

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No 1545-0047

2019Department of the Treasury
Internal Revenue Service

For calendar year 2019 or other tax year beginning _____, 2019, 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 OnlyA ☐ Check box if
address changedName of organization (☐ Check box if name changed and see instructions)D Employer identification number
(Employees' trust, see instructions)

B Exempt under section

Print
or
Type

KAISER FOUNDATION HOSPITALS

94-1105628

X 501(c) (3)
408(e) 220(e)
408A 530(a)
529(a)

Number, street, and room or suite no. If a P.O. box, see instructions

E Unrelated business activity code
(See instructions)

ONE KAISER PLAZA, 15L

City or town, state or province, country, and ZIP or foreign postal code

OAKLAND, CA 94612

52

C Book value of all assets
at end of year

F Group exemption number (See instructions) ▶

52964463128.

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trustH Enter the number of the organization's unrelated trades or businesses ▶ 7 Describe the only (or first) unrelated
trade or business here ▶ FINANCE & INSURANCE If only one, complete Parts I-V. If more than one, describe the
first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional
trade or business, then complete Parts III-V.I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation ▶

J The books are in care of ▶ CHIEF ACCOUNTING OFFICER

Telephone number ▶ 510-271-6611

Part I Unrelated Trade or Business Income

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 2,631,396.			
b Less returns and allowances c Balance ▶ 1c	2,631,396.		
2 Cost of goods sold (Schedule A, line 7) 2			
3 Gross profit Subtract line 2 from line 1c 3	2,631,396.		2,631,396.
4a Capital gain net income (attach Schedule D) 4a	14,087,235.		14,087,235.
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	-23,178,986.	ATCH 1	-23,178,986.
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	-6,460,355.		-6,460,355.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (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	1,512,977.
20 Depreciation (attach Form 4562) 20	
21 Less depreciation claimed on Schedule A and elsewhere on return 21a	
22 Depletion 22	
23 Contributions to deferred compensation plans 23	
24 Employee benefit programs 24	
25 Excess exempt expenses (Schedule I) 25	
26 Excess readership costs (Schedule J) 26	
27 Other deductions (attach schedule) ATCH. 2	3,865,483.
28 Total deductions Add lines 14 through 27. 28	5,378,460.
29 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 29	-11,838,815.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30	
31 Unrelated business taxable income Subtract line 30 from line 29 ATCH. 5	-11,838,815.

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2019)JSA
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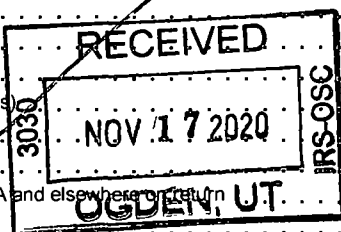
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Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	6,542,954.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35	6,542,954.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	6,542,954.
37	Total of unrelated business taxable income before specific deduction Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	
39	Unrelated business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	0.

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	

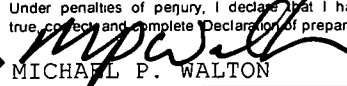

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800 (see instructions)	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	
48	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)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
51a	Payments. A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations. Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other <input type="checkbox"/> Total	51g	
52	Total payments. Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want <input type="checkbox"/> Credited to 2020 estimated tax <input type="checkbox"/> Refunded	56	

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

57	At any time during the 2019 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. SEE FOOTNOTES	Yes	No
58	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
59	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		NOV 05 2020	CHIEF TAX OFFICER	May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	MICHAEL P. WALTON	Date	Title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	ROBERT W. FRIZ		10/27/2020		P00438748
	Firm's name	Firm's EIN	Phone no		
	PRICEWATERHOUSECOOPERS LLP	13-4008324			
	Firm's address				
	2001 MARKET ST, SUITE 1800, PHILADELPHIA, PA 19103				

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

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 25

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))						

Form 990-T (2019)

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 26
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 ▶			

Form **990-T** (2019)

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

**Unrelated Business Taxable Income from an
Unrelated Trade or Business**

OMB No 1545-0047

2019

Department of the Treasury
Internal Revenue Service

For calendar year 2019 or other tax year beginning _____, 2019, and ending _____, 20____

