Form 9	90-T	Ex	empt Orgai						rn	OMB	lo 1545-0687
_Foilii •	•	For cale	dilu) ndar year 2018 or othe	- •		der section (-		20	91	@10
Department o	f the Treasury	, or care.				nstructions and th				اک	910
Internal Rever		▶ Do	not enter SSN numbe	-					c)(3)	Open to Pu 501(c)(3) C	ublic Inspection for Organizations Only
	eck box if dress changed		Name of organization	(Check b	ox if na	me changed and see i	nstruction	s)		oyer identific oyees' trust, see	e instructions)
B Exempt u	_		KAISER FOUN	DATION H	EALT	H PLAN OF W	ASHIN	GTON			
X 501(c <u>)23</u>)	Print	Trained, diject, and team of each in a first bear, see months							511770	
408(e	220(e)	or Type	Type							ated busines structions)	ss activity code
408A			ONE KAISER	 -			_			·	
529(a	e of all assets		City or town, state or		ry, and a	IP or toreign postal co	ae		4461	1.0	
at end of		E Gro	OAKLAND, CA		tions \				1 4401.		
2606	228792.		ck organization type				501(c)	trust	401(a)	trust	Other trust
			nization's unrelated tr				1 30 1(0)			(or first) ur	
			-MEMBER PHAR				nly one,	complete Parts			
first in t	he blank spa	ce at the	end of the previous	sentence, co	mplete	Parts I and II, com	plete a So	chedule M for ea	ch addition	nal	
trade or	business, the	en comple	ete Parts III-V								
I During	the tax year,	was the o	corporation a subsid	iary in an affil	liated g	roup or a parent-sul	bsidiary c	ontrolled group?		▶∟	」Yes ∑ No
			identifying number o						0 071	((1)	
			IEF ACCOUNTI		EK_			e number ▶ 51			(C) N-4
	s receipts or s		8,905,937			(A) Income	-	(B) Exper	ises		(C) Net
	•			c Balance ▶	1c	8,905,	937.				í
			ule A, line 7)			9,727,				1	
			2 from line 1c			-821,			_		-821,807.
			ttach Schedule D)		4a						
			Part II, line 17) (attach		4b						
c Capi	tal loss deduc	ction for ti	rusts		4c						
			an S corporation (attach sta		_					<u> </u>	
6 Rent	income (Sche	edule C) .		<i>.</i>	6				~		
	lated debt-fin	anced inc	come (Schedule E)		7					<u> </u>	
			nts from a controlled organiz						-	 	_
			(c)(7) (9), or (17) organization							 	
			ule J)							 	
			tions, attach schedule		12			·		 	
			ough 12		\vdash	-821,	807.				-821,807.
			Taken Elsewher					eductions) (Except for	or contrib	outions,
	deduction	s must	be directly conn	ected with t	he ur	related busines	ss inco	me)	·		
14 Com	pensation of	officers, o	directors, and trustee	s (Schedule K)		RFC	E11/E	· · · · · · ·	14		
15 Salar	ries and wage	s						<u>-U</u>	15	<u> </u>	1,957,264.
16 Repa	iirs and maint	enance .				· 18 · · NUN			· . 16	ļ	
17 Bad (debts							1.51	17	<u> </u>	
18 Intere	est (attach sc	hedule) (:	see instructions)			. .	• • • • •	<u></u>]≅	18	 	48,506.
19 Taxe:	s and licenses		ee instructions for lir		• • •	· [· · · · OGD	EN: (וויי דע.	19_		40,300.
20 Cilai	itable continu	utions (3	4562)	mation rules)		 		1,486	20	 	·
			on Schedule A and e						22b		1,486.
	•					· · · · · · · · · · · · · · · · · · ·				1	
			ompensation plans								
											424,094.
			chedule I)								
27 Exces	ss readership	costs (Sc	chedule J)						27		
			chedule)								1,840,065.
			14 through 28								4,271,415.
			e income before r								0,093,222.
			loss arising in tax y		-						, 003 222
			income Subtract lir		30	<u> </u>	<u> </u>	<u> </u>	32		n 990-T (2018)
			23/2019 1:29		V 1	8-7.1F	1	138282	0-	For	1 990-11 (2018) PAGE
٠,٠		/	,	111	• ±		_		LA)	(C)	j. TAUL

