Forn	, 990-Т	E	L	OMB No 1545-0687						
		For ca	(a) lendar year 2018 or other tax yea	nd proxy tax unde	er se	ction 6033( and end	• • •			2018
Dene	ertment of the Treasury	'		.irs.gov/Form990T for in	structio	<del></del>	·	ation.	_	
	nal Revenue Service	•	Do not enter SSN number	rs on this form as it may	be ma	de public if you	r organiza	tion is a 501(c)(3).	50	pen to Public Inspection for 01(c)(3) Organizations Only
A	Check box if address changed		Name of organization (	Check box if name c	hanged	and see instruc	tions.)		(Employ- instruct	er identification number yees' trust, see tions)
B 8	exempt under section	Print	HENRY J. KA	ISER FAMILY	FOU	NDATION	V		94	-6064808
X	[] 501( <b>c<u>∳</u>(3</b> )	or	Number, street, and room					-	E Unrelate (See ins	ed business activity code
	408(e) 220(e)	Туре	185 BERRY ST							
	408A 530(a) 529(a)		City or town, state or prov			n postal code			9000	99
C Bo	ook value of all assets end of year	<b>.</b>	F Group exemption numb		<u> </u>				<del>                                      </del>	
	665,775,6	5,775,628. G Check organization type > 501(c) corporation X 501(c) trust 401(a) trus								Other trust
		-	tion's unrelated trades or b		5			the only (or first) un		
	•		RTNERSHIP IN					complete Parts I-V.		
		-	ce at the end of the previou	us sentence, complete Pa	rts I and	d II, complete a	Schedule	M for each addition	al trade o	r
	usiness, then complete		-v. oration a subsidiary in an a	offiliated group or a parer	nt-cubeu	diany controlled	aroup?		Yes	X No
			tifying number of the paren		it-subsi	ulally controlled	group		165	[21] 140
			LIZABETH CA				Telepho	one number 🕨 (	650)	854-9400
Pa	art I Unrelated	d Trac	de or Business Inc	ome		(A) Inco	me	(B) Expenses		(C) Net
1 a	Gross receipts or sale	es								
b				c Balance	1c				-	
2	Cost of goods sold (S				2			<del>,</del>		
3	Gross profit. Subtract Capital gain net incon				3 4a	455,	765		· +	455,765.
4a b		•	art II, line 17) (attach Form	ı 4797)	4b	433,	,03.			433,703.
c		•	. , ,	,	4c			•	1	
5	•		ship or an S corporation (at	tach statement)	5	65,	553.	STMT 2	21	65,553.
´ 6	Rent income (Schedu	le C)	,	•	6					
7	Unrelated debt-financ	ed incor	ne (Schedule E)		7					
8			nd rents from a controlled o	•	8					
9			on 501(c)(7), (9), or (17) or	rganization (Schedule G)	9					
10	Exploited exempt acti	-	, ,		10					
11 12	Advertising income (See in:		·	ATEMENT 22	11 12	376,	460.		-	376,460.
13	Total, Combine lines		,		13	897,		· · · · · · · · · · · · · · · · · · ·		897,778.
_	art II Deductio	ns No	t Taken Elsewher	e (See instructions fo	or limita	tions on dedu	ictions.)			
	(Except for	contrib	utions, deductions must	be directly connected	with the	he unrelated b	ousiness	income.)		
14	•	icers, di	rectors, and trustees (Sche	dule K)					14	
15	Salaries and wages								15	
16	Repairs and mainten	nance							16	
17 18	Bad debts Interest (attach sche	idula) (c	ee instructions)						17	
19	Taxes and licenses	iddie) (s	ee matructions)	DECE	=1\ /E				19	49,409.
20		ons (Se	e instructions for limitation	RECE STATEME	NT	25_SEE	STAT	EMENT 23	20	283,648.
21	Depreciation (attach	•		g .	7	M	21			
22	Less depreciation cla	aimed o	n Schedule A and elsewhere	eon Am NOV 2	1,20	)19   있2	22a		22b	
23	Depletion			<u> </u>		- SS			23	
24	Contributions to defe		mpensation plans	OGDE	N. I				24	
25	Employee benefit pro	•	ahadula IX			<u></u>			25	
26 27	Excess exempt expe Excess readership of	•	•						26 27	<del></del>
28	Other deductions (at	•	•			SEE	STAT	EMENT 24	28	417,936.
29	Total deductions. A		•			<del>-</del>		<b></b>	29	750,993.
30			ncome before net operating	loss deduction. Subtrac	t line 29	from line 13			30	146,785.
31			loss arısıng ın tax years beç				tions)		31	
32	Unrelated business t	taxable ı	ncome. Subtract line 31 fro	m line 30				<del> </del>	32	146,785.
8237	01 01-09-19 LHA F	or Paper	work Reduction Act Notice	, see instructions.				- 22		Form <b>990-T</b> (2018)