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

Name of the organization:

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Unrelated Business Activity Code (see instructions) ▶ 54

Describe the unrelated trade or business ▶ RESEARCH REVENUE

Part I Unrelated Trade or Business Income

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 1,952,181.			
b Less returns and allowances c Balance ▶ 1c	1,952,181.		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit Subtract line 2 from line 1c	3 1,952,181.		1,952,181.
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	4c		
5 Income (loss) from a partnership or an S corporation (attach statement) ATCH 6	5 -610,523.		-610,523.
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 1,341,658.		1,341,658.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (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 Depreciation (attach Form 4562)	20	
21 Less depreciation claimed on Schedule A and elsewhere on return	21a	21b
22 Depletion	22	
23 Contributions to deferred compensation plans	23	
24 Employee benefit programs	24	
25 Excess exempt expenses (Schedule I)	25	
26 Excess readership costs (Schedule J)	26	
27 Other deductions (attach schedule) ATCH 7	27	1,072,840.
28 Total deductions. Add lines 14 through 27	28	1,072,840.
29 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13	29	268,818.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) ATCH 8	30	
31 Unrelated business taxable income Subtract line 30 from line 29	31	268,818.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

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

**Unrelated Business Taxable Income from an
Unrelated Trade or Business**

OMB No 1545-0047

2019

Department of the Treasury
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Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Unrelated Business Activity Code (see instructions) ▶ 81

Describe the unrelated trade or business ▶ PARKING REVENUE

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 421,291.			
b	Less returns and allowances			
	c Balance ▶ 1c	421,291.		
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit Subtract line 2 from line 1c	421,291.		421,291.
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from a partnership or an S corporation (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions, attach schedule)			
13	Total Combine lines 3 through 12	421,291.		421,291.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (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	Depreciation (attach Form 4562)	20	
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule) ATCH 9	27	10,122.
28	Total deductions Add lines 14 through 27	28	10,122.
29	Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13	29	411,169.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	
31	Unrelated business taxable income Subtract line 30 from line 29	31	411,169.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

**SCHEDULE M
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**Unrelated Business Taxable Income from an
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Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Unrelated Business Activity Code (see instructions) ► 90

Describe the unrelated trade or business ► REVENUE IS FROM GIFT SHOP AND MISC. REVENUE

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	171,115.			
b Less returns and allowances				
c Balance ►		171,115.		
2 Cost of goods sold (Schedule A, line 7)		88,948.		
3 Gross profit Subtract line 2 from line 1c		82,167.		82,167.
4a Capital gain net income (attach Schedule D)				
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)				
c Capital loss deduction for trusts				
5 Income (loss) from a partnership or an S corporation (attach statement)				
6 Rent income (Schedule C)				
7 Unrelated debt-financed income (Schedule E)				
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)				
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)				
10 Exploited exempt activity income (Schedule I)				
11 Advertising income (Schedule J)				
12 Other income (See instructions, attach schedule)				
13 Total Combine lines 3 through 12		82,167.		82,167.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (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 Depreciation (attach Form 4562)	20	
21a Less depreciation claimed on Schedule A and elsewhere on return	21a	
21b	21b	
22 Depletion	22	
23 Contributions to deferred compensation plans	23	
24 Employee benefit programs	24	
25 Excess exempt expenses (Schedule I)	25	
26 Excess readership costs (Schedule J)	26	
27 Other deductions (attach schedule)	27	14,936.
28 Total deductions Add lines 14 through 27	28	14,936.
29 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13	29	67,231.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	
31 Unrelated business taxable income Subtract line 30 from line 29	31	67,231.

