 50b - 2018 estimated tax payments	143,234	143,234	-
Line 50c - Tax deposited with Form 8868	120,000	120,000	-
Line 51 - Total Payments	341,763	341,763	-
Line 54 - Overpayment	-	341,763	341,763 *
Line 55 - Refunded	-	341,763	341,763 *
* The difference is due to the retroactive repeal of IRC section 512(a)(7).			

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income for
Unrelated Trade or Business**

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning _____, 2018, and ending _____, 20____

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

Name of organization **KAISER FOUNDATION HEALTH PLAN OF THE** Employer identification number **52-0954463**

Unrelated business activity code (see instructions) ▶ **621400**

Describe the unrelated trade or business ▶ **NON-MEMBER MEDICAL CARE**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 508,648.			
b	Less returns and allowances c Balance ▶	1 c		
2	Cost of goods sold (Schedule A, line 7) ATCH. 3	2	43,446.	
3	Gross profit Subtract line 2 from line 1c	3	465,202.	465,202.
4 a	Capital gain net income (attach Schedule D)	4 a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4 b		
c	Capital loss deduction for trusts	4 c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions, attach schedule)	12		
13	Total Combine lines 3 through 12	13	465,202.	465,202.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)				
14	Compensation of officers, directors, and trustees (Schedule K)	14		
15	Salaries and wages	15		237,147.
16	Repairs and maintenance	16		
17	Bad debts	17		
18	Interest (attach schedule) (see instructions)	18		
19	Taxes and licenses	19		
20	Charitable contributions (See instructions for limitation rules)	20		
21	Depreciation (attach Form 4562)	21	70,466.	
22	Less depreciation claimed on Schedule A and elsewhere on return	22 a		
		22 b		70,466.
23	Depletion	23		
24	Contributions to deferred compensation plans	24		
25	Employee benefit programs	25		100,842.
26	Excess exempt expenses (Schedule I)	26		
27	Excess readership costs (Schedule J)	27		
28	Other deductions (attach schedule) ATCH. 4	28		265,991.
29	Total deductions. Add lines 14 through 28	29		674,446.
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30		-209,244.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31		
32	Unrelated business taxable income Subtract line 31 from line 30	32		-209,244.

For Paperwork Reduction Act Notice, see instructions Schedule M (Form 990-T) 2018

KAISER FOUNDATION HEALTH PLAN OF THE

52-0954463

ATTACHMENT 1

NAME AND FEIN OF PARENT CORPORATION

KAISER FOUNDATION HEALTH PLAN, INC.
94-1340523

ATTACHMENT 2

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

SUPPLIES & OFFICE EXPENSES	26,203.
OTHER EXPENSES	804.

PART II - LINE 28 - OTHER DEDUCTIONS	<u>27,007.</u>
--------------------------------------	----------------

NON-COVERED SERVICES

SCHEDULE M LINE 2: SCHEDULE A COST OF GOODS SOLD

1	INVENTORY AT BEGINNING OF YEAR ...			
2	PURCHASES	43,446.		
3	COST OF LABOR			
4A	ADDITIONAL SECTION 263A COSTS			
	B OTHER COSTS			
5	TOTAL. ADD LINES 1 THROUGH 4B	43,446.		
6	INVENTORY AT END OF YEAR			
7	COST OF GOODS SOLD.			
	(SUBTRACT LINE 6 FROM LINE 5)			<u>43,446.</u>
8	DO THE RULES OF SECTION 263A (WITH RESPECT TO PROPERTY PRODUCED OR ACQUIRED FOR RESALE) APPLY TO THE ORGANIZATION?		YES	NO X

SCHEDULE M - PART II LINE 28 TOTAL OTHER DEDUCTIONS

SUPPLIES AND OFFICE EXPENSES	120,885.
MAINTENANCE FEES	10,404.
PURCHASED SERVICES	22,778.
INFORMATION TECHNOLOGY	38,769.
OTHER EXPENSES	73,155.