Form 990-	(2018) HENRY J. KAISER FAMILY FOUNDATION	94-606	4000	Page Z
Part	II Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see inst	ructions)	33	639,766.
34	Amounts paid for disallowed fringes		34	137,863.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instruction	s)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34		36	<u>77</u> 7,629.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			
-	enter the smaller of zero or line 36		38	776,629.
Part				<del></del>
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	<b>&gt;</b>	39	<u> </u>
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on lin	•		
	Tax rate schedule or X Schedule D (Form 1041)	<b>•</b>	40	282,358.
41	Proxy tax. See instructions		41	
42	Alternative minimum tax (trusts only)	•	42	
43	Tax on Noncompliant Facility Income. See instructions		43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	282,358.
Part '			1 77 1	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  45a	28,705.	T I	
b			1	
	General business credit. Attach Form 3800 456	500	1	
۰	45, 40, 45, 6004, 6007)		1	
d e		31 32/3011	45e	62,369.
46	Subtract line 45e from line 44		46	219,989.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	Other (attach schedule)	47	223,303.
48	Total tax. Add lines 46 and 47 (see instructions)	Other (attach schedule)	48	219,989.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
	Payments: A 2017 overpayment credited to 2018	.	"	
			1	
b	Tax deposited with Form 8868 500		1	
	Foreign organizations; Tax paid or withheld at source (see instructions)  500		1	
	Backup withholding (see instructions)  500		†	
		<del></del>	1	
f		<u> </u>	1	
9	Form 4136 Other Total 50	.		
E4	Total payments. Add lines 50a through 50g	<u> </u>	51	213,000.
51 52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed STATEM	IENT 26 ▶	53	6,989.
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	Refunded	55	
Part '		see instructions)	1 00 1	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other			Yes No
•	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	•		1
	FINCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign			
	here MAURITIUS	,,		x
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transfe	ror to, a foreign trust?		x
•	If "Yes," see instructions for other forms the organization may have to file.	, o. 10, ± 10.10.g., 1.10.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year			1
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemen	ts, and to the best of my knowle	dge and beli	ef, it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has a			
Here	L / Schett C . Can   11/14/2019 L CFO		•	iscuss this return with hown below (see
	Signature of officer Dat Title			X Yes No
	Print/Type preparer's name Preparer's signature Date	Check	f PTIN	
Paid		self- employed	"	
	TRACY S. PAGLIA TRACY S. PAGLIA 11/1		P0	0366884
Prepa Use (	A MOGG ADAMG TIP	Firm's EIN ▶		-0189318
USE (	3121 W MARCH LN, STE 200			
	Firm's address ► STOCKTON, CA 95219-2367	Phone no. 2	09-9	55-6100
	1-09-19			Form <b>990-T</b> (2018)