For Paperwork Reduction Act Notice, see Instructions

Schedule M (Form 990-T) 2019

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

**Unrelated Business Taxable Income from an
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2019

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Name of the organization

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Employer identification number

94-1105628

Unrelated Business Activity Code (see instructions) ▶ 56

Describe the unrelated trade or business ▶ ADMINISTRATIVE AND SUPPORT

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c 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	-3,882.	-3,882.
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) ATCH 11	5	5,942,297.	5,942,297.
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	5,938,415.	5,938,415.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (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	Depreciation (attach Form 4562)	20	
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule) ATCH 12	27	142,679.
28	Total deductions Add lines 14 through 27	28	142,679.
29	Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13	29	5,795,736.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	
31	Unrelated business taxable income Subtract line 30 from line 29	31	5,795,736.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

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

**Unrelated Business Taxable Income from an
Unrelated Trade or Business**

OMB No 1545-0047

2019

Department of the Treasury
Internal Revenue Service

For calendar year 2019 or other tax year beginning _____, 2019, 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

Name of the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Unrelated Business Activity Code (see instructions) ▶ 22

Describe the unrelated trade or business ▶ UTILITIES

Part I Unrelated Trade or Business Income

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance ▶ 1c			
2 Cost of goods sold (Schedule A, line 7)			
3 Gross profit Subtract line 2 from line 1c			
4a Capital gain net income (attach Schedule D)			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c Capital loss deduction for trusts			
5 Income (loss) from a partnership or an S corporation (attach statement) ATCH 13	-140,341.		-140,341.
6 Rent income (Schedule C)			
7 Unrelated debt-financed income (Schedule E)			
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10 Exploited exempt activity income (Schedule I)			
11 Advertising income (Schedule J)			
12 Other income (See instructions, attach schedule)			
13 Total. Combine lines 3 through 12	-140,341.		-140,341.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (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 Depreciation (attach Form 4562)	20	
21 Less depreciation claimed on Schedule A and elsewhere on return	21a	21b
22 Depletion	22	
23 Contributions to deferred compensation plans	23	
24 Employee benefit programs	24	
25 Excess exempt expenses (Schedule I)	25	
26 Excess readership costs (Schedule J)	26	
27 Other deductions (attach schedule)	27	
28 Total deductions. Add lines 14 through 27	28	
29 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13	29	-140,341.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	
31 Unrelated business taxable income Subtract line 30 from line 29 ATCH 14	31	-140,341.

For Paperwork Reduction Act Notice, see Instructions

Schedule M (Form 990-T) 2019

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

**Unrelated Business Taxable Income from an
Unrelated Trade or Business**

OMB No 1545-0047

2019

For calendar year 2019 or other tax year beginning _____, 2019, 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 the organization

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Unrelated Business Activity Code (see instructions) ▶ 53

Describe the unrelated trade or business ▶ REAL ESTATE RENTAL AND LEASING

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c 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	18,579.	18,579.
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) ATCH 15	5	-70,103.	-70,103.
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	-51,524.	-51,524.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (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	Depreciation (attach Form 4562)	20	
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	21b
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	
28	Total deductions. Add lines 14 through 27	28	
29	Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13	29	-51,524.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	
31	Unrelated business taxable income Subtract line 30 from line 29 ATCH 16	31	-51,524.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

FEDERAL FOOTNOTES

FORM 990-T - PART VI, LINE 57

NAME OF FOREIGN COUNTRIES:

BERMUDA, BRAZIL, CHILE, CHINA, COLOMBIA, CZECH REPUBLIC, EGYPT,
GREECE, HONG KONG, HUNGARY, INDIA, INDONESIA, ISRAEL; JAPAN, KENYA,
SOUTH KOREA, MALAYSIA, NIGERIA, PHILIPINES, POLAND, QATAR, RUSSIA,
TAIWAN, THAILAND, TURKEY AND URUGUAY.

