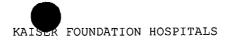
	Exe	empt Orc	anization	Bus	siness Inco	ome .	Tax Retui	rn I	2	1515.00.10		
Form 990-T			d proxy tax							0 1545-0047		
	For calend	•	other tax year begin			•	[-, ,-	20	න (ก 1 0		
Department of the Treasury			v.irs.gov/Form990						اک/	913		
Internal Revenue Service	▶ Do no		mbers on this form a					:)(3)	Open to Pu 501(c)(3) O	blic Inspection for rganizations Only		
A Check box f address clianged		Name of organiza	ition (Check be	ox if nar	ne changed and see	instruction	s)		yer identific yees' trust, see	ation number instructions)		
B Exempt under section		KAISER FO	OUNDATION HO	OSPI	TALS							
X 501(C 103)		lumber, street, a	nd room or suite no	f a P O	box, see instructions			94-11	94-1105628			
408(e) 220(e)	or Type								ated busines structions)	s activity code		
408A530(a)	,	ONE KAISE	ER PLAZA, 1.	5L				(000	radolloris ,			
529(a)	C	•	e or province, country	y, and Z	IP or foreign postal of	ode		50				
C Book value of all assets at end of year	5 0		CA 94612				_ 	52				
52964463128.			mber (See instruct			E04/-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	104/->				
H Enter the number of		corganization t	/ 		rporation	501(c		401(a)	(or first) un	Other trust		
trade or business here				3363	· · · · · · · · · · · · · · · · · · ·	nly one	complete Parts I	•	•			
first in the blank space				mplete						3000.100 (110		
trade or business, the		•	,	•	, ,	•						
I During the tax year, v	was the co	rporation a sul	bsidiary in an affili	ated g	roup or a parent-su	bsidiary o	controlled group?		▶	Yes X No		
If "Yes," enter the na												
J The books are in care				ER	· · · · · ·	Telephon	e number ▶ 51	0-271-	6611			
Part I Unrelated				Τ	(A) Incom	<u> </u>	(B) Expen	ses	 	(C) Net		
1a Gross receipts or s		2,631,3			2,631,	306						
b Less returns and allowar			c Balance ▶	1c 2	2,031,	. 390.			 	/		
2 Cost of goods sole3 Gross profit Subt				3	2,631,	396.				2,631,396.		
4a Capital gain net in				4a	14,087					4,087,235.		
b Net gain (loss) (For				4b	:							
c Capital loss deduc			• • •	4c		_		/				
5 Income (loss) from a pa				5	-23,178,	986.	ATCH/1		-23	3,178,986.		
6 Rent income (Scho	edule C) .			_6								
7 Unrelated debt-fin	anced inco	me (Schedule I	E)	7					ļ			
8 Interest, annuities, roya				_		_/			 			
9 Investment income of a				9		/_	- .					
10 Exploited exempt	-	•	,	10			· -					
11 Advertising incom12 Other income (Se				11					 			
13 Total. Combine lin			,		-6,460	355.				5,460,355.		
Part II Deduction	s Not Ta	aken Elsew	here (See insti	ructio	ns for limitatio	ns on c	leductions)(I	Deductio				
connected	with the	unrelated b	ousinėss incom	ıe.								
14 Compensation of	officers, di	rectors, and tru	stees (Schedule K)	·				14				
15 Salaries and wage								15	 			
16 Repairs and maint	enance .		··· RECE	IVE	ן			· · · · ·	 -			
17 Bad debts			. *			• • • •			 -			
18 Interest (attach so19 Taxes and licenses	chedule) (se	ee instructions)	S. NOV.	7 20	ġή · [δ] · · ·			18	 	1,512,977.		
19 Taxes and licenses20 Depreciation (atta	ob Form 4	562)	% ·⋅⊮⊕∧⋅≖	. TA	S 20	. i		19	 			
21 Less depreciation			and elsewherer	etufro I	JT. 21	-						
22 Depletion			UGUE	14.	<u> </u>							
23 Contributions to d	eferred co	mpensation pla	ins						 			
24 Employee benefit												
25 Excess exempt ex	penses (Sc	hedule I)						25				
26 Excess readership												
27 Other deductions										3,865,483.		
28 Total deductions								_		5,378,460. 1,838,815.		
29 Unrelated busines									-1-	_,030,813.		
30 Deduction for net 31 Unrelated busines	, -	_	-	-					-1-	1,838,815.		
For Paperwork Reducti				29.	<u> </u>	<u>··· · · · </u>	<u> </u>	31		m 990-T (2019)		