	990-T (2					Pa	age 2
Par		Total Unrelated Business Taxable					
33		of unrelated business taxable income com	•			175.0	
		ions)					
34		s paid for disallowed fringes				2,250,68	86.
35		on for net operating loss arising in t				_	
		ions),				5	
36		of unrelated business taxable income before				2 406 0	- 1
		33 and 34			<u> </u>		
37	•	deduction (Generally \$1,000, but see line 37 i	• •			7 1,00	00.
38		ed business taxable income. Subtract line		· ·		2 425 0	21
		e smaller of zero or line 36	• • • • • • • • • • • • • • • • • • • •		·· 38	2,425,03	31.
		Tax Computation	0.1. 0.10/ 10.01	-		509,29	57
39	_	rations Taxable as Corporations Multiply line 3	• • •		-	309,23	57.
40	Trusts		tructions for tax comput			.	
		ount on line 38 from Tax rate schedule or)41)			
41		ax. See instructions					
42		Newscard and Facility leases Constitution					
43 44		Noncompliant Facility Income. See instructions dd lines 41, 42, and 43 to line 39 or 40, whiche				500.00	57
Par		Tax and Payments	ever applies		• • 44	303,2	
•		tax credit (corporations attach Form 1118, trus	to attack Form 4446)	452			
		tax credit (corporations attach Form 1116, trus	· ·				
		business credit Attach Form 3800 (see instruct					
		or prior year minimum tax (attach Form 8801 or					
		redits. Add lines 45a through 45d			45	ia	
46		t line 45e from line 44				E 0 0 0 0	57.
47		kes Check if from Form 4255 Form 8611					
48		x Add lines 46 and 47 (see instructions)	·			500.00	57.
49		et 965 tax liability paid from Form 965-A or Form					
		its A 2017 overpayment credited to 2018		1	· · · · · · · · · · · · · · · · · · ·		
		stimated tax payments			79.		
		osited with Form 8868					
		organizations Tax paid or withheld at source (s	T. C.				
		withholding (see instructions)					
		or small employer health insurance premiums (a		1			
g	Other ci	edits, adjustments, and payments Form 24	39				
_	F		Total ▶	50g			
51	Total p	syments. Add lines 50a through 50g			51	347,14	47.
52		ed tax penalty (see instructions) Check if Form			52	2	
53	Tax due	. If line 51 is less than the total of lines 48, 49,	and 52, enter amount owed		. ▶ 53	162,11	10.
54	Overpa	yment. If line 51 is larger than the total of lines	48, 49, and 52, enter amount of	verpaid	. ▶ 54	<u> </u>	
55	Enter the	amount of line 54 you want Credited to 2019 esting		Refunded		5	
Par	t VI	Statements Regarding Certain Ac	ctivities and Other Info	rmation (see instruc	ctions)		
56	-	time during the 2018 calendar year, did	-	_			No
		financial account (bank, securities, or other	= =		-		
		Form 114, Report of Foreign Bank and	Financial Accounts If "Yes,	" enter the name of	the fore	· ' .	
	here >						<u>X</u>
57	During t	he tax year, did the organization receive a distr	ibution from, or was it the gran	ntor of, or transferor to, a	foreign tr	rust?	<u>X</u>
		see instructions for other forms the organization	· · · · · · · · · · · · · · · · · · ·				
58		e amount of tax-exempt interest received or acc			15 - 5 - 14 -		
C:	l to	ider penalties of perjury, I declare that I have examined to e, correct, and complete Declaration of preparer (other than ta			the best o	or my knowledge and belief,	., it is
Sigr		LEONGE UDGUASS / M. IMIL.	October 29, 249 SVP,	CC AND CAO		he IRS discuss this ret	
Her	· · -	LEONSE UPSHAW Wife Commencer	Date Title	CC, AND CAO	-	he preparer shown be	
		gnature of officer Print/Type preparer's name	Preparer's signature	Date	(see instr		No
Paid		**	Preparer's signature	10/24/2010	Check L	PTIN	,
Prep	arer	ROBERT W FRIZ			self-emplo	12 400000	<u> </u>
Use		Firm's name ► PRICEWATERHOUSECOO Firm's address ► 2001 MARKET ST, SU		NTT DT 10100	Firm's EIN	2000 2000	
		Firms address > 2001 MARKET ST, SU	TIE TOOO, PHILADELE	nim, PA 19103	Phone no		\equiv
JSA						Form-990-T-+2	2018)

JSA

Form 990-T (2018)	anda Cald. F.		1 -6						<u>. 1</u>	Page 3
Schedule A - Cost of G		iter metnoc	of invento							
1 Inventory at beginning of y	· - - - - - - - - - 	9,727	744			ar	6			
2 Purchases		9,121	, /44.		•	ld. Subtract line				
3 Cost of labor						iter here and in	_	0 -	707 -	7 4 4
4a Additional section 263A co	I I						7		727,	
(attach schedule)						section 263A (wi		•	Yes	No
b Other costs (attach schedu		0 707	,744.			or acquired for]	,,
5 Total Add lines 1 through Schedule C - Rent Income	40 · 5	9,121	, /44.	to the org	anization / .	Viah Bool Bronow	 5./\	• • • • •	L	X
	e (From Real P	roperty a	na Persor	iai Property	Leased V	vitn Keai Proper	ty)			
(see instructions)										
1. Description of property		.								
(1)										
(5)										
(3)						 -				
(4)			<u> </u>							
	2. Rent recei	ved or accrue	ed			}				
for personal property is more than 10% but not percentage of rent for			personal property (if the r personal property exceeds based on profit or income) 3(a) Deductions directly connected with the in columns 2(a) and 2(b) (attach scheduler).				me			
(1)					· -			•		
(2)										
(3)										
(4)										
Total		Total	· · · · · · · · · · · · · · · · · · ·							
(c) Total income. Add totals of cohere and on page 1, Part I, line 6		•				(b) Total deduction Enter here and on Part I, line 6, colum	page 1,			
Schedule E - Unrelated De			e instruction	ons)		1	(_/ •			
30		1000 100			3. [Deductions directly conf			le to	
1 Description of det	ot-financed property			ncome from or o debt-financed	debt-financ					
			pr	operty		nt line depreciation ch schedule)	(b) Other deductions (attach schedule)			
(1)					· · · · ·					
(2)										
(3)										
(4)							•			
4 Amount of average 5. Average adjusted basis acquisition debt on or of or allocable to debt-financed property		4 0	Column divided olumn 5		income reportable n 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 Part I, lin	e and on page 1, e 7, column (A)		here and o , line 7, col		
Total dividends-received deduct	ions included in co	<u>lumn 8</u>	. <u></u>	<u> </u>	<u>.</u>	<u> ▶ </u>				