KAISER FOUNDATION HOSPITALS
94-1105628
12/31/2019

ATTACHMENT 1

FORM 990T - SCHEDULE M - LINE 5 - INCOME (LOSS) FROM PARTNERSHIPS

AG DIRECT LENDING FUND II (UNLEVERED), LP	303,133
ANTERO MIDSTREAM PARTNERS	957,840
ALTAS PARTNERS HOLDINGS, LP	314,893
BP MIDSTREAM PARTNERS, LP	142,652
BUCKEYE PARTNERS, LP	265,302
CEDAR FAIR, LP	(81)
COMPASS DIVERSIFIED HOLDINGS	13,039
CHARLESBANK TECHNOLOGY OPPORTUNITIES FUND, LP	(185,711)
ENERGY TRANSFER, LP (FKA ENERGY TRANSFER EQUITY)	(202,794)
ENLINK MIDSTREAM PARTNERS, LP	2,286,257
ENTERPRISE PRODUCTS PARTNERS, LP	(394,429)
EQT MIDSTREAM PARTNERS, LP	(48,671)
FORTRESS REAL ESTATE OPPORTUNITIES FUND II (B), LP	170,119
FORTRESS REAL ESTATE OPPORTUNITIES FUND III (B), LP	397,951
FLYWHEEL CO-INVESTMENT LLC	8,578,190
FLYWHEEL CO-INVESTMENT LLC	(26,532,200)
GENESIS ENERGY, LP	1,048,989
GOLDMAN SACHS HO FUND B, LP	(1,184,912)
GV-KF FUND AIV LLC	559,917
GSO CSF III AIV-3 LP	(27,516)
GSO CSF III AIV-2 LP	124,089
GSO CSF III CO-INVESTMENT AIV-2 LP	110,674
HESS MIDSTREAM PARTNERS, LP (1)	238,270
INSIGHT VENTURE PARTNERS (CAYMAN) X, LP	40,565
KAYNE PRIVATE ENERGY INCOME FUND, LP	1,960,239
KFH STRATEGIC PRIVATE INVESTMENTS, LP	51,083
KKR ASIAN FUND III LP	10,134
KAYNE PRIVATE ENERGY INCOME FUND II, L.P.	8,154,142
KAYNE PRIVATE ENERGY INCOME FUND II, L.P.	(18,938,471)
MAGELLAN MIDSTREAM PARTNERS, LP	265,432
METROPOLITAN REAL ESTATE PARTNERS VII, LP	11,263
MPLX, LP	889,239
NGL PARTNERS, LP	(129,147)
NOBLE MIDSTREAM PARTNERS, LP	35,410
PANTHEON ASIA FUND V, LP	(15)
PANTHEON ASIA FUND V A, LP	130
PANTHEON GLOBAL CO-INVESTMENT OPPORTUNITIES FUND II, LP	12,269
PANTHEON GLOBAL REAL ASSETS HO FUND, LP	(2,333,259)
PANTHEON GLOBAL HO FUND, LP	(309,128)
PANTHEON GLOBAL SECONDARY FUND III A, LP	(7,200)
PANTHEON GLOBAL SECONDARY FUND V, LP	(3,640)

ATTACHMENT 1

PANTHEON USA FUND VII, LP	265,878
PANTHEON GLOBAL INFRASTRUCTURE FUND B, LP	(2,832,743)
PHILLIPS 66 PARTNERS, LP	594,698
PLAINS ALL AMERICAN PIPELINE, LP - Exempt Organization	(88,835)
PLAINS ALL AMERICAN PIPELINE, LP - Corporation	10,985,947
PORTFOLIO ADVISORS REAL ESTATE FUND IV, LP	(134,345)
PRIMAVERA CAPITAL FUND III L.P.	(42,046)
PERMIRA GROWTH OPPORTUNITIES I LP 1	(30,252)
QUANTUM ENERGY PARTNERS VI, LP	6,046,326
QUANTUM ENERGY PARTNERS VII CO-INVESTMENT, LP	428,658
QUANTUM PARALLEL PARTNERS VI-C, LP	6,023,117
QUANTUM ENERGY PARTNERS VII, LP	198,581
RCP DEEP GULF ENERGY II SYNDICATION PARTNERS, LP	257,230
RIVERSTONE GLOBAL ENERGY AND POWER FUND V (RW II), LP	165,413
RIVERSTONE GLOBAL ENERGY AND POWER FUND V FT, LP	(919,397)
RIVERSTONE GLOBAL ENERGY AND POWER FUND V (CAYMAN), LP	(21,161)
RCP FAIRWAY SYNDICATION PARTNERS, LP	(22,368,299)
RIVERSTONE CREDIT PARTNERS II - DIRECT, LP	342,979
SHELL MIDSTREAM PARTNERS, LP (RESTRICTED)	1,355,321
SHELL MIDSTREAM PARTNERS, LP (NON-RESTRICTED)	65,726
TERRA CO-INVESTMENT, LLC	471,982
ANDEAVOR LOGISTICS, LP (FKA TESORO LOGISTICS LP)	(43,898)
TPG PARTNERS VIII, LP	(862)
TPG HEALTHCARE PARTNERS LP	(7,119)
WAYZATA OPPORTUNITIES FUND III, LP	(108,394)
WESTERN GAS PARTNERS, LP	14,301
WESTERN GAS EQUITY PARTNERS, LP	(264,234)
WESTERN MIDSTREAM PARTNERS, LP	(177,605)
TOTAL	(23,178,986)