Par	t III	otal Unrelated Business Taxable Income				
32	Total of	unrelated business taxable income computed from all unrelated trades or businesses (see	.			
			32	6,54	2,9	54.
22	Amount	aid for disallowed fringes	32 33			
33			34			
34			" 			
35		elated business taxable income before pre-2018 NOLs and specific deduction. Subtract line	<u>.</u> L l	C = 1		
			35	6,54	2,9	<u>54.</u>
36	Deductio	for net operating loss arising in tax years beginning before January 1, 2018 (see				
	instruction	s)	36	6,54	2,9	54.
37		related business taxable income before specific deduction. Subtract line 36 from line 35	37			
		Total Cod Basinios Cardon Control of Control	38			
38			7 -			
39		business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,				0.
		maller of zero or line 37	39			<u> </u>
Par		ax Computation				
40	Organiz	ons Taxable as Corporations. Multiply line 39 by 21% (0 21)	40 _			
41	Trusts	axable at Trust Rates. See instructions for tax computation Income tax on				
	the amo	t on line 39 from Tax rate schedule or Schedule D (Form 1041)	41			
42		<u> </u>	42			
42			43			
43						
44			44			
45		miles 12, 10, che 11 te mile 10 ch. 17, which expenses 11, 11, 11, 11, 11, 11, 11, 11, 11, 11	45			
Par	t V	ax and Payments				
46 a	Foreign	x credit (corporations attach Form 1118, trusts attach Form 1116) 46a				
b	Other cr	lits (see instructions)				
		usiness credit Attach Form 3800 (see instructions)				
ď	Credit fo	prior year minimum tax (attach Form 8801 or 8827)	j			
		its. Add lines 46a through 46d	66			
				_		
47			47			
48		Silvest in term 1200 in term 12	48			
49		Add mics 47 and 40 (occ moreons)	49			0.
50	2019 ne	965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50			
51 a	Paymen	A 2018 overpayment credited to 2019				
		nated tax payments	:			
		ited with Form 8868				
		ganizations Tax paid or withheld at source (see instructions)				
		thholding (see instructions)				
Ť		small employer health insurance premiums (attach Form 8941)				
g	Other cr	its, adjustments, and payments Form 2439				
	Fo	n 4136 Other Total ▶ [51g]				
52	Total pa	nents. Add lines 51a through 51g	52			
53	Estimate	tax penalty (see instructions) Check if Form 2220 is attached	53			
54			54			_
55			55			
56			56			
		tatements Regarding Certain Activities and Other Information (see instructions)				
		me during the 2019 calendar year, did the organization have an interest in or a signature or or		ithority	Yes	No
57		nancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may				
		orm 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the fo	oreign c	country	v	
		EE FOOTNOTES		├-	<u> </u>	
58	During t	e tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	ı trust?			<u>X</u>
	If "Yes,"	e instructions for other forms the organization may have to file			1	
59	Enter th	amount of tax-exempt interest received or accrued during the tax year 🕨 \$				
	Ur	r penalties of penury, I declare by at I have examined this return, including accompanying schedules and statements, and to the bes	t of my k	nowledge ar	nd belie	ef, it is
Sig	n . tru					
_				discuss eparer sho		
Hei			trie pre (nstructions	_		No
			1	PTIN	141	.40
Paid	1	10/27/2020 Check L	ا الـــــــــــــــــــــــــــــــــــ		074	Ω
	parer	OBBIG WITHE		P0043		
	Only	irm's name ► PRICEWATERHOUSECOOPERS LLP Firm's E		3-4008		
USE	. Omy	imm's address ▶ 2001 MARKET ST, SUITE 1800, PHILADELPHIA, PA 19103 Phone n	10 267	-330-3	υ00	

Form 990-T (2019)



(a) From personal property (if the percentage of rent for personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (a) From 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) (1) (2) (3) (4) Total (b) Total deductions Enter here and on page 1, Part I, line 6, column (A)	Form 990-T (2019)											Page 3
2 Perchases	Schedule A - Cost of G	oods Sold . Er	ter method	of invent	tory v	<u>/aluation_</u>	<u> </u>					
2 Perchases								ar	6			
4 a Additional section 263A costs (attach schedule)	2 Purchases	2										
4a Additional section 263A costs (attach schedule)	3 Cost of labor	3	<u> </u>]	6 from lir	ne 5 Enter	here and in Part	_	ļ		
(altach schedule)					1	I, line 2			7			
b Other costs (attach schedule) 4b 5 Total Add lines 1 through 4b 5 Total Add	(attach schedule)	4a			8				ith r	espect to	Yes	No
Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (a) From personal property (fithe precinege of rent for personal property exceeds 50% or if the rent is based on profit or income) (1) 2) 3) (4) 1 Total (6) Total income Add totals of columns 2(a) and 2(b) Enter fere and on page 1, Part I, line 6, column (A) Schedule E - Unrelated Debt-Financed Income (see instructions) 1 Description of debt-financed property (1) 2) 3) (4) 4 Amount of average acquisition debt on or allocable to debt-financed property (altach schedule) (altach sche					1	property	produced	or acquired for	resa	ale) apply		
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(2)				by	colum	nn 5	(column	1 2 x column 6)		3(a) and 3((b))	
(2)	(1)					%					-	
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Part I, line 7, column (A) Part I, line 7, column (B)		<u></u>		<u> </u>					Ente	er here and o	on page	e 1,
									Par	t I, line 7, co	lumn (l	B)
	Totale											

