A Check box if address changed	Name of organization (Ch	ieck box if name o	changed and see instructions	'		it, see instructions)
B Exempt under section	KAISER FOUNDATIO	N HOSPITA	T.S			
X 501(C (33)	Print Number, street, and room or sur				94-110562	28
	or		, 300 // 300 // 300	<u> </u>		siness activity code
408(e) 220(e	I IAhe ONLD RATCED DINGS	151			(See instructions	
408A530(a	′I		er formen mental anda			
529(a)	City or town, state or province,	-	or foreign postal code		000001	
C Book value of all assets at end of year	OAKLAND, CA 9461		<u> </u>		900001	
51713833331.	F Group exemption number (See in G Check organization type ► X	 	501(a)	truct	401(a) trust	Otherte
	f the organization's unrelated trades or b				401(a) trust the only (or firs	Other tru
	re Investment Activities			complete Parts I-\	, ,	,
	ace at the end of the previous sentence			•		rie, describe trie
•	nen complete Parts III-V	e, complete i a	nto i and ii, complete a oc	ricadic ivi for caci	i additional	
	was the corporation a subsidiary in ar	n affiliated group	o or a parent-subsidiary co	ontrolled group?		Yes X
•	ame and identifying number of the pare		•	Autolica group		
	e of CHIEF ACCOUNTING OF			e number ▶ 510)-271-6611	7
	Trade or Business Income		(A) Income	(B) Expens		(C) Net
1a Gross receipts or			· · ·			
•		ınce ▶ 1c	1,750,000.			
	old (Schedule A, line 7)					
_	otract line 2 from line 1c	· · · }	1,750,000.			1,750,00
	income (attach Schedule D)				CENTED	
-	orm 4797, Part II, line 17) (attach Form 4797	· · · 		KE	CEIVED	70
• • • • •	uction for trusts			6		181
	partnership or an S corporation (attach statement)	· · · · 		<u>8 NO/</u>	√ 1 3 2019	16
` '	hedule C)	· · · ——		<u> </u>		<u> 그룹 </u>
	nanced income (Schedule E)	· · · · · -		1 00	DEN UT	
_	valties, and rents from a controlled organization (Sche	` · · · _ 				
	a section 501(c)(7), (9), or (17) organization (Sched	· · · · · · / - · · · - · · · - · · · · - · · · ·				
	t activity income (Schedule I)					
·	me (Schedule J)	· · · 		<u></u>		
	ee instructions, attach schedule)					
	ines 3 through 12		1,750,000.			1,750,00
Part II Deduction	ns Not Taken Elsewhere (See	instructions	for limitations on de	eductions) (E	xcept for cor	ntributions,
deduction	ns must be directly connected v	with the unre	lated business incor	ne)		
4 Compensation of	f officers, directors, and trustees (Schedi	lule K)			. 14	
	00					
5 Salaries and wag	~~					
•					` 	
6 Repairs and mair	ntenance				. 16	
Repairs and mairBad debts	ntenance				. 16	
Repairs and mainBad debtsInterest (attach s	ntenance				. 16 . 17 . 18	
6 Repairs and main 7 Bad debts 8 Interest (attach s 9 Taxes and license	ntenance				. 16 . 17 . 18 . 19	
Repairs and mair Rad debts Interest (attach s Taxes and license Charitable contri	ntenance				. 16 . 17 . 18 . 19	
Repairs and mair Rad debts Interest (attach s Taxes and license Charitable contri Depreciation (att	ntenance		21	······································	. 16 . 17 . 18 . 19	
Repairs and mair Repairs and mair Repairs and license Interest (attach s Taxes and license Charitable contri Depreciation (att Less depreciation	schedule) (see instructions). butions (See instructions for limitation reach Form 4562). n claimed on Schedule A and elsewhere	rules)	21 22a	······································	. 16 . 17 . 18 . 19 . 20	