ATTACHMENT 2FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

DIRECT EXPENSES - KPV B & D	127,270.
PORTFOLIO DEDUCTION	1,857,547.
INVESTMENT MGMT SERVICE EXP - KPV B & D & F	1,880,666.

PART II - LINE 27 - OTHER DEDUCTIONS	<u>3,865,483.</u>
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Kaiser Foundation Hospitals
EIN: 94-1105628
2019 Charitable Contribution Carryforward
Form 990-T

TAX YEAR ENDING	ORIGINAL CONTRIBUTIONS	CONTRIBUTIONS CARRYFORWARD	CURRENT YEAR CONTRIBUTIONS USED	CONVERTED TO NOL CARRYOVER	CONTRIBUTIONS CARRY FORWARD (5 YEARS)
12/31/2014	86,045,347	-	-	-	-
12/31/2015	51,041,470	51,041,470	-	-	51,041,470
12/31/2016	65,969,967	65,969,967	-	-	65,969,967
12/31/2017	180,974,926	180,974,926	-	-	180,974,926
12/31/2018	133,387,032	133,387,032	-	667,921	132,719,111
12/31/2019	435,727,162	435,727,162	-	654,295	435,072,867
TOTAL	953,145,904		-		865,778,341

EXPIRED CARRYOVER 86,045,347

KAISER FOUNDATION HOSPITALS
94-1105628
12/31/2019
ATTACHMENT TO FORM 990-T

NET OPERATING LOSS DEDUCTION - NOL ARISING IN TAX YEARS BEGINNING BEFORE JANUARY 1, 201

LOSS YEAR ENDING	ORIGINAL LOSS	AMOUNT PREVIOUSLY USED	PREVIOUSLY CONVERTED CONTRIBUTIONS	CURRENT YEAR CONVERTED CONTRIBUTIONS	LOSS AVAILABLE	AMOUNT USED IN CY	LOSS CARRY FORWARD
12/31/2008	4,035,658	3,162,896	667,921	-	1,540,683	1,540,683	-
12/31/2009	4,453,099	-	-	-	4,453,099	4,453,099	-
12/31/2010	3,040,292	-	-	654,295	3,694,587	549,172	3,145,415
12/31/2011	1,263,603	-	-	-	1,263,603	-	1,263,603
12/31/2012	2,837,927	-	-	-	2,837,927	-	2,837,927
12/31/2013	2,656,796	-	-	-	2,656,796	-	2,656,796
12/31/2014	1,290,607	-	-	-	1,290,607	-	1,290,607
12/31/2015	11,117,947	-	-	-	11,117,947	-	11,117,947
12/31/2016	15,238,596	-	-	-	15,238,596	-	15,238,596
12/31/2017	991,459	-	-	-	991,459	-	991,459
TOTAL	46,925,984	3,162,896	667,921	654,295	45,085,304	6,542,954	38,542,350