Form **990-T** (2019)

JSA

9X2742 1 000 3530HV 2981

Schedule F - Interest, Ann	dities, Noyaitie			ntrolled Or		_=	<u>unoi is (se</u>	e man den	5113 7		
Name of controlled organization	2 Employer identification numb	iei i		ated income nstructions)	1	of specified inclu		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 Organia	zations										
7 Taxable Income	8 Net unrelated in (loss) (see instruc	1		Total of specifical		Incl	Part of columnuded in the consistency of the constant of the c	ontrolling		Deductions directly inected with income in column 10	
(1)											
(2)			_								
(3)			_								
(4)			_							-	
Totals			 (c)(7),	(9), or (17	▶ /) Orga	Ent Pa	Id columns 5 a er here and on rt I, line 8, colu	page 1, mn (A)	Ent	dd columns 6 and 11 ler here and on page 1, rt I, line 8, column (B)	
1 Description of income	2 Amount of			3 Deduction of the directly contact (attach sci	ctions nnected		4 Se	et-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)	
(1)											
(2)			_							_	
(3)	1										
(4)			T	-	_			· —		·	
Totals ▶	Enter here and Part I, line 9, c	olumn (A)		·						Enter here and on page 1 Part I, line 9, column (B)	
Schedule I - Exploited Exe	empt Activity In	come, Ot	<u>her Th</u>	<u>an Advert</u>	<u>ising Ir</u>	come	(see instru	ictions)			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Exper direct connecte production unrelate business ii	ly d with on of ed	4 Net incor from unrela or business 2 minus co If a gain, c cols 5 thre	ted trade (column lumn 3) ompute	from is no	ross income activity that of unrelated ness income	6 Exper attributa columi	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)					-			1			
(3)											
(4)	 			 	-		-	 		 	
	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, F line 10, co	Part I,			<u> </u>		J		Enter here and on page 1, Part II, line 25	
Totals				<u> </u>							
Schedule J-Advertising Ir											
Part I Income From Per	iodicals Report	ted on a C	onsol	idated Ba	SIS	1		-			
1 Name of periodical	2 Gross advertising income	3 Dire advertising	1 2		ss) (col ol 3) If mpute	ss) (col ol 3) If mpute		culation 6 Readersh come costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)									_		
(2)				<u> </u>				 	_		
(3)				<u> </u>				<u> </u>		<u> </u>	
	 -							 		 	
(4)	 							 		 	
Totals (carry to Part II, line (5))	<u></u>								-	Form 990-T (2019	

_			
orm	990-T	(2019)	

(2) (3)

(4)

Total. Enter here and on page 1, Part II, line 14.

KAISER FOUNDATION HOSPITALS

9.	4-11	0.56	28

%

age 5

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

1. Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) = ,						
(2)						
(3)	-					
(4)						
Totals from Part I ▶						
,	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)						
Schedule K - Compensation	n of Officers, D	<u> Directors, and Tr</u>	ustees (see instr		·	
1 Name		2	Title	3 Percent of time devoted to business	4 Compensation unrelated	on attributable to business

Form **990-T** (2019)

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

OMB	No	1545-0043	7

(C) Net

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning _

__ , 2019, and ending _

(A) Income

► 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 the organization 1

KAISER FOUNDATION HOSPITALS

Part I Unrelated Trade or Business Income

Employer identification number

94-1105628

(B) Expenses

Unrelated Business Activity Code (see instructions) ▶ 54 Describe the unrelated trade or business ▶ RESEARCH REVENUE

				l .		
1a	Gross receipts or sales 1,952,181.					-
	Less returns and allowances c Balance ▶	1c	1,952,181.			1
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				
С	Capital loss deduction for trusts	4c_		<u>.</u>		
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		· ·		<u> </u>
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)	l				
	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	1 241 650			
13	Total. Combine lines 3 through 12	13	1,341,658.			1,341,658.
Pa	Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income.)	ns fo	r limitations on deduction	ns) (Deductions r	nust b	e directly
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		Ji	
21	Less depreciation claimed on Schedule A and elsewhere on re	eturn	21a		21b	
22	Depletion				-	
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					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.

Unrelated business taxable income Subtract line 30 from line 29 For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

268,818.