Repairs and mair Rad debts Interest (attach s Taxes and license Charitable contri Depreciation (att Less depreciation Depletion	schedule) (see instructions) es butions (See instructions for limitation reach Form 4562)	cules)	21 22a	· · · · · · · · · · · · · · · · · · ·	. 16 . 17 . 18 . 19 . 20	
Repairs and main Repairs and main Repairs and main Repairs and license Taxes and license Charitable contribution (att Less depreciation Depletion Contributions to	schedule) (see instructions) es butions (See instructions for limitation re ach Form 4562) n claimed on Schedule A and elsewhere	rules)	21 22a	· · · · · · · · · · · · · · · · · · ·	. 16 . 17 . 18 . 19 . 20 . 22b . 23 . 24	
Repairs and main Repairs and main Repairs and main Repairs and license Repairs and main Repairs and license Repairs and licen	schedule) (see instructions) es butions (See instructions for limitation re ach Form 4562) n claimed on Schedule A and elsewhere deferred compensation plans t programs	cules)	21 22a	· · · · · · · · · · · · · · · · · · ·	. 16 . 17 . 18 . 19 . 20 . 22b . 23 . 24 . 25	
Repairs and mair Repairs and mair Repairs and mair Repairs and license Repairs and mair Repairs and license Repairs	schedule) (see instructions) es butions (See instructions for limitation re ach Form 4562) n claimed on Schedule A and elsewhere	rules)	21 22a		. 16 . 17 . 18 . 19 . 20 . 22b . 23 . 24 . 25 . 26	
Repairs and mair Repairs and mair Repairs and mair Repairs and license Repairs and mair	schedule) (see instructions). butions (See instructions for limitation reach Form 4562). n claimed on Schedule A and elsewhere deferred compensation plans. t programs xpenses (Schedule I).	rules)	21 22a		. 16 . 17 . 18 . 19 . 20 . 23 . 24 . 25 . 26	151,24
Repairs and mair Repairs and mair Repairs and mair Repairs and license Repairs and lic	schedule) (see instructions) butions (See instructions for limitation reach Form 4562) n claimed on Schedule A and elsewhere compensation plans t programs xpenses (Schedule I) p costs (Schedule J) s (attach schedule)	cules)	21 22a	ATCH. 1.	22b 22b 23 24 25 26 27	
Repairs and mair Rad debts Interest (attach s Taxes and license Charitable contri Depreciation (att Less depreciation Depletion Contributions to Employee benefi Excess exempt e Excess readershi Other deductions Total deductions	schedule) (see instructions). butions (See instructions for limitation reach Form 4562). n claimed on Schedule A and elsewhere deferred compensation plans. t programs xpenses (Schedule I).	cules)	21 22a	ATCH. 1	22b 22b 23 24 25 26 27 28	151,24
Repairs and mair Repairs and mair Repairs and mair Repairs and license Repairs and mair Repairs and micense Repairs and mair Repairs an	schedule) (see instructions) butions (See instructions for limitation reach Form 4562) n claimed on Schedule A and elsewhere deferred compensation plans t programs xpenses (Schedule I) p costs (Schedule J) s (attach schedule) Add lines 14 through 28 ess taxable income before net oper	e on return	21 22a 22a 22a 22a 22a 22a 22a 22a 22a 2	ATCH 1	. 16 . 17 . 18 . 19 . 20 . 23 . 24 . 25 . 26 . 27 . 28 . 29	151,24 151,24 1,598,75
Repairs and main Repairs and main Repairs and main Repairs and license Repairs and lic	schedule) (see instructions) butions (See instructions for limitation reach Form 4562) n claimed on Schedule A and elsewhere deferred compensation plans t programs xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	e on return	duction Subtract line 2 ter January 1, 2018 (see	ATCH 1	22b 22b 23 24 25 26 27 28 29 30 31	151,24