KAISER FOUNDATION HOSPITALS
94-1105628
12/31/2019
ATTACHMENT TO FORM 990-T

NET OPERATING LOSS DEDUCTION - NOL ARISING IN TAX YEARS BEGINNING AFTER JANUARY 1, 2018
NAICS CODE 52 - FINANCE AND INSURANCE

LOSS YEAR ENDING	ORIGINAL LOSS	AMOUNT PREVIOUSLY USED	PREVIOUSLY CONVERTED CONTRIBUTIONS	CURRENT YEAR CONVERTED CONTRIBUTIONS	LOSS AVAILABLE	AMOUNT USED IN CY	LOSS CARRY FORWARD
12/31/2019	11,838,815	-	-	-	11,838,815	-	11,838,815
TOTAL	11,838,815	-	-	-	11,838,815	-	11,838,815

KAISER FOUNDATION HOSPITALS

94-1105628

12/31/2019

ATTACHMENT 6

FORM 990T - SCHEDULE M - LINE 5 - INCOME (LOSS) FROM PARTNERSHIPS

PANTHEON GLOBAL HO FUND LP

(610,523)

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

ACCOUNTING FEES	32,235.
STAGE IV CLINICAL TRIALS EXPENSES	1,040,605.

PART II - LINE 28 - OTHER DEDUCTIONS

1,072,840.

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

ACCOUNTING FEES

10,122.

PART II - LINE 28 - OTHER DEDUCTIONS

10,122.

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

ACCOUNTING FEES
OTHER EXPENSES

1,974.
12,962.

PART II - LINE 28 - OTHER DEDUCTIONS

14,936.

3530HV 2981

V 19-7.1F

KAISER FOUNDATION HOSPITALS

94-1105628

12/31/2019

ATTACHMENT 11

FORM 990T - SCHEDULE M - LINE 5 - INCOME (LOSS) FROM PARTNERSHIPS

PANTHEON GLOBAL HO FUND LP

5,942,297

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

ACCOUNTING FEES

142,679.

PART II - LINE 28 - OTHER DEDUCTIONS

142,679.

KAISER FOUNDATION HOSPITALS

94-1105628

12/31/2019

ATTACHMENT 13

FORM 990T - SCHEDULE M - LINE 5 - INCOME (LOSS) FROM PARTNERSHIPS

PANTHEON GLOBAL REAL ASSETS HO FUND LP

(140,341)

KAISER FOUNDATION HOSPITALS

94-1105628

12/31/2019

ATTACHMENT 15

FORM 990T - SCHEDULE M - LINE 5 - INCOME (LOSS) FROM PARTNERSHIPS

PORTFOLIO ADVISORS REAL ESTATE FUND IV LP

(70,103)

**SCHEDULE D
(Form 1120)**Department of the Treasury
Internal Revenue Service**Capital Gains and Losses**▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC,
1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T▶ Go to www.irs.gov/Form1120 for instructions and the latest information

OMB No 1545-0123

2019

Name

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?

▶ ☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss

Part I Short-Term Capital Gains and Losses (See instructions)

See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked	-3,962,713.			-3,962,713.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				7 -3,962,713.

Part II Long-Term Capital Gains and Losses (See instructions)

See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	12,416,973.			12,416,973.
11 Enter gain from Form 4797, line 7 or 9				11 4,868,749.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				12 764,226.
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions (see instructions)				14
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				15 18,049,948.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	14,087,235.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns	18	14,087,235.

Note: If losses exceed gains, see *Capital Losses* in the instructions

For Paperwork Reduction Act Notice, see the Instructions for Form 1120

Schedule D (Form 1120) 2019

Form **8949****Sales and Other Dispositions of Capital Assets**

OMB No 1545-0074

2019Attachment
Sequence No **12A**Department of the Treasury
Internal Revenue Service▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

KAISER FOUNDATION HOSPITALS

Social security number or taxpayer identification number

94-1105628

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- ☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example 100 sh XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (g) in the separate instructions	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	SHORT TERM CAPITAL GAIN	VAR	VAR	-3,962,713				-3,962,713
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶				-3,962,713				-3,962,713

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8949** (2019)

Name(s) shown on return Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

KAISER FOUNDATION HOSPITALS

94-1105628

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions).