30

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545	-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning ___

___ , 2019, 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)

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KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Unrelated Business Activity Code (see instructions) ▶ 81

Pa	t 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)	2			
3	Gross profit Subtract line 2 from line 1c	3	421,291.		421,291
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			
3	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
3	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8 _			
•	Investment income of a section 501(c)(7), (9), or (17)				.
	organization (Schedule G)	9			
)	Exploited exempt activity income (Schedule I)	10			
ı	Advertising income (Schedule J)	11			
2	Other income (See instructions, attach schedule)	12			
3	Total Combine lines 3 through 12	13	421,291.		421,291

connected with the unrelated business income)

	·		
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	1	
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)		
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)		
27	Other deductions (attach schedule)	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

Unrelated Business Taxable Income from an Unrelated Trade or Business

(A) Income

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning _ __ , 2019, 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)

(C) Net

Name of the organization

KAISER FOUNDATION HOSPITALS

Part I Unrelated Trade or Business Income

Employer Identification number

94-1105628

(B) Expenses

Unrelated Business Activity Code (see instructions) ▶ 90 Describe the unrelated trade or business ▶ REVENUE IS FROM GIFT SHOP AND MISC. REVENUE

1a	Gross receipts or sales 171,115.		- W-			1
b	Less returns and allowances c Balance ▶	1c	171,115.			
2	Cost of goods sold (Schedule A, line 7)	2	88,948.			1
3	Gross profit Subtract line 2 from line 1c	3	82,167.			82,167.
4a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E),	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8			_	
9	Investment income of a section 501(c)(7), (9), or (17)		,			
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
	Other income (See instructions, attach schedule)	12				
12			00 100			82,167.
13	Total Combine lines 3 through 12		82,167.	·	must b	
13 Par	Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income)	ns for	limitations on deductio	ns) (Deductions	_	
13 Par	Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K)	ns for	limitations on deductio	ons) (Deductions	. 14	
13 Par 14 15	Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages	ns for	limitations on deductio	ons) (Deductions	. 14	
13 Par 14 15 16	Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages	ns for	limitations on deductio	ons) (Deductions	. 14 . 15 . 16	
13 Par 14 15 16 17	Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts	ns for	limitations on deductio	ons) (Deductions	. 14 . 15 . 16 . 17	
13 Par 14 15 16 17	Deductions Not Taken Elsewhere (See Instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages	ns for	limitations on deductio	ons) (Deductions	. 14 . 15 . 16 . 17	
13 Par 14 15 16 17 18	Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts. Interest (attach schedule) (see instructions). Taxes and licenses	ns for	limitations on deductio	ons) (Deductions	. 14 . 15 . 16 . 17 . 18	
13 Par 14 15 16 17 18 19 20	Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts. Interest (attach schedule) (see instructions) Taxes and licenses Depreciation (attach Form 4562).	ns for	limitations on deductio	ons) (Deductions	. 14 . 15 . 16 . 17 . 18	
13 Par 14 15 16 17 18 19 20 21	Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts. Interest (attach schedule) (see instructions) Taxes and licenses Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on re-	ns for	limitations on deductio	ons) (Deductions	. 14 . 15 . 16 . 17 . 18 . 19	
13 Par 14 15 16 17 18 19 20 21 22	Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts. Interest (attach schedule) (see instructions). Taxes and licenses Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on red Depletion.	ns for	limitations on deductio	ons) (Deductions	. 14 . 15 . 16 . 17 . 18 . 19 . 21b	
13 Par 14 15 16 17 18 19 20 21 22 23	Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts. Interest (attach schedule) (see instructions). Taxes and licenses Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on red Depletion. Contributions to deferred compensation plans	ns for	limitations on deductio	ons) (Deductions	. 14 . 15 . 16 . 17 . 18 . 19 . 21b . 22	
13 Par 14 15 16 17 18 19 20 21 22 23 24	Deductions Not Taken Elsewhere (See Instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts. Interest (attach schedule) (see instructions). Taxes and licenses Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on reductions. Contributions to deferred compensation plans Employee benefit programs	ns for	limitations on deductio	ons) (Deductions	. 14 . 15 . 16 . 17 . 18 . 19 . 21b . 22 . 23	
13 Par 14 15 16 17 18 19 20 21 22 23 24 25	Deductions Not Taken Elsewhere (See Instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts. Interest (attach schedule) (see instructions). Taxes and licenses Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on reductions. Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I)	ns for	limitations on deductio	ons) (Deductions	. 14 . 15 . 16 . 17 . 18 . 19 . 21b . 22 . 23 . 24	
13 Par 14 15 16 17 18 19 20 21 22 23 24 25 26	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts. Interest (attach schedule) (see instructions). Taxes and licenses Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on red Depletion. Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule I)	ns for	limitations on deductio	ons) (Deductions	. 14 . 15 . 16 . 17 . 18 . 19 . 21b . 22 . 23 . 24 . 25	e directly
13 Par 14 15 16 17 18 19 20 21 22 23 24 25 26 27	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts. Interest (attach schedule) (see instructions). Taxes and licenses Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on repeletion. Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J). Other deductions (attach schedule)	ns for	limitations on deductio	ons) (Deductions	. 14 . 15 . 16 . 17 . 18 . 19 . 21b . 22 . 23 . 24 . 25 . 26	e directly
13 Par 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts. Interest (attach schedule) (see instructions). Taxes and licenses Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on redepletion. Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule J). Other deductions (attach schedule) Total deductions Add lines 14 through 27	ns for	limitations on deductio	ons) (Deductions	. 14 . 15 . 16 . 17 . 18 . 19 . 21b . 22 . 23 . 24 . 25 . 26 . 27	14,936. 14,936.
13 Par 14 15 16 17 18 19 20 21 22 23 24 25 26 27	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts. Interest (attach schedule) (see instructions). Taxes and licenses Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on repeletion. Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J). Other deductions (attach schedule)	ns for	limitations on deductio	ons) (Deductions	. 14 . 15 . 16 . 17 . 18 . 19 . 21b . 22 . 23 . 24 . 25 . 26 . 27 . 28	e directly

For Paperwork Reduction Act Notice, see instructions

Unrelated business taxable income Subtract line 30 from line 29

31 Schedule M (Form 990-T) 2019

67,231.