Exempt Omnization Business Income To

For calendar year 2018 or other tax year beginning _

(and proxy tax under section 6033(e))

► 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)

__ , 2018, and ending_

OMB No 1545-0687

2018

Form **990-T**

Department of the Treasury Internal Revenue Service

Page 2

•	

	94-1

Pa	irt III	Total Unrelated Business Taxable Income			
33	Total	of unrelated business taxable income computed from all unrelated trade	es or businesses (see		
		ctions)		33	6,679,205.
34		nts paid for disallowed fringes		34	3,727,910.
35		ction for net operating loss arising in tax years beginning before Ja			
33		ctions)		35	10,407,115.
20				133	
36		of unrelated business taxable income before specific deduction. Subtract li			
		es 33 and 34		36	1 000
37	Specif	fic deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1,000.
38		ated business taxable income. Subtract line 37 from line 36 If line 37 is			
_	enter t	the smaller of zero or line 36	<u> </u>	38	0.
Pa	irt IV	Tax Computation			
39	Organ	nizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	.	39	
40	Trusts	s Taxable at Trust Rates. See instructions for tax computation	n Income tax on		
	the an	nount on line 38 from Tax rate schedule or Schedule D (Form 1041)		40	
41	Proxv	tax. See instructions		41	
42		ative minimum tax (trusts only)			
43		n Noncompliant Facility Income. See instructions			
44		Add lines 41, 42, and 43 to line 39 or 40, whichever applies		$\overline{}$	
Pâ	rt V	Tax and Payments	-	1 **.1	
-		on tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	a	Т	
		credits (see instructions)		1 1	
				1	
		ral business credit Attach Form 3800 (see instructions)		1	
		for prior year minimum tax (attach Form 8801 or 8827)		ا ء۔ ا	
		credits. Add lines 45a through 45d		45e	
46		act line 45e from line 44		46	
47		taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866		47	
48		tax. Add lines 46 and 47 (see instructions)			0.
49		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2.	1	49	
		ents A 2017 overpayment credited to 2018		1	
		estimated tax payments		1	
(: Tax de	eposited with Form 8868	c	1	
(d Foreig	n organizations Tax paid or withheld at source (see instructions) 500	d]	
(Backu	ip withholding (see instructions)	e]	
1	f Credit	for small employer health insurance premiums (attach Form 8941) 501	f] [
9	g Other	credits, adjustments, and payments Form 2439			
		Form 4136 Other Total ▶ 500	g]	
51	Total	payments. Add lines 50a through 50g	<u></u>	51	
52	Estima	ated tax penalty (see instructions) Check if Form 2220 is attached	▶∐	52	
53	Tax dı	ue. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53	
54	Overp	payment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overp	oaid ▶	54	
55	Enter ti	he amount of line 54 you want Credited to 2019 estimated tax	Refunded >	55	
Pa	irt VI	Statements Regarding Certain Activities and Other Inform	nation (see instruction	ıs)	
56	At an	ly time during the 2018 calendar year, did the organization have an intere	est in or a signature or	other	authority Yes No
		a financial account (bank, securities, or other) in a foreign country? If "Yo			·
		N Form 114, Report of Foreign Bank and Financial Accounts If "Yes," e	•		
		SEE FOOTNOTES			x
57	During	g the tax year, did the organization receive a distribution from, or was it the grantor	of or transferor to a fore	ian trust	, X
•		s," see instructions for other forms the organization may have to file	or, or transferor to, a fore	igir adat	· · · · · · -
58		the amount of tax-exempt interest received or accrued during the tax year > \$			
<u> </u>		Under penalties of penury, I declare that I have examined this return, including accompanying schedule	es and statements, and to the	best of my	knowledge and belief, it is
Sig		true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which pro-	eparer has any knowledge		
He		ALFONSE UPSHAW (The Wole, 12ther 25, 2019 SVP, CO	~ AND ~A~	-	RS discuss this return
ПС		Signature of officer Date Title	```		preparer shown below
				e instructio	
Pai	d	Print/Type preparer's name Preparer's signature	Date Chec		PTIN
	parer	ROBERT W FRIZ		employed	P00438748
	e Only	Firm's name PRICEWATERHOUSECOOPERS LLP	Firm'	s EIN	13-4008324
_		Firm's address ► 2001 MARKET ST, SUITE 1800, PHILADELPHI	A, PA 19103 Phon	e no 26	7-330-3000
JSA				~	Form 990-T (2018)

1 0/111 990-1 (2010)											raye J
Schedule A - Cost of G	oods Sold. Er	ter metho	d of invent	tory valuati	on (<u> </u>					
1 Inventory at beginning of	year . 1		,	6 Inven	tory	at end of yea	ar	6			
2 Purchases	2						ld. Subtract line				
3 Cost of labor				1		_	iter here and in	ļ	j		
4a Additional section 263A c	osts			Part I	, line	2		7			
(attach schedule)	4a						section 263A (w	ith r	espect to	Yes	No
b Other costs (attach schedu	_			prope	rty	produced	or acquired for	resa	ile) apply		
5 Total. Add lines 1 through			_				<u> </u>				X
Schedule C - Rent Income	e (From Real P	roperty a	nd Perso	nal Prope	erty	Leased V	Vith Real Proper	ty)			
(see instructions)	•			-			·				
Description of property	-										
(1)	·					_					
(2)				-							
(3)			-	-							
(4)			_								
	2. Rent recei	ved or accru	ed								
for personal property is more than 10% but not percentage		age of rent fo	om real and personal property (if the ige of rent for personal property exceeds 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)			ome		
(1)											
(2)								-			
(3)								_			
(4)											
Total		Total									
(c) Total income. Add totals of c	olumns 2(a) and 2(b) Enter					(b) Total deduction Enter here and on		1		
here and on page 1, Part I, line 6							Part I, line 6, colun				
Schedule E - Unrelated D	ebt-Financed I	ncome (se	ee instruct	ions)							
1 Description of del	bt-financed property			income from			Deductions directly con debt-finance	ed prop	erty		
·			property			nt line depreciation ch schedule)	(b) Other deductions (attach schedule)				
(1)					İ						
(2)										-	
(3)											
(4)						•	·			_	
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adju of or alloca debt-financed (attach sche	ble to property	4	Column divided column 5			income reportable n 2 x column 6)	-	Allocable deduumn 6 x total of 3(a) and 3(b)	colum	
(1)					%						
(2)					%						
(3)					%						
(4)					%						
							e and on page 1, le 7, column (A)	Ente	er here and on t I, line 7, colu	page mn (E	1, 3)
							j.				