Form 990-T (2018)				EALTH PL						511770 Page 4	
Schedule F-Interest, Ann	uities, Royaltie	s, and Ren	ts Fro	om Contro	lled O	ganiza	tions (se	e instruction	ons)		
1 Name of controlled organization	2 Employer identification number	ber 3 N	et unrel	ontrolled Organizated income instructions)	4 Total	ons of specifie ents made	included	of column 4 to d in the contri tion's gross in	olling	6 Deductions directly connected with income in column 5	
(1)											
(2)											
(3)					_						
(4)											
Nonexempt Controlled Organi	zations					1 -					
7 Taxable Income	8 Net unrelated i			Total of specific payments made		ınclu	art of column ded in the co ization's gros	ontrolling		11 Deductions directly connected with income in column 10	
(1)			_								
(2)											
(3)											
(4)						ļ					
T. a. a.					_	Ente	I columns 5 a r here and on I, line 8, colu	page 1,	Ent	dd columns 6 and 11 er here and on page 1, rt I, line 8, column (B)	
Schedule G-Investment II	noomo of a Soc		····	(9) 07/17	Orga	<u>l</u>	7 (500 100	tructions			
1 Description of income	2 Amount o		-)(/),	3 Deduction	tions inected	inzatio	4 Se	et-asides schedule)		5 Total deductions and set-asides (col. 3	
-	 			(attach sch	edule)					plus col 4)	
(1)	 -										
(2)	 					- -					
(3)			+								
(4)	Enter here and Part I, line 9, c	on page 1, column (A)	-						Enter here and on page 1, Part I, line 9, column (B)		
Totals ▶				•							
Schedule I-Exploited Exc	empt Activity In	come. Oth	er Th	an Adverti	sing Ir	come	(see instru	uctions)			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected production unrelate business inc	es with	4 Net incomfrom unrelated or business 2 minus coll If a gain, coll coll 5 through	ne (loss) ed trade (column umn 3)	5 Gro from a	Gross income on activity that is not unrelated usiness income		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 a page 1, Pa line 10, col	irt I,							Enter here and on page 1, Part II, line 26	
Totals		4		1					_		
Schedule J- Advertising Ir				ideted Des		•					
Part I Income From Per	iodicals Report	ted on a Co	onsoi	idated Bas	IS						
1 Name of periodical	2 Gross advertising income	3 Direct advertising of		4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)				
(1)					-				-	 	
(2)				7						7 1	
(3)				1						ı	
(4)				<u></u>						1	
Totals (carry to Part II, line (5))										Form 990-T (2018)	

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)		%	
otal. Enter here and on page 1, Part II, line 14			

Form 990-T (2018)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB	Nο	1545	-0687

2018

Department of the Treasury Internal Revenue Service

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

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

Name of organization

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

KAISER FOUNDATION HEALTH PLAN OF WASHINGTON Unrelated business activity code (see instructions) ▶ 621400

91-0511770

Pai	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
	Gross receipts or sales 2,732,631.				
b	Less returns and allowances c Balance ▶	1c	2,732,631.		
2	Cost of goods sold (Schedule A, line 7)ATCH. 2.	2	56,401.		
3	Gross profit Subtract line 2 from line 1c	3	2,676,230.		2,676,230.
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
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	2,676,230.		2,676,230.

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	891,289.
16	Repairs and maintenance		
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)		
19	Taxes and licenses		37,411.
20	Charitable contributions (See instructions for limitation rules)	20	39,719.
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	140,484.
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	I	210,516.
26	Excess exempt expenses (Schedule I),	I	
27	Excess readership costs (Schedule J)	I	
28	Other deductions (attach schedule)	28	999,337.
29	Total deductions. Add lines 14 through 28	29	2,318,756.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	357,474.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions),	31	1
32	Unrelated business taxable income Subtract line 31 from line 30	_	357,474.

For Paperwork Reduction Act Notice, see instructions

Total Combine lines 3 through 12

Schedule M (Form 990-T) 2018

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

Department of the Treasury Internal Revenue Service Name of organization

1a Gross receipts or sales

b Less returns and allowances

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

c Balance ▶

► 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).

(A) Income

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

(C) Net

KAISER	FOUNDATION	HEALTH	PLAN	OF	WASHINGTON

Part I Unrelated Trade or Business Income

Cost of goods sold (Schedule A, line 7).....

Employer identification number 91-0511770

(B) Expenses

Unrelated business activity code (see instructions) ▶ 541700

Describe the unrelated trade or business ▶ CLINICAL RESEARCH

3	Gross profit Subtract line 2 from line 1c	3			_	
4a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach	1				
	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	<u> </u>			
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) ATCH. 4.	12	337,340.			337,340.
13	Total Combine lines 3 through 12	13	337,340.			337,340.
14	Compensation of officers, directors, and trustees (Schedule K)				14	200 002
						200,987.
15 16	Salaries and wages					2007307.
17	Repairs and maintenance				16 17	
18	Bad debts				18	
19					19	
20	Taxes and licenses				20	1,273.
21	Depreciation (attach Form 4562)		1 1	90.	20	
22	Less depreciation claimed on Schedule A and elsewhere on re				22b	90.
23	Depletion				23	
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	91,504.
26	Excess exempt expenses (Schedule I).				26	
27	Excess readership costs (Schedule J)				27	
28	Other deductions (attach schedule)				28	32,028.
29	Total deductions. Add lines 14 through 28				29	325,882.
30	Unrelated business taxable income before net operating				30	11,458.
31	Deduction for net operating loss arising in tax years					
	instructions)	-	•	· ·	31	
32	Unrelated business taxable income Subtract line 31 from line				32	11,458.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB	Nο	1545	OSB7

2018

Department of the Treasury Internal Revenue Service 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