30

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 ____

► 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

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

_ , 20 _

94-1105628

Unrelated Business Activity Code (see instructions) ▶ 56

KAISER FOUNDATION HOSPITALS

Describe the unrelated trade or business ▶ ADMINISTRATIVE AND SUPPORT

Pai	t 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				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement) ATCH .11	5	5, <u>942,</u> 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.
14	connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K)			_ _	14	
15	Salaries and wages				15	
16	Repairs and maintenance					
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	<u> </u>
19	Taxes and licenses				19	
20	Depreciation (attach Form 4562)		1 1			- -
21	Less depreciation claimed on Schedule A and elsewhere on re		' · · · · · 		21b	
22	Depletion					
23	Contributions to deferred compensation plans	,				
24	Employee benefit programs				24	
25	Excess exempt expenses (Schedule I)				25	
26	Excess readership costs (Schedule J)				$\overline{}$	
27	Other deductions (attach schedule)					142,679.
28	Total deductions Add lines 14 through 27				28	142,679.
29	Unrelated business taxable income before net operating				29	5,795,736.
30	Deduction for net operating loss arising in tax years					
		_	-	•	ı~~ (

For Paperwork Reduction Act Notice, see instructions

Unrelated business taxable income Subtract line 30 from line 29

Schedule M (Form 990-T) 2019

5,795,736.

30

31

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMR	Nο	1545	.0047

2019

Department of the Treasury

For calendar year 2019 or other tax year beginning ______, 2019, and ending _

► Go to www irs.gov/Form9907 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

.,				C. 1100	_
Name	of	the	org	anization	1

KAISER FOUNDATION HOSPITALS

Employer identification number

94-1105628

Unrelated Business Activity Code (see instructions) ▶ 22

Describe the unrelated trade or business ▶ UTILITIES

1a Gross receipts or sales b Less returns and allowances 2 Cost of goods sold (Schedule A, line 7). 2 Cost of goods sold (Schedule A, line 7). 3 Gross profit. Subtract line 2 from line 1c. 3 Gross profit. Subtract line 2 from line 1c. 3 Gross profit. Subtract line 2 from line 1c. 3 Gross profit. Subtract line 2 from line 1c. 3 Gross profit. Subtract line 2 from line 1c. 3 Gross profit. Subtract line 2 from line 1c. 3 Gross profit. Subtract line 2 from line 1c. 3 Gross profit. Subtract line 2 from line 1c. 3 Gross profit. Subtract line 2 from line 1c. 3 Gross profit. Subtract line 2 from line 1c. 3 Gross profit. Subtract line 2 from line 1c. 3 Gross profit. Subtract line 2 from line 1c. 3 Gross profit. Subtract line 2 from line 1c. 3 Gross profit. Subtract line 2 from line 2 grows line 2	Pai	t Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
2 Cost of goods sold (Schedule A, line 7). 2 3 Gross profit Subtract line 2 from line 1c	1a	Gross receipts or sales					
3 Gross profit Subtract line 2 from line 1c	b	Less returns and allowances c Balance	æ ▶ 1c			ļ	
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 Scorporation (attach statement) ATCH, 33 5 6 Rent income (Schedule C) 6 -140, 341 -140, 341 7 Unrelated debt-financed income (Schedule E) 7	2	Cost of goods sold (Schedule A, line 7)	2				
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). c Capital loss deduction for trusts	3	Gross profit Subtract line 2 from line 1c	3 _				
C Capital loss deduction for trusts 4c	4a	Capital gain net income (attach Schedule D)	4a				
Income (loss) from a partnership or an S corporation (attach statement)	b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
Statement ATCH_13 5	С	Capital loss deduction for trusts	4c				
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 -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 Bad debts. 17 18 Interest (attach schedule) (see instructions). 18 19 Depreciation (attach Form 4562). 20 20	5	Income (loss) from a partnership or an S corporation (attack	ch				
Total. Combine lines 3 through 12		statement) ATCH 13	5	-140,341.			-140,341.
8 Interest, annuities, royalities, and rents from a controlled organization (Schedule F)	6	Rent income (Schedule C)	6				
organization (Schedule F)	7	Unrelated debt-financed income (Schedule E)	7				
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. 14 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). 15 Salaries and wages. 16 Repairs and maintenance. 16 Bad debts. 17 Interest (attach schedule) (see instructions). 18 Interest (attach schedule) (see instructions). 19 Taxes and licenses 19 Depreciation (attach Form 4562). 20 Less depreciation claimed on Schedule A and elsewhere on return. 21 Less depreciation claimed on Schedule A and elsewhere on return.	8	Interest, annuities, royalties, and rents from a controlled					
organization (Schedule G)		organization (Schedule F)	8				
Exploited exempt activity income (Schedule I)	9	Investment income of a section 501(c)(7), (9), or (17)	- 1	ľ			
11 Advertising income (Schedule J) 11 12 Other income (See instructions, attach schedule) 12 13 Total. Combine lines 3 through 12 13 14 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		organization (Schedule G)	9				
Other income (See instructions, attach schedule)	10	Exploited exempt activity income (Schedule I)	10				
Total. Combine lines 3 through 12	11	Advertising income (Schedule J)	11				
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)	12	Other income (See instructions, attach schedule)	12_				
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 19 20 19 21 Less depreciation claimed on Schedule A and elsewhere on return 21a 21b	13	Total. Combine lines 3 through 12	<u></u> 13	-140,341.			-140,341.
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		connected with the unrelated business income	:)				e directly
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							
17 Bad debts. 17 18 Interest (attach schedule) (see instructions) 18 19 Taxes and licenses 19 20							
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		•					
19 Taxes and licenses					ľ		
20 Depreciation (attach Form 4562)					í		
21 Less depreciation claimed on Schedule A and elsewhere on return				1 1		19	
· · · · · · · · · · · · · · · · · · ·				1 1			
		•				-	
22 Depletion			•				
Contributions to deferred compensation plans		·			ŀ		
Employee benefit programs					l		
25 Excess exempt expenses (Schedule I)							
26 Excess readership costs (Schedule J)					l		
Other deductions (attach schedule)		•			ľ		
Total deductions. Add lines 14 through 27		-			1		-140 341
		uniterated dusiness taxable income before net operat	urra ioss	deduction Subtract line	Zo nom ine 13 (29	130,031.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	Jυ	Deduction for not exercting loss areas in the	_	ning on or ofter lenies	0, 1 2010 /000		
31 Unrelated business taxable income Subtract line 30 from line 29 ATCH 14			ars begin	•	• • •	30	