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory valuation	► N/A				_
1 Inventory at beginning of year	1 1		т	y at end of year	r		6	
2 Purchases	2		7 Cost of	goods sold. Su	btract I	ine 6		_
3 Cost of labor	3			e 5. Enter here :				
4a Additional section 263A costs			line 2				7	
(attach schedule)	4a		_ 8 Dother	ules of section	263A (\	with respect to	Yes N	lo
b Other costs (attach schedule)	4b		property	produced or a	cquired	for resale) apply to	<u>  _</u>	لــ
5 Total. Add lines 1 through 4b	5			nization?				
Schedule C - Rent Income ( (see instructions)	From Real I	Property and	Personal F	Property L	ease	d With Real Prop	erty) 	
1. Description of property								
(1)								
(2)								
(3)		- <u>-</u>						
(4)								
	<u>.</u>	ed or accrued				2/a) Deductions directly	connected with the income in	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	and personal proper personal property ex nt is based on profit	ceeds 50% or if	ge	columns 2(a) an	nd 2(b) (attach schedule)			
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.	l		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	(A)	<b>•</b>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b> 0	<u>).</u>
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)				· · ·	
			2. Gross in	come from	3. Deductions directly connected with or allocable to debt-financed property			
1. Description of debt-fir	nanced property		or allocab	2. Gross income from or allocable to debt-financed property		Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)		_	ĺ					
(2)						-		_
(3)				_				
(4)								$\equiv$
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis adjusted basis nced property n schedule)	6. Column by colu			7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of column 3(a) and 3(b))	
(1)				%				
(2)		-		%				
(3)				%				
(4)				%				
						inter here and on page 1, Part i, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Totals				•		0	. 0	<u>).</u>
Total dividends-received deductions in	icluded in column	18		-				<u> </u>
							Form <b>990-T</b> (20	18)

			Exempt Controlled Organizations								
Name of controlled organizate	Ide	Employer entification number		unrelated income see instructions)		al of specified nents made	include	of column 4 t id in the contro ition's gross in	olling	6. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)							ĺ				
Ionexempt Controlled Organiz	zations		•								
7. Taxable Income	8. Net unrelated ii (see instruc		9. Total	of specified payn made	nents	10. Part of colur in the controlli gross	nn 9 that ng organi income	is included zation's		luctions directly connected income in column 10	
(1)											
(2)		-			ĺ						
(3)	-			•							
(4)											
			•			Add colum Enter here and line 8, c		1, Part I,	Enter he	d columns 6 and 11 are and on page 1, Part I, one 8, column (B)	
<b>Totals</b>					•			0.		0	
Schedule G - Investmer (see instr		a Section	n 501(c)(7	'), (9), or ('	17) Org	janization					
1. Descr	ription of income			2. Amount of	income	3. Deduction directly conne (attach sched	cted	4. Set-a (attach se	isides chedule)	5. Total deductions and set-asides (col 3 plus col 4)	
(1)											
(2)											
(3)											
(4)											
				Enter here and o Part I, line 9, co		,	•		_	Enter here and on page Part I, line 9, column (B)	
lotals .			<b>&gt;</b>		0.				_	0	
Schedule I - Exploited I	-	ity Incom	ne, Other	Than Adv	ertisin	g Income					
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly with p of u	Expenses y connected production in elated ess income	4. Net incomfrom unrelated business (cominus column gain, compute through	trade or lumn 2 i 3) If a cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribute colun	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)					Ī						
(3)											
(4)	Enter here and on page 1, Part I, line 10, col (A)	page line 1	nere and on e 1, Part I, i0, col (B)					,		Enter here and on page 1, Part II, line 26	
Totals		) • <u> </u>	<u> </u>			-				.] 0	
Schedule J - Advertisir Part I Income From F				solidated	Basis	<u>.</u>					
1. Name of periodical	2. Gro advertis incom	ing a	3. Direct divertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, comput	5. Circulat		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)											
(2)				7							
(3)				7			1			-	
(4)											
1				+		1				<del></del>	
Totals (carry to Part II, line (5))	<b>•</b>	0.	0	•						0 Form <b>990-T</b> (201	

# Part III 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	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	▶	0.	0.	,	_		0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		•	•	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.			•	0.

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

	1. Name	,	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)				%	
(2)				%	
(3)				%	
(4)				%	
Total. Enter here and on pag	e 1, Part II, line 14			<b>&gt;</b>	0.

Form 990-T (2018)

#### SCHEDULE I (Form 1041)

Department of the Treasury

Internal Revenue Service

#### **Alternative Minimum Tax - Estates and Trusts**

Attach to Form 1041.

► Go to www.irs.gov/Form1041 for instructions and the latest information.