Name of org	anızatıon				
KAISER	FOUNDATION	HEALTH	PLAN	OF	WASHINGTON

Employer Identification number 91-0511770

Unrelated business activity code (see instructions) ▶ 561000

Describe the unrelated trade or business ▶ ADMINISTRATIVE AND SUPPORT SERVICES

Part I Unrelated Trade or Business Income (B) Expenses (C) Net (A) Income 1a Gross receipts or sales b Less returns and allowances 1c Cost of goods sold (Schedule A, line 7)..... 2 3 4a Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). . Income (loss) from a partnership or an S corporation (attach 5 6 Unrelated debt-financed income (Schedule E). 7 Interest, annuities, royalties, and rents from a controlled 8 Investment income of a section 501(c)(7), (9), or (17) 9 10 Exploited exempt activity income (Schedule I) 10 11 11 18,000. 18,000. Other income (See instructions, attach schedule) ATCH. 6. 12 18,000. 18,000. 13 Total Combine lines 3 through 12...... 13

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	
16	Repairs and maintenance	16	
17	Bad debts		
18	Interest (attach schedule) (see instructions)	1 -	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	1,800.
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans		
25	Employee benefit programs	_	
26	Excess exempt expenses (Schedule I).		
27	Excess readership costs (Schedule J)		_
28	Other deductions (attach schedule)	1	
29	Total deductions Add lines 14 through 28	ſ	1,800.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	16,200.
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		16,200.

For Paperwork Reduction Act Notice, see Instructions

Schedule M (Form 990-T) 2018

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

OMB	Nο	154	-0687

2018

Department of the Treasury Internal Revenue Service Name of organization

For calendar year 2018 or other tax year beginning ▶ Go to www irs gov/Form990T for instructions and the latest information.

_ , 2018, and ending

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

KAISER	FOUNDATION	HEALTH	PLAN	OF	WASHINGTO

Employer identification number

91-0511770

Unrelated business activity code (see instructions) ▶ 900003 Describe the unrelated trade or business ► INVESTMENT ACTIVITIES

Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Gross receipts or sales b Less returns and allowances 1c Cost of goods sold (Schedule A, line 7)..... Gross profit Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). . Income (loss) from a partnership or an S corporation (attach 17,442 17,442. statement) ATCH. 7 . 5 Unrelated debt-financed income (Schedule E). 7 Interest, annuities, royalties, and rents from a controlled 8 Investment income of a section 501(c)(7), (9), or (17) 9 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 Other income (See instructions, attach schedule) 12 17,442. 17,442. Total. Combine lines 3 through 12......

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	
16	Repairs and maintenance	1 1	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses		462.
20	Charitable contributions (See instructions for limitation rules)	20	1,698.
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	1 -	
25	Employee benefit programs	1 1 -	
26	Excess exempt expenses (Schedule I).	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)		
29	Total deductions Add lines 14 through 28	29	2,160.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	15,282.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)		
32	Unrelated business taxable income Subtract line 31 from line 30	32	15,282.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

JSA

Form 4562

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return

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

OMB No 1545-0172

Attachment Sequence No

Business or activity to which this form relates

Identifying number

KAISE	R FOUNDATION HEALTH PLAN OF	WASHINGTON	NO	N-MEMBE	ER PHARM	IACY			91-0511770
Part									
	Note: If you have any lis	sted property, cor	nplete Part	V before	you comp	olete Part I		,	
1 M	aximum amount (see instructions)							1_	
2 To	otal cost of section 179 property pl	aced in service (see ir	nstructions)					2	
	reshold cost of section 179 prope							3	
4 Re 5 Do	eduction in limitation. Subtract line illar limitation for tax year. Subtract line 4 from parately, see instructions.	3 from line 2 If zero on line 1 If zero or less, enter	or less, enter -0 -0- If marned filing	0				5	
6	(a) Description		<u> </u>		siness use onl		ted cost		
		· · · · · · · · · · · · · · · · · · ·							1
									
7 Lis	sted property Enter the amount fro	om line 29			7	T]
8 To	otal elected cost of section 179 pro	perty Add amounts	n column (c),	lines 6 and 1	7			8	
9 Te	entative deduction. Enter the smalle	er of line 5 or line 8						9	
	arryover of disallowed deduction fr							10	
	isiness income limitation. Enter the							11	
	ection 179 expense deduction Add					. ,	<u></u>	12	
	arryover of disallowed deduction to				▶ 13		_		<u> </u>
	Don't use Part II or Part III below fo								· · · · · · · · · · · · · · · · · · ·
Part								e inst	ructions)
	pecial depreciation allowance for		•	•					
	ring the tax year. See instructions,						1	14	
	operty subject to section 168(f)(1)							15	
16 Ot	her depreciation (including ACRS)	Davida makuda katad				<u> </u>		16	l
Part	MACRS Depreciation (I	Jon't include listed			ions j				·
47 14	1000 deductions for an all 1000			tion A				17	1,486.00
	ACRS deductions for assets place you are electing to group any a	•						-17	1,400.00
	set accounts, check here		_						i
	Section B - Assets						reciati	ion S	vstem
		(b) Month and year	(c) Basis for		(d) Recovery	····			
	(a) Classification of property	placed in service	(business/inv	estment use	period	(e) Convention	(f) Me	ethod	(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/	<u>'L</u>	
h Re	sidential rental	<u></u>			27 5 yrs	MM	S/	<u>'L</u>	
pro	pperty				27 5 yrs	MM	S/		
ı No	nresidential real				39 yrs	MM	S/		
pro	pperty		L			<u> </u>	S/		
	Section C - Assets P	laced in Service D	uring 2018	Tax Year	Using the A	Alternative De	†		System
20a Cla		ļ					S/		
	-year	 			12 yrs		S/		
c 30					30 yrs	MM	S/		
d 40		000)			40 yrs	MM	S/	L	<u> </u>
	Summary (See instructi							-	
	ted property Enter amount from lir							21	
	tal. Add amounts from line 12, re and on the appropriate lines of ye	_					- 1	22	1,486.00
23 For	assets shown above and place	ed in service during	the current	year, ente	er the				
poi	tion of the basis attributable to se	ction 263A costs			23				