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB	Nο	154	5-00	47

2019

Department of the Treasury
Internal Revenue Service

For calendar year 2019 or other tax year beginning ______, 2019, 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 501(c)(3) Organizations Only

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

Par	t 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				
С	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				
12	Other income (See instructions, attach schedule)	12.				
12 13	Total. Combine lines 3 through 12	13	-51,524.		must b	-51,524.
12 13	Total. Combine lines 3 through 12	13 ons for	limitations on deductio	ns) (Deductions	14	
12 13 Pa	Total. Combine lines 3 through 12	13 ons for	limitations on deductio	ns) (Deductions	14	
12 13 Pa 14 15	Total. Combine lines 3 through 12)	limitations on deductio	ns) (Deductions	14 15 16	
12 13 Pa 14 15 16	Total. Combine lines 3 through 12)	limitations on deductio	ns) (Deductions	14 15 16 17	
12 13 Pa 14 15 16 17	Total. Combine lines 3 through 12)	limitations on deductio	ns) (Deductions	14 15 16 17 18	
12 13 Pa 14 15 16 17 18	Total. Combine lines 3 through 12)	limitations on deductio	ns) (Deductions	14 15 16 17 18	
12 13 Pa 14 15 16 17 18 19	Total. Combine lines 3 through 12)	limitations on deductio	ns) (Deductions	14 15 16 17 18	
12 13 Pa 14 15 16 17 18 19 20	Total. Combine lines 3 through 12	13 ons for	limitations on deductio	ns) (Deductions	14 15 16 17 18 19 21b	
12 13 Pa 14 15 16 17 18 19 20 21	Total. Combine lines 3 through 12)	limitations on deductio	ns) (Deductions	14 15 16 17 18 19 	
12 13 Pa 14 15 16 17 18 19 20 21 22	Total. Combine lines 3 through 12)	limitations on deductio	ns) (Deductions	14 15 16 17 18 19 	
12 13 Pa 14 15 16 17 18 19 20 21 22 23	Total. Combine lines 3 through 12	13 ons for eturn	limitations on deduction	ns) (Deductions	14 15 16 17 18 19 21b 22 23 24 25	
12 13 Pa 14 15 16 17 18 19 20 21 22 23 24	Total. Combine lines 3 through 12	13 ons for eturn	limitations on deduction	ns) (Deductions	14 15 16 17 18 19 21b 22 23 24 25	
12 13 Pa 14 15 16 17 18 19 20 21 22 23 24 25	Total. Combine lines 3 through 12	13 ons for eturn	limitations on deduction	ns) (Deductions	14 15 16 17 18 19 21b 22 23 24 25 26	
12 13 Pa 14 15 16 17 18 19 20 21 22 23 24 25 26	Total. Combine lines 3 through 12)	limitations on deductio	ns) (Deductions	14 15 16 17 18 19 21b 22 23 24 25 26 27	e directly
12 13 Pa 14 15 16 17 18 19 20 21 22 23 24 25 26 27	Total. Combine lines 3 through 12	13 ons for	20 21a deduction Subtract line	ns) (Deductions	14 15 16 17 18 19 21b 22 23 24 25 26 27	
12 13 Pa 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	Total. Combine lines 3 through 12	ons for	20 21a deduction Subtract line uning on or after Januar	ns) (Deductions	14 15 16 17 18 19 21b 22 23 24 25 26 27 28	e directly
12 13 Pa 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29	Total. Combine lines 3 through 12	ons for	20 21a deduction Subtract line aning on or after Januar	ns) (Deductions	14 15 16 17 18 19 21b 22 23 24 25 26 27 28	e directly