You **must** check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☐ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☒ (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example 100 sh XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	LONG TERM CAPITAL GAIN	VAR	VAR	12,416,973				12,416,973
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶				12,416,973				12,416,973

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

**SCHEDULE D
(Form 1120)****Capital Gains and Losses**

OMB No 1545-0123

Department of the Treasury
Internal Revenue Service▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC,
1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T▶ Go to www.irs.gov/Form1120 for instructions and the latest information**2019**

Name

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ▶ ☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss

Part I Short-Term Capital Gains and Losses (See instructions)

See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6 ()
7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h				7

Part II Long-Term Capital Gains and Losses (See instructions)

See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Enter gain from Form 4797, line 7 or 9				11 -3,882.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions (see instructions)				14
15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h				15 -3,882.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16
17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17
18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns	18

Note If losses exceed gains, see *Capital Losses* in the instructions

For Paperwork Reduction Act Notice, see the Instructions for Form 1120

Schedule D (Form 1120) 2019

**SCHEDULE D
(Form 1120)****Capital Gains and Losses**

OMB No 1545-0123

Department of the Treasury
Internal Revenue Service▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC,
1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T▶ Go to www.irs.gov/Form1120 for instructions and the latest information**2019**

Name

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ▶ ☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss

Part I Short-Term Capital Gains and Losses (See instructions)

See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6 ()
7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h				7

Part II Long-Term Capital Gains and Losses (See instructions)

See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	10,612.			10,612.
11 Enter gain from Form 4797, line 7 or 9				11 7,967.
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions (see instructions)				14
15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h				15 18,579.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	18,579.
17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	
18 Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns	18	18,579.

Note: If losses exceed gains, see Capital Losses in the instructions

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2019

Form **8949**

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

2019

Attachment Sequence No. **12A**

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form8949 for instructions and the latest information.

► **File with your Schedule D** to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return

KAISER FOUNDATION HOSPITALS

Social security number or taxpayer identification number

94-1105628

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ (C) Short-term transactions not reported to you on Form 1099-B

[illegible]

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8949** (2019)

Name(s) shown on return Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

KAISER FOUNDATION HOSPITALS

94-1105628

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions).

You **must** check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- ☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (g) in the separate instructions	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	LONG TERM CAPITAL GAIN	VAR	VAR	10,612				10,612
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶				10,612				10,612

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

KAISER FOUNDATION HOSPITALS
EIN: 94-1105628
FOR TAX YEAR ENDED 12/31/2019

FORM 990T

INTERNAL REVENUE CODE SECTION 751 STATEMENT

THE TAXPAYER HAS REPORTED ORDINARY INCOME UPON THE DISPOSITION OF UNITS IN THE BELOW PARTNERSHIPS AS PROVIDED BY THE PARTNERSHIP. THE AMOUNT WAS DETERMINED IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTION 751. DETAILED INFORMATION IS AVAILABLE FROM THE PARTNERSHIP UPON REQUEST.

ANTERO MIDSTREAM PARTNERS
BUCKEYE PARTNERS, LP
BP MIDSTREAM PARTNERS, LP
ENERGY TRANSFER, LP (FKA ENERGY TRANSFER EQUITY)
ENLINK MIDSTREAM PARTNERS, LP
ENTERPRISE PRODUCTS PARTNERS, LP
GENESIS ENERGY, LP
HESS MIDSTREAM, LP
MAGELLAN MIDSTREAM PARTNERS, LP
MPLX, LP
NGL PARTNERS, LP
NOBLE MIDSTREAM PARTNERS, LP
PHILLIPS 66 PARTNERS, LP
PLAINS ALL AMERICAN PIPELINE, LP - Exempt Organization
SHELL MIDSTREAM PARTNERS, LP (NON-RESTRICTED)
SHELL MIDSTREAM PARTNERS, LP (RESTRICTED)
WESTERN GAS EQUITY PARTNERS, LP
WESTERN GAS PARTNERS, LP