Form **990-T** (2018)

Total dividends-received deductions included in column 8.

Schedule F-Interest, Ann	uities, Royie							ak.	s (see	ınstructı	ons)	
		<u> [</u>	Exemp	ot Co	ntrolled Or	ganızatı	ons					_
Name of controlled organization	2 Employer identification num	ber	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 Organi	zations					·			<u> </u>	****		·
7 Taxable Income	8 Net unrelated i		$\overline{\mathbf{I}}$		Total of specific ayments made		inc	lude	t of column ed in the col ation's gross	ntrolling		1 Deductions directly nnected with income in column 10
(1)			+				0.5		21.0.70 9.000			
(2)			+			<u> </u>		_				
(3)			+-					_	·····			
(4)								_				-
(4)							A	dd c	olumns 5 a	nd 10	A	dd columns 6 and 11
Tatala							En	ter h	ere and on line 8, colur	page 1,	En	ter here and on page 1, art I, line 8, column (B)
Schedule G-Investment I	ncome of a So					Orga	nizati	<u></u>	/coo inct	ructions	<u> </u>	
1 Description of income	2. Amount o		01(0	<u>(('),</u>	3 Deduction directly cor	tions nected	inzati	OII	4 Set	-asides schedule)		5 Total deductions and set-asides (col. 3
(4)					(attach sch	iedule)		(artacit scried)		·		plus col 4)
(1)	-											
(2)												
(3)	 					 _					-	
(4)	Enter horo and								-			Enter here and an area
	Enter here and Part I, line 9, o										1	Enter here and on page Part I, line 9, column (B)
Totals	· <u> </u>											
Schedule I-Exploited Ex	empt Activity In	come,	Othe	r Th	an Advert	ising Ir	come	<u>€ (s</u>	ee instru	ctions)		
1 Description of exploited activity	2. Gross unrelated business income from trade or business	d conn prod un	Expense lirectly ected w fuction irelated ess inco	ith of	4. Net inconfrom unrelated or business 2 minus collifications 5 three cols 5 three	ted trade (column lumn 3) ompute	from	5. Gross income from activity that is not unrelated business income 6. Expenses attributable to column 5		able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)	 				 							
(1)	 	<u> </u>										
(2)		ļ.——-										
(3)												
(4)	Enter here and on page 1, Part I, line 10, col (A)	page	here and e 1, Part l 0, col (l,								Enter here and on page 1, Part II, line 26
Totals ▶	<u> </u>	<u></u>										
Schedule J-Advertising I												
Part I Income From Per	iodicals Repor	ted on	a Co	nsoli	idated Bas	sis						
1 Name of periodical	2 Gross advertising income		. Direct tising co	osts	4. Advertigain or (los 2 minus co a gain, co cols 5 thro	ss) (col ol 3) If mpute	5	Circ	ulation ome	6 Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
	 											
(1)	-				-			-				
(2)	<u> </u>				1							_
(3)												_
(4)						.———						
Totals (carry to Part II, line (5))												- 000 T (001

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	Compensation attributable to unrelated business
1)		%	
2)		%	
3)		%	
4)		%	
otal. Enter here and on page 1. Part il. line	e 14		

Form 990-T (2018)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income Tor

2018

Department of the Treasury Internal Revenue Service For calendar year 2018 or other tax year beginning _______, 2018, and ending __

► 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 organization	
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KAISER FOUNDATION HOSPITALS

Employer identification number 94-1105628

Unrelated business activity code (see instructions) ► 541700

Describe the unrelated trade or business ▶ RESEARCH REVENUE

1a	Gross receipts or sales 3,026,200.			
b	Less returns and allowances C Balance ▶	1c _	3,026,200.	
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit Subtract line 2 from line 1c	3	3,026,200.	3,026,200
4 a	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		
D	Exploited exempt activity income (Schedule I)	10		 _
1	Advertising income (Schedule J)	11		
2	Other income (See instructions, attach schedule)	12		
3	Total. Combine lines 3 through 12	13	3,026,200.	3,026,200

			
14	Compensation of officers, directors, and trustees (Schedule K)	14	<u> </u>
15	Salaries and wages	15	
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)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	I	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)		
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	3,081,662.
29	Total deductions. Add lines 14 through 28	29	3,081,662.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-55,462.
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	-55,462.