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.

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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)
•	

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)
TOTAL	(23,170,900)

ATTACHMENT 2

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

DIRECT EXPENSES - KPV B & D
PORTFOLIO DEDUCTION
INVESTMENT MGMT SERVICE EXP - KPV B & D & F

127,270. 1,857,547. 1,880,666.

PART II - LINE 27 - OTHER DEDUCTIONS

3,865,483.

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	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	<u>-</u>		<u> </u>	11,838,815		11,838,815
TOTAL	11,838,815	-	-	-	11,838,815	_	11,838,815

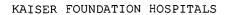
KAISER FOUNDATION HOSPITALS 94-1105628 12/31/2019

ATTACHMENT 6

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

PANTHEON GLOBAL HO FUND LP

(610,523)



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Α	TT.	ACHM	ENT	7	

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

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

PART II - LINE 28 - OTHER DEDUCTIONS

1,072,840.

KAISER FOU	NDATION	HOSPITALS
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ATTACHMENT	9		

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

ACCOUNTING FEES

10,122.

PART II - LINE 28 - OTHER DEDUCTIONS

10,122.

3530HV 2981

V 19-7.1F

KAISER	FOUNDATION	HOSPITALS
LATSEL	LOONDATION	MOSETIMES

ATTACHMENT 10

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

T 2 TO	TOMB	DOLLADAMACNI	TO COTEST O
ĸΑ	1.5 F.K	FOUNDATION	BOSELIAPS

ATTACHMENT	12	

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)

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

OMB No 1545-0123

Department of the Treasury Internal Revenue Service Name

▶ Go to www irs gov/Form1120 for instructions and the latest information

Employer identification number

KAIS	SER FOUNDATION HOSPITALS					94-1105628
	ne corporation dispose of any investment(s) in a s," attach Form 8949 and see its instructions for			-	[s	Yes X No
Part					_	
	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 or loss from For 8949, Part I, line column (g)	n(s)	(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.					
1 b	Totals for all transactions reported on Form(s) 8949 with Box A checked			į		
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 3	7		4	
5	Short-term capital gain or (loss) from like-kind excha	nges from Form 8824			5	
6	Unused capital loss carryover (attach computation)				6	()
	Net short-term capital gain or (loss) Combine lines			<u> </u>	7	-3,962,713.
Part		(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 or loss from Form 8949, Part II, In-	n(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	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.			Coldinii (g)		the result with column (g)
	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 F	Form 6252, line 26 or 37	7		12	764,226.
13	Long-term capital gain or (loss) from like-kind exchar	nges from Form 8824			13	
14	Capital gain distributions (see instructions)				14	
15 Part	Net long-term capital gain or (loss) Combine lines 8	a through 14 in column	h	<u></u>	15	18,049,948.
r ar i	- Cammary Orralts rand ii			_	Τ	T
16	Enter excess of net short-term capital gain (line 7) of	ver net long-term capita	l loss (line 15)		16	14,087,235.
17	Net capital gain. Enter excess of net long-term capit	tal gain (line 15) over a	at chart-term conital la	nee /line 7\	47	14,007,233.
17 18					17	14,087,235.
10	Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns					

For Paperwork Reduction Act Notice, see the Instructions for Form 1120 JSA 9E18011000 3530HV 2981

V 19-7.1F

Schedule D (Form 1120) 2019

Form 8949

Sales and Other Dispositions of Capital Assets

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

OMB No 1545-0074

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No

Name(s) shown on return				Social sec	curity number or	taxpayer Identificat	ion number
KAISER FOUNDATION HOSPITALS				94-1105628			
Before you check Box A, B, or C below, statement will have the same informat broker and may even tell you which bo.	on as Form 10	_			, , .		
Part I Short-Term. Transac instructions) For long				1 year or less	are general	lly short-term (see
Note: You may aggre reported to the IRS a Schedule D, line 1a	and for which	h no adjustr	nents or codes	are required	Enter the to	otals directly or	1
You must check Box A, B, or C be complete a separate Form 8949, for one or more of the boxes, corr	page 1, for e	ach applicab	le box If you ha	ve more short	-term transac		
(A) Short-term transactions (B) Short-term transactions (X) (C) Short-term transactions (C)	reported on F	orm(s) 1099	-B showing basis			e Note above)	
1 (a)	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an a	any, to gain or loss amount in column (g), de in column (f) arate instructions	(h) Gain or (loss) Subtract column (e)
Description of property (Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of (Mo , day, yr)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
SHORT TERM CAPITAL GAIN	VAR	VAR	-3,962,713				-3,962,713
			•••••••••••				
		_					
					-		-