OMB No 1545-0092

2018

Employer identification number 94-6064808 HENRY J. KAISER FAMILY FOUNDATION Part I | Estate's or Trust's Share of Alternative Minimum Taxable Income 777,629. 1 1 Adjusted total income or (loss) (from Form 1041, line 17) 2 2 Interest 3 3 Taxes Reserved for future use 5 5 Refund of taxes Depletion (difference between regular tax and AMT) 6 Net operating loss deduction. Enter as a positive amount 7 7 Interest from specified private activity bonds exempt from the regular tax 8 9 Qualified small business stock (see instructions) Exercise of incentive stock options (excess of AMT income over regular tax income) 10 10 Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A) 11 11 12 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6) Disposition of property (difference between AMT and regular tax gain or loss) 13 13 14 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) 14 15 Passive activities (difference between AMT and regular tax income or loss) 15 Loss limitations (difference between AMT and regular tax income or loss) 16 16 Circulation costs (difference between regular tax and AMT) 17 17 Long-term contracts (difference between AMT and regular tax income) 18 Mining costs (difference between regular tax and AMT) 19 19 Research and experimental costs (difference between regular tax and AMT) 20 20 Income from certain installment sales before January 1, 1987 21 21 Intangible drilling costs preference 22 23 Other adjustments, including income-based related adjustments 23 24 Alternative tax net operating loss deduction (See the instructions for the limitation that applies.) 24 629 777 Adjusted alternative minimum taxable income. Combine lines 1 through 24 25 Note: Complete Part II below before going to line 26. N/A 26 Income distribution deduction from Part II, line 44 N/A 27 Estate tax deduction (from Form 1041, line 19) 28 28 Add lines 26 and 27 777,629. 29 29 Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25 If line 29 is: \$24,600 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't liable for the alternative minimum tax. Over \$24,600, but less than \$180,300, go to line 45. • \$180,300 or more, enter the amount from line 29 on line 51 and go to line 52 N/A Part II Income Distribution Deduction on a Minimum Tax Basis 30 30 Adjusted alternative minimum taxable income (see instructions) 31 31 Adjusted tax-exempt interest (other than amounts included on line 8) 32 Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0-32 33 Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes (from Form 1041, Schedule A, line 4) 33 34 Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions) 34 Capital gains computed on a minimum tax basis included on line 25 35 36 Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount 36 Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0-37 37 Income required to be distributed currently (from Form 1041, Schedule B, line 9) 38 38

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

42 Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40

41 Tax-exempt income included on line 40 (other than amounts included on line 8)

Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)

Schedule I (Form 1041) (2018)