P		operty (Include ent, recreation, o			certai	n oth	er ve	hıcles,	certa	ain air	craft,	and	proper	ty us	ed fo
	Note: For a	ny vehicle for wh	nich you ai	e usin	g the s	tandard	milea	ge rate	or dec	ducting	lease (expense	e, comp	olete o	nly 24a
		ns (a) through (c) o		_									4		
24	Section A - a Do you have evidence	Depreciation and					e the in		ons for i				$\overline{}$		
		1	(c)	TIEIR USE	Claimed	``	(e)	140 12	(f)	T -				Yes [No
	(a) Type of property (list vehicles first)	(b) Date placed in service	Business/ investment u percentage	٠٠,	(d) t or other b		sis for depi isiness/invi use only	estment	Recovery period	Met	g) thod/ rention	Depr	(h) eciation uction	Elected :	(i) section 179 ost
25	Special depreciati										. 25				
26								•		<u></u>	• 1			<u> </u>	
_			1	%											
				%											
			<u> </u>	%								L		<u> </u>	
27	Property used 509	% or less in a quali	fied busines							1					
	% S/L - S/L -											}			
		 	 	%						S/L -	_			}	
20	Add amounts in co	lump (b) lines 25	through 27		horo or	od on lu	21 r	200 1			28			1	
29	Add amounts in co	olumn (n), lines 25 olumn (i) line 26 F	inrough 27 Enter here a	Enter and on	line 7 o	id on ill age 1	16 Z I, F	age i.		• • • •		L	. 29	 	
==	Add amounts in co	7 ami (1), mic 20 L			Inform		_				<u></u>	· · · · ·	. 25		
	mplete this section for		a sole pro	orietor,	partner,	or othe	er "more	than t	5% owne					rovided	vehicles
		the questions in		г	(a)		b)		(c)		d)		(e)		(f)
20	Total business/investment miles driven during				nicle 1		Vehicle 2		nicle 3	Vehicle 4		Vehicle 5		Vehicle 6	
30	the year (don't inc														
31	Total commuting n														
	_	personal (nonco	-												
	miles driven									ļ					
33	33 Total miles driven during the year Add										_				
	lines 30 through 3				0		0	ļ	0		0	ļ.,_	0		r
34	Was the vehicle		-	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
۰	use during off-duty				1			<u> </u>	 		-	<u> </u>	├		
35	Was the vehicle		•												
35	than 5% owner or Is another vehic				-				 	┼	 	_	 		
30	use?		•												
		ction C - Questic		nlove	rs Who	Provi	de Vel	nicles	for Use	by Th	eir Fm	plove	es		/
Ans	swer these question									-				who a	ren't
	re than 5% owners										_		, ,		
37	Do you maintain	a written policy s	statement	hat pr	ohibits	all per	sonal u	se of	vehicles	includ	ding co	mmutir	ng, by	Yes	No
	your employees?.														<u></u>
38	Do you maintain	a written policy :	statement	that pr	ohibits	person	al use	of veh	ııcles, e	xcept of	commut	ting, by			
^^	employees? See the	ne instructions for	vehicles us	ed by c	orporate	e office	rs, direc	ctors, o	r 1% or	more o	wners				
	Do you treat all us	e of vehicles by em	iployees as	person	al use?									 	
40	Do you provide in use of the vehicles		-		,									1	l
A 1	Do you meet the re							 n use2	See inc	truction					
71	Note: If your answ											• • • •			
Pa	rt VI Amortizat		.0, 0												
	Amortizat	1011	(6)								(е)			
	(a)	of acords	(b) Date amon	ization		(c)	amount		(d)		Amortiz	zation	A a	(f)	
_	Description	ii costs	begin	s	^"	nortizable	amount		Code se	Clion	percer		Amortiza	ition for th	iis year
42	Amortization of cos	sts that begins dur	ıng your 20	18 tax	year (se	e instru	ictions)								
			<u> </u>								<u> </u>				
	Amortization of cos											43			
44	Total. Add amoun	ts in column (f) Se	ee tne instr	uctions	tor whe	ere to re	port .	<u></u>		<u></u>	<u></u>	44			

Form 4562

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

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

OMB No. 1545-0172

Attachment

Sequence No 179 Internal Revenue Service Business or activity to which this form relates Identifying number 91-0511770 NON-COVERED SERVICES TO NON-MEMBERS KAISER FOUNDATION HEALTH PLAN OF WASHINGTON **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions). 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 if zero or less, enter -0. If marned fling separately, see instructions 6 (a) Description of property (b) Cost (business use only) (c) Elected cost Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 10 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 . . . Carryover of disallowed deduction to 2019 Add lines 9 and 10, less line 12 . . . Note. Don't use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A 140,484.00 17 MACRS deductions for assets placed in service in tax years beginning before 2018......... 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 (b) Month and year (c) Basis for depreciation (d) Recovery (e) Convention (f) Method (g) Depreciation deduction (a) Classification of property placed in (business/investment use period only - see instructions) service 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs 27 5 yrs MM S/L h Residential rental S/L 27 5 yrs MM property ММ S/L 39 yrs i Nonresidential real MM S/L property Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs c 30-year 30 yrs MM S/I d 40-year 40 yrs MM S/L

23 For assets shown above and placed in service during the current year, enter the

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.