PART II - LINE 28 - OTHER DEDUCTIONS 265,991.

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2018

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return

▶ Go to www.irs.gov/Form4562 for instructions and the latest information

Attachment
Sequence No **179**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

KEHP OF THE MID-ATLANTIC STATES, INC

SCHEDULE M, NON-MEMBER MEDICAL CARE

52-0954463

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019 Add lines 9 and 10, less line 12	13	

Note Don't use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	70,466
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs		S/L	
h	Residential rental property		27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i	Nonresidential real property		39 yrs	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs		S/L	
c	30-year		30 yrs	MM	S/L	
d	40-year		40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	70,466
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2018)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed?		Yes	No	24b If "Yes," is the evidence written?		Yes	No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use See instructions							25	
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1.							28	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1.								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles) . . .						
31 Total commuting miles driven during the year . . .						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year Add lines 30 through 32	0	0	0	0	0	0
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons See instructions

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2018 tax year (see instructions)					
43 Amortization of costs that began before your 2018 tax year					43
44 Total. Add amounts in column (f) See the instructions for where to report					44

KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC.

52-0954463

2018 Charitable Contribution Carryforward

Form 990-T

TAX YEAR ENDING	ORIGINAL CONTRIBUTIONS	CONTRIBUTIONS		CONTRIBUTIONS AVAILABLE	CONTRIBUTIONS		CONTRIBUTIONS CARRY FORWARD for 5 Years
		CONVERTED TO NOL CARRYOVER in Prior Years	USED in Prior Years		CONVERTED TO NOL CARRYOVER in Current Year	USED in Current Year	
12/31/2014	15,427,948	-	-	15,427,948	-	-	15,427,948
12/31/2015	150,000	(28,410)	-	121,590	-	-	121,590
12/31/2016	1,925,414	(12,295)	-	1,913,119	-	-	1,913,119
12/31/2017	1,242,634	(16,109)	-	1,226,525	-	-	1,226,525
12/31/2018	1,792,900	-	-	1,792,900	(5,008)	-	1,787,892
TOTAL	20,538,896	(56,814)	-	20,482,082	(5,008)	-	20,477,074

KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC.
 52-0954463
 12/31/2018
 ATTACHMENT TO FORM 990-T

NET OPERATING LOSS DEDUCTION - NOL ARISING IN TAX YEARS BEGINNING BEFORE JANUARY 1, 2018

LOSS YEAR ENDING	ORIGINAL LOSS	AMOUNT PREVIOUSLY USED	PREVIOUSLY CONVERTED CONTRIBUTIONS	LOSS CARRIED OVER FROM PRIOR YEAR	CURRENT YEAR CONVERTED CONTRIBUTIONS	LOSS AVAILABLE	AMOUNT USED IN CY	LOSS CARRY FORWARD
12/31/2001	275,309	(185,124)	28,404	118,589	5,008	123,597	(50,082)	73,515
TOTAL	275,309	(185,124)	28,404	118,589	5,008	123,597	(50,082)	73,515

KAISER FOUNDATION HEALTH PLAN OF THE MID-ATLANTIC STATES, INC.
 52-0954463
 12/31/2018
 ATTACHMENT TO FORM 990-T

NET OPERATING LOSS DEDUCTION - NOL ARISING IN TAX YEARS BEGINNING ON OR AFTER JANUARY 1, 2018

LOSS YEAR ENDING	ORIGINAL LOSS	AMOUNT PREVIOUSLY USED	PREVIOUSLY CONVERTED CONTRIBUTIONS	LOSS CARRIED OVER FROM PRIOR YEAR	CURRENT YEAR CONVERTED CONTRIBUTIONS	LOSS AVAILABLE	AMOUNT USED IN CY	LOSS CARRY FORWARD
12/31/2018	209,244	-	-	-	-	209,244	-	209,244
TOTAL	209,244	-	-	-	-	209,244	-	209,244