39

40

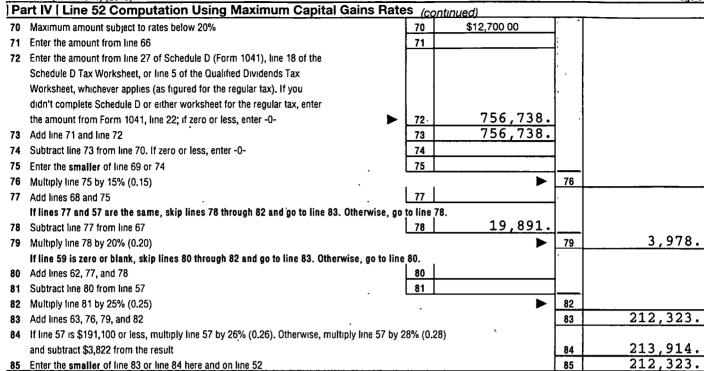
41

40

Total distributions, Add lines 38 and 39

Sche	dule   (Form 1041) (2018) HENRY J. KAISER FAMILY FOUNDA	9 <u>4</u>	-6064808 Page 2		
	rt III Income Distribution Deduction on a Minimum Tax Basis			N/Z	A
43	Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line 3	37.			
	If zero or less, enter -0-			43	
44	Income distribution deduction on a minimum tax basis. Enter the smaller of line 42 or line	43.			
	Enter here and on line 26			44	
Pa	rt III   Alternative Minimum Tax				<del> </del>
45	Exemption amount			45	\$24,600.00
46	Enter the amount from line 29	46	<u></u>	] `	
47	Phase-out of exemption amount	47	\$81,900.00	J 1	
48	Subtract line 47 from line 46. If zero or less, enter -0-	48			
49	Multiply line 48 by 25% (0.25)			49	
50	Subtract line 49 from line 45. If zero or less, enter -0-			50	
51	Subtract line 50 from line 46			51	777,629.
52	Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or ha	as a gair	on lines 18a and 19	·	
	of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwis	se, if line	51 is -		
	• \$191,100 or less, multiply line 51 by 26% (0.26).			<u>  </u>	
	● Over \$191,100, multiply line 51 by 28% (0.28) and subtract \$3,822 from the result			52	212,323.
53	Alternative minimum foreign tax credit (see instructions)	53			
54	Tentative minimum tax. Subtract line 53 from line 52	54	212,323.		
55	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Sched	55	253,653.		
56	Alternative minimum tax. Subtract line 55 from line 54. If zero or less, enter -0 Enter here				
	Form 1041, Schedule G, line 1c			56 ·	0.
Pa	rt IV   Line 52 Computation Using Maximum Capital Gains Rate	es			
	Caution: If you didn't complete Part V of Schedule D (Form 1041), the Schedule D Tax Work	ksheet,			•
	or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the instruct	ions			
	before completing this part.				
57	Enter the amount from line 51 .			57	777,629.
58	Enter the amount from Schedule D (Form 1041), line 26, line 13 of the Schedule D Tax			ľΊ	
	Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for				
	Form 1041, whichever applies (as refigured for the AMT, if necessary)	58	19,891.	4 l	
59	Enter the amount from Schedule D (Form 1041), line 18b, column (2)			1 1	
	(as refigured for the AMT, if necessary). If you didn't complete			1 1	
	Schedule D for the regular tax or the AMT, enter -0-	59		- 1	
60	If you didn't complete a Schedule D Tax Worksheet for the regular tax or the	1		1 1	
	AMT, enter the amount from line 58. Otherwise, add lines 58 and 59 and enter			1 1	
	the smaller of that result or the amount from line 10 of the Schedule D Tax				
	Worksheet (as refigured for the AMT, if necessary)	60	19,891.	-	
61	Enter the smaller of line 57 or line 60			61	19,891.
62	Subtract line 61 from line 57			62	757,738.
63	If line 62 is \$191,100 or less, multiply line 62 by 26% (0.26). Otherwise, multiply line 62 by				000 045
	28% (0.28) and subtract \$3,822 from the result			63	208,345.
64	Maximum amount subject to the 0% rate	64	\$2,600.00	-	
65	Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D			1	
	Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions				,
	for Form 1041, whichever applies (as figured for the regular tax). If you didn't		•1		
	complete Schedule D or either worksheet for the regular tax, enter the amount				
	from Form 1041, line 22; if zero or less, enter -0-	4 1			
66	Subtract line 65 from line 64. If zero or less, enter -0-	66_	0.	վ,	
67	Enter the smaller of line 57 or line 58	67_	19,891.	4	
68	Enter the <b>smaller</b> of line 66 or line 67. This amount is taxed at 0%	68	10 001	-	
69	Subtract line 68 from line 67	69	19,891.	1 1	
81986	32 12-13-18			Sc	hedule I (Form 1041) (2018)

Schedule I (Form 1041) (2018)



819863 12-13-18

#### **SCHEDULE D** (Form 1041)

### **Capital Gains and Losses**

▶ Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

► Go to www.irs.gov/F1041 for instructions and the latest information.

OMB No. 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust

Employer identification number

HENRY	J.	KAISER	<b>FAMILY</b>	FOUNDATION

94-6064808

	Form 5227 filers need to complete only Parts I and II.  rt I Short-Term Capital Gains and Losses-Gene	erally Assets He	eld One Year or	Less (See	instr	uctions)
	structions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g)		(h) Gain or (loss)
	orm may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	Adjustmen to gain or loss Form(s) 8949, line 2, columi	from Part I,	Subtract column (e) from column (d) and combine the result with column (g)
1 a	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					
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 or (loss) from Forms 4684, 6252, 6781, and 8824	<b>,</b>			4	
5	Net short-term gain or (loss) from partnerships, S corporations, and other	r estates or trusts	SEE STATEM	MENT 38	5	435,874.
6	Short-term capital loss carryover. Enter the amount, if any, from line 9 of $$	the 2017 Capital Loss				
	Carryover Worksheet				6	()
7	Net short-term capital gain or (loss). Combine lines 1a through 6 in colu	ımn (h). Enter here and	d on line 17,			
	column (3) on page 2	7	435,874.			
Pa	rt II Long-