Part IV Summary (See instructions)

140,484.00

21

22

Pa	entertainme Note: For a	operty (Include ent, recreation, c iny vehicle for wh	or amusem	ent) e usin	g the s	tandard	d milea	ge rat	e or ded	ducting			•	•	ed fo
	24b, column	ns (a) through (c) o	f Section A	all of	Section	B, and	Section	C if a	pplicable						
		Depreciation and												T - T	
24	a Do you have evidence	1		nent use	e claimed	Y Y	es (e)	No	24b If "	T				Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment u percentage	se Cos	(d) t or other b		sis for depi usiness/inv use onl	estment	(f) Recovery period	Met	(g) thod/ vention	Depre	h) eciation uction	Elected :	(i) section 179 cost
25	Special depreciation the tax year and us										. 25				
26	Property used mor	re than 50% in a q	ualified busi	ness us	se										
_				%								ļ			
		<u> </u>	+	%						<u> </u>				<u> </u>	
			<u> </u>	%								<u> </u>			
27	Property used 50%	6 or less in a qualif	ried business	$\overline{}$						T				т——	
_				%						S/L -				-	
		-		%					-	S/L -		-		-	
20	Add omounts in an	luma (h) luma 25									30	-		-	
28 29		dumin (n), lines 25 dumn (i) line 26 F	inrougn 27 Inter here a	nd on	line 7 n	nu on III ane 1	ne 21, p	age i		• • • •	28	<u>. </u>	. 29		
==	Add diffoditis iii co	(1), 11116 20 1			Inform					· · · · ·		<u> </u>	. 29		
	nplete this section fo our employees, first an		a sole prop	rietor,	partner,	or othe	er "more	than	5% owne					rovided	vehicles
30	Total business/investment miles driven during the year (don't include commuting miles)		(a) Vehicle 1			b) ncle 2	(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6		
31	Total commuting m														
	-	-	-												
32 Total other personal (noncommuting) miles driven															
33	Total miles drive lines 30 through 32	0		0		0		0		0					
34	Was the vehicle	e available for	personal	Yes	No	Yes	No	Yes	No	Yes	No_	Yes	No	Yes	No
	use during off-duty				ļ		ļ	ļ	<u> </u>			ļ		<u> </u>	ļ
35	Was the vehicle														
••	than 5% owner or r				 		 	 			 			<u> </u>	
36	Is another vehicles		•											İ	
Ans		ction C - Questic	ons for Em							-		-		who a	ren't
<u>mo</u>	re than 5% owners o	r related persons	See instruc	tions											
	Do you maintain a your employees?													Yes	No
38	Do you maintain a employees? See th	a written policy s	statement t	hat pr	rohibits	person	al use	of vel	hıcles, e	xcept o	commu	ing, by	your		
	Do you treat all use													L	
40	Do you provide muse of the vehicles,	and retain the info	ormation re	ceived'	?										
41	Do you meet the re Note: If your answe	quirements conce er to 37, 38, 39, 4	rning qualif 0, or 41 is	ied aut 'Yes," (tomobile don't co	e demo mplete	nstratio Section	n use? n B for	See ins the cove	truction ered vel	s nicles				L
Pa	rt VI Amortizati	ion													
	(a) Description o	f costs	(b) Date amort begins		Arr	(c) nortizable			(d) Code se		Amorti: perio percer	zation d <i>or</i>	Amortiza	(f) ation for th	his year
42	Amortization of cos	ts that begins duri	ng your 20	18 tax	year (se	e instru	uctions)					<u> </u>			
	Amortization of cos											43			
44_	Total. Add amount	s in column (f) Se	e the instri	ctions	for whe	ere to re	port .	<u></u>	· • • • •	<u> </u>		44			
JSA													Fo	m 456	2 (2018)

Form **4562**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information Business or activity to which this form relates

OMB No 1545-0172

Attachment Sequence No 179

ldentifying number

KAISER I	FOUNDATION HEALTH PLAN OF	WASHINGTON	CLI	NICAL I	RESEARC	:H			<u> </u>
Part I	Election To Expense (
	Note: If you have any li								·
	mum amount (see instructions)							1	<u> </u>
2 Total	cost of section 179 property p	laced in service (see ir	nstructions)					2	
	shold cost of section 179 prope	-						3	
4 Redu 5 Dollar separa	uction in limitation. Subtract line limitation for tax year. Subtract line 4 fro ately, see instructions.	3 from line 2 If zero on line 1 If zero or less, enter	or less, enter -0- -0- If marned filing					5	
6	(a) Description				iness use onl				
7 Liste	d property Enter the amount fro	om line 29			7	1] _
8 Total	elected cost of section 179 pro	operty Add amounts	ın column (c), lını	es 6 and 7				8]
9 Tenta	ative deduction. Enter the small	er of line 5 or line 8						9	
	yover of disallowed deduction fi							10	
11 Busir	ness income limitation. Enter th	ne smaller of business	s income (not le	ss than ze	ero) or line	5 See instruct	ions	11	
12 Secti	on 179 expense deduction Add	d lines 9 and 10, but	don't enter more	than line 1	11			12	
	yover of disallowed deduction to								
Note: Do	n't use Part II or Part III below fo	or listed property Inste	ad, use Part V						
Part II	Special Depreciation	Allowance and Ot	her Deprecia	tion (Do	n't include	listed proper	ty Se	e inst	ructions)
4 Spec	ial depreciation allowance f	or qualified propert	y (other than	listed pr	operty) pl	aced in servi	ce		
durin	g the tax year See instructions,							14	
	erty subject to section 168(f)(1)							15	
	r depreciation (including ACRS)							16	
Part III	MACRS Depreciation (Don't include listed	property See	instruction	ons)				
-			Section	on A					
7 MAC	RS deductions for assets place	ed in service in tax year	rs beginning befo	ore 2018 .				17	90.00
8 If yo	u are electing to group any	assets placed in ser	vice during the	tax year	into one	or more gener	ral		
asset	accounts, check here	<u> </u>	<u></u> <u></u>		<u> </u>	<u></u> ▶ .		<u> </u>	
	Section B - Assets	Placed in Service	During 2018	Tax Year	Using the	General Dep	reciat	ion S	ystem
(a) Classification of property	(b) Month and year placed in service	(c) Basis for deg (business/invest only - see instr	ment use '	d) Recovery period	(e) Convention	(f) Me	ethod	(g) Depreciation deduction
9a 3-ye	ear property	1	1						
b 5-ye	ear property								
c 7-ye	ear property	<u> </u>							
d 10-ye	ear property								
е 15-уе	ear property								
f 20-ye	ear property								
g 25-ye	ear property				25 yrs		Si	/L	
h Resid	dential rental				27 5 yrs	MM	S	/L	
prope					27 5 yrs	MM	S	'L	
i Nonre	esidential real				39 yrs	ММ	S	'L	
prope						MM	S	/L	
	Section C - Assets F	Placed in Service D	ouring 2018 Ta	x Year U	sing the	Alternative De	precia	ation	System
0a Class							S	_	
b 12-ye	ar				12 yrs		S	'L	
с 30-уе	ar				30 yrs	MM	S	L_	
d 40-ye	ar				40 yrs	мм	S/	L	
Part IV	Summary (See instruct	ions)							
	property Enter amount from I							21	
	Add amounts from line 12,			20 in co	olumn (a)	and line 21 E	nter	7	
	and on the appropriate lines of y							22	90.00
	ssets shown above and plac		•			T	<u>· · · l</u>		
	on of the basis attributable to se	-	, the current y	car, critci	23				