For Paperwork Reduction Act Notice, see instructions

SCHEDULE M (Form 990-T)

related Business Taxable Income f **Unrelated Trade or Business**

OMB No 1545-0687

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning ___

__ , 2018, and ending

► 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)

Name of organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Unrelated business activity code (see instructions) ▶ 812930 Describe the unrelated trade or business ▶ PARKING REVENUE

Pa	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 397,052.				
ь	Less returns and allowances c Balance ▶	1c	397,052.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	397,052.		397,052.
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
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_	397,052.		397,052.

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	
17	Bad debts	ł .	
18	Interest (attach schedule) (see instructions)	1	
19	Taxes and licenses	I	-
20	Charitable contributions (See instructions for limitation rules)	1	
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	l .	
25	Employee benefit programs		
26	Excess exempt expenses (Schedule I)	1	
27	Excess readership costs (Schedule J)		
28	Other deductions (attach schedule)	28	509.
29	Total deductions. Add lines 14 through 28	29	509.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	396,543.
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		396,543.

For Paperwork Reduction Act Notice, see instructions

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.

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

Employer identification number

Department of the Treasury
Internal Revenue Service
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).

94-1105628

KAISER FOUNDATION HOSPITALS

Unrelated business activity code (see instructions) ▶ 525990

Describe the unrelated trade or business ► INVESTMENT ACTIVITIES FROM PARTNERSHIPS

Pai	Part I Unrelated Trade or Business Income			(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales					
b	Less returns and allowances C I	Balance 🕨	1c			
2	Cost of goods sold (Schedule A, line 7)		2			
3	Gross profit Subtract line 2 from line 1c		3		·	
4a	Capital gain net income (attach Schedule D)		4a	7,935,758.		7,935,758.
ь	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	1				
	statement) AT		5	-1,577,894.		-1,577,894.
6	Rent income (Schedule C)		6			
7	Unrelated debt-financed income (Schedule E)	i	7			
8	Interest, annuities, royalties, and rents from a control	lled				
	organization (Schedule F)		8			
9	Investment income of a section 501(c)(7), (9), or (17)	1				-
	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)	ſ	12			
13	Total. Combine lines 3 through 12	ì		6,357,864.		6,357,864.

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	17	
18	Interest (attach schedule) (see instructions)		
19	Taxes and licenses	19	329,724.
20	Charitable contributions (See instructions for limitation rules)		
21	Depreciation (attach Form 4562)		·
22	Less depreciation claimed on Schedule A and elsewhere on return	22Ь	
23	Depletion	23	
24	Contributions to deferred compensation plans	1 1	 -
25	Employee benefit programs	1 1	
26	Excess exempt expenses (Schedule I)	1 1	
27	Excess readership costs (Schedule J)		
28	Other deductions (attach schedule)	28	1,439,084.
29	Total deductions. Add lines 14 through 28	29	1,768,808.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	4,589,056.
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	4,589,056.

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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.

► 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) Organiz

Department of the Treasury
Internal Revenue Service

Name of organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Unrelated business activity code (see instructions) ► 900099

Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 487, 249.				
b	Less returns and allowances C Balance	1c	487,249.		
2	Cost of goods sold (Schedule A, line 7)	2	310,118.		
3	Gross profit Subtract line 2 from line 1c	3	177,131.		177,131.
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
C	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	<u> </u>		
9	Investment income of a section 501(c)(7), (9), or (17)				
•	organization (Schedule G)	9			<u> </u>
0	Exploited exempt activity income (Schedule I)	10			
1	Advertising income (Schedule J)	11			
2	Other income (See instructions, attach schedule)	12			
3	Total. Combine lines 3 through 12	13	177,131.		177,131.

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	_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),		
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	25	
26	Excess exempt expenses (Schedule I)		
27	Excess readership costs (Schedule J)		
28	Other deductions (attach schedule)	28	82,276.
29	Total deductions. Add lines 14 through 28	29	82,276.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	94,855.
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		94,855.

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ATTACHMENT 1

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

DIRECT EXPENSES - KPV B & D ACCOUNTING FEES

149,004. 2,245.

PART II - LINE 28 - OTHER DEDUCTIONS

151,249.