	<u> </u>						
						_	
					!		
	-	_			-		
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 1b (if Box A above	here and inc	lude on your	-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. JSA 9x2615 2 000 3530HV 2981

above is checked), or line 3 (if Box C above is checked)

Form **8949** (2019)

		_
om 8949 (2019)	Attachment Sequence No. 12A	Page 2

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

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

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

(a) Description of property (Example 100 sh XYZ Co)	(Mo. day vr.)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales pnce) (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
					(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
LONG TERM CAPITAL GAIN	VAR	VAR	12,416,973				12,416,973
							<u>-</u> _
							
					<u> </u>		
, <u> </u>							
							
				<u> </u>			
							<u> </u>
Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 8b (if Box D above)	here and inclu	ide on your					
above is checked), or line 10 (if Box			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

Form 8949 (2019)



SCHEDULE D (Form 1120)

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,

OMB No 1545-0123

Department of the Treasury Internal Revenue Service

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 Employer identification number KAISER FOUNDATION HOSPITALS 94-1105628 Yes X No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss Short-Term Capital Gains and Losses (See instructions) (h) Gain or (loss) See instructions for how to figure the amounts to enter on (g) Adjustments to gain the lines below or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales price) the result with column (g) column (g) whole dollars 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 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h Part II Long-Term Capital Gains and Losses (See instructions See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (e) the lines below or loss from Form(s) Subtract column (e) from Proceeds Cost 8949. Part II. line 2. column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) the result with column (g) whole dollars column (g) 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 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Enter gain from Form 4797, line 7 or 9 -3,882.Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 Capital gain distributions (see instructions) -3,882.

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

Note if losses exceed gains, see Capital Losses in the instructions

Part III Summary of Parts I and II

Schedule D (Form 1120) 2019

18

17

Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)

Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)

Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns



SCHEDULE D (Form 1120)

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

Department of the Treasury Internal Revenue Service 2019

OMB No 1545-0123

Employer identification number KAISER FOUNDATION HOSPITALS 94-1105628 Yes X No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss Short-Term Capital Gains and Losses (See instructions) (h) Gain or (loss) (g) Adjustments to gain See instructions for how to figure the amounts to enter or the lines below or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) column (g) the result with column (g) whole dollars 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 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h. Part II Long-Term Capital Gains and Losses (See instructions (h) Gain or (loss) See instructions for how to figure the amounts to enter on (g) Adjustments to gain Subtract column (e) from the lines below or loss from Form(s) Proceeds Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) column (g) the result with column (g) whole dollars 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 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 with Box F checked 10,612. 10,612. Enter gain from Form 4797, line 7 or 9 7,967. Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 13 Capital gain distributions (see instructions) 15 18,579. Part III Summary of Parts I and II Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 18,579. Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7). . . . 18,579. 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

ACTIVITY 53

8949

Sales and Other Dispositions of Capital Assets

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

OMB No 1545-0074

Attachment

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

Sequence No.

Department of the Treasury Internal Revenue Service Name(s) shown on return Social security number or taxpayer identification number KAISER FOUNDATION HOSPITALS 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 hox to check 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 Adjustment, if any, to gain or loss 1 If you enter an amount in column (g) (e) (h) enter a code in column (f) Cost or other basis Gain or (loss) (c) (d) See the Note below See the separate instructions Date sold or Proceeds Subtract column (e) Description of property Date acquired and see Column (e) disposed of (sales price) from column (d) and (Example 100 sh XYZ Co.) (Mo, day, yr) (q) in the separate (Mo, day, yr) (see instructions) combine the result Code(s) from instructions Amount of with column (q) instructions adjustment

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

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)

Form 8949 (2019)

	444	_ ^
m 8949 (2019)	Attachment Sequence No. 12A	Page 2

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

Fo

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)

١	í ou	must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete
á	a se	parate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or
r	nore	e 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
	Χ	(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e)	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
(Example 100 sh XYZ Co)	(Mo , day, yr)	(Mo , day, yr)	(see instructions)	in the separate	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
LONG TERM CAPITAL GAIN	VAR	VAR	10,612				10,612
		<u> </u>					
	<u> </u>						
		:					
	ļ						
						В	
							
	_						
2 Totals Add the amounts in column negative amounts) Enter each to Schedule D, line 8b (if Box D abort	tal here and inclive is checked), line	ude on your 9 (if Box E	10,612				10,612
above is checked), or line 10 (if E	ox F above is ch	ecked) 🕨	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

Form 8949 (2019)

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