entertainment, récreation, or amusement) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, con 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 automot 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If Yes, "is the evidence written? (a) (b) Business (c) (d) Busis for decreation (Recovery Recovery Recovery Nethods (Investment use Cost or other basis for decreation (Parcentage Percentage Investment use Cost or other basis for decreation (Parcentage Investment use Cost or other basis for decreation (Parcentage Investment use Cost or other basis for decreation (Parcentage Investment use Cost or other basis for decreation (Parcentage Investment use Cost or other basis for decreation (Parcentage Investment use Cost or other basis for decreation (Parcentage Investment use Cost or other basis for decreation (Parcentage Investment use Cost of the Investment use Cost of Investment Use Cost
Section A - Depreciation and Other Information (Caution: See the instructions for imits for passenger automot (a) (a) (b) (c) (d) (d) (d) (e) (d) (e) (f) (g) (h) (f) (g) (h) (h) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h
24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes." is the evidence written?
Type of property (list vehicles first) Cost or other basis Co
Type of property (list vehicles first) Date placed investment be cost of other basis whether investment vehicles first) Date placed in service investment be cost of other basis whether investment vehicles first) Date placed in service during the tax year and used more than 50% in a qualified business use See instructions 25 Special depreciation allowance for qualified business use See instructions 26 Property used more than 50% in a qualified business use 27 Property used 50% or less in a qualified business use 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1. 28 Add amounts in column (i), line 26 Enter here and on line 7, page 1. 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 imore than 5% owner," or related person If you your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles 10 Total business/investment miles driven during the year (don't include commuting miles) . 11 Total commuting miles driven during the year add lines 30 through 32 . 12 Total other personal (noncommuting) miles driven during the year and the your dependence of the your dependence of your ment of your me
the tax year and used more than 50% in a qualified business use
26 Property used more than 50% in a qualified business use
27 Property used 50% or less in a qualified business use
% %
27 Property used 50% or less in a qualified business use
27 Property used 50% or less in a qualified business use
% S/L - % S/L -
% S/L - % S/L - % S/L - % 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 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1
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 to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. Total business/investment miles driven during the year (don't include commuting miles). Total commuting miles driven during the year. Total other personal (noncommuting) miles driven during the year Add lines 30 through 32
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 to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. Complete this section for vehicles used person if you to your employees, first answer the questions in Section C to see if you meet an exception to completing Section B for vehicles used by employees more than 5% owners or related persons. See instructions
Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you 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)
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) (b) (c) Vehicle 3 (b) Vehicle 3 (c) Vehicle 4 (d) Vehicle 5 (e) Vehicle 5 (e) Vehicle 5 (f) Vehicle 6 (g) Vehicle 6 (h) Vehicle 6 (h) Vehicle 6 (g) Vehicle 6 (h) Vehicle 7 (h) Vehicle 6 (h) Vehicle 6 (h) Vehicle 6 (h) Vehicle 7 (h) Vehicle 6 (h) Vehicle 6 (h) Vehicle 6 (h) Vehicle 9 (h) Vehicl
30 Total business/investment miles driven during the year (don't include commuting miles)
Total business/investment miles driven during the year (don't include commuting miles). Total commuting miles driven during the year. Total other personal (noncommuting) miles driven during the year Add lines 30 through 32. Was the vehicle available for personal use during off-duty hours?. Total other personal of the year Add lines 30 through 32. Was the vehicle available for personal use during off-duty hours?. 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 employee more than 5% owners or related persons.
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
Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32
miles driven
33 Total miles driven during the year Add lines 30 through 32
lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
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 employee more than 5% owners or related persons. See instructions
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 more than 5% owners or related persons See instructions
Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employee more than 5% owners or related persons. See instructions
more than 5% owners or related persons. See instructions
37 Do you maintain a written policy statement that prohibits all personal use of vehicles including commuting by
your employees?
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
and the second of the second o
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
(e)
(a) (b) (c) (d) Amortization period or period or percentage

44 Amortization of costs that begins during your 2018 fax year (see instructions)
42 Amortization of costs that begins during your 2018 tax year (see instructions)
42 Amortization of costs that begins during your 2018 tax year (see instructions)
42 Amortization of costs that begins during your 2018 tax year (see instructions) 43 Amortization of costs that began before your 2018 tax year 44 Total. Add amounts in column (f) See the instructions for where to report

KAISER FOUNDATION HEALTH PLAN OF WASHINGTON 91-0511770 12/31/2018 ATTACHMENT TO FORM 990-T

FORM 990T, CHARITABLE CONTRIBUTIONS DEDUCTIONS		
FORM 990-T, PART III, LINE 33		175,345
FORM 990-T, PART III, LINE 34		2,250,686
ADD BACK CHARITABLE CONTRIBUTIONS		
FORM 990-T, PART II, LINE 20		-
SCHEDULE M, PART II, LINE 20		44,490
ADD BACK CHARITABLE CONTRIBUTIONS DEDUCTION RESULTING FROM INCREASE TO UBTI UNDER SECTION 512(a)(7)		
FORM 990-T, PART III, LINE 34	2,250,686	
CHARITABLE DEDUCTION PERCENTAGE (10%)	10%	
CHARITABLE CONTRIBUTIONS DEDUCTION RESULTING FROM INCREASE TO UBTI UNDER SECTION 512(a)(7)		225,069 A
TOTAL		2,695,590
CHARITABLE DEDUCTION PERCENTAGE (10%)		10%
CHARITABLE CONTRIBUTION LIMITATION (10%)		269,559
CHARITABLE CONTRIBUTIONS		15,762,968
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	:	269,559
FORM 990T, PART III, LINE 33		
FORM 990-T, PART I, LINE 32		-
SCHEDULE M, PART I, LINE 32		400,414
TOTAL OF UNRELATED TRADE OR BUSINESS INCOME (LINE 32 TOTAL OF FORM 990T AND ALL SCHEDULES M)		400,414
CHARITABLE CONTRIBUTIONS DEDUCTION RESULTING FROM INCREASE TO UBTI UNDER SECTION 512(a)(7) - SEE ABOVE	A .	(225,069)
FORM 990-T, PART III, LINE 33	:	175,345

ATTACHMENT	1

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

UTILITIES	102.
ALLOCATED ADMINISTRATION COSTS	142,448.
MATERIALS & SUPPLIES	733,302.
COST REALLOCATIONS/RECHARGES	3.
OUTSIDE SERVICE	11,515.
OTHER COSTS	952,695.

PART II - LINE 28 - OTHER DEDUCTIONS

91-0511770 ATTACHMENT 2

SCHEDULE M TOTAL - OTHER UBI

SCHEDULE M LINE 2: SCHEDULE A - COST OF GOODS SOLD

1 2 3 4A	INVENTORY AT BEGINNING OF YEAR PURCHASES	56,401.		
	TOTAL. ADD LINES 1 THROUGH 4B	56,401.		
6 7	INVENTORY AT END OF YEAR		<u>56,</u>	401.
8	DO THE RULES OF SECTION 263A (WITH RESPECT PROPERTY PRODUCED OR ACQUIRED FOR RESALE) APPLY TO THE ORGANIZATION?	TO	YES	NO X

91-0511770

ATTACHMENT 3

SCHEDULE M -	PART II	_	LINE	28	-	TOTAL	OTHER	DEDUCTIONS
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UTILITIES ALLOCATED ADMINISTRATION COSTS RENT / LEASE EXPENSE MATERIALS & SUPPLIES COST REALLOCATIONS/RECHARGES OUTSIDE SERVICE OTHER COSTS	25,302. 27,464. 18,589. 454,659. 54,613. 273,393. 145,317.
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PART II - LINE 28 - OTHER DEDUCTIONS

999,337.

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		_
ATTACHMENT	4	

SCHEDULE M - LINE 12 - OTHER INCOME

CLINICAL RESEARCH REVENUE

LINE 12 - OTHER INCOME

337,340.

337,340.

ATTACHMENT 5

SCHEDULE M -	PAI	RT II	_	LINE	28	-	TOTAL	OTHER	DEDUCTIONS	
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PHARMACY - COST OF DRUGS	5,425.
RENT / LEASE EXPENSE	1,089.
NETWORK CHARGES/ALLOCATIONS	1,359.
MATERIALS & SUPPLIES	20.
OUTSIDE SERVICE	401.
RESEARCH PATIENT STIPENDS	23,165.
OTHER COSTS	569.

PART II - LINE 28 - OTHER DEDUCTIONS

32,028.

KAISER	FOUNDATION	HEALTH	PLAN	OF	WASHINGTON

ATTACHMENT 6	ATTACHMENT 6

SCHEDULE M - LINE 12 - OTHER INCOME

ADMINISTRATIVE AND SUPPORT SERVICES REVENUE LINE 12 - OTHER INCOME

18,000.

91-0511770

ATTACHMENT 7

INVESTMENT

SCHEDULE M LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

UNRELATED BUSINESS TAXABLE INCOME FROM PARTNERSHIP

17,442.

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

17,442.

KAISER FOUNDATION HEALTH PLAN OF WASHINGTON 91-0511770 ATTACHMENT TO FORM 990-T

5 YEAR CONTRIBUTION CARRYOVER

TAX YEAR ENDING	CONTRIBUTIONS AVAILABLE	AMOUNT UTILIZED	CONVERTED TO NOL CARRYOVER	CONTRIBUTIONS CARRY FORWARD
12/31/2017	15,745,610	-		15,745,610
12/31/2018	15,762,968	(269,559))	15,493,409
TOTAL	31,508,578	(269,559)) -	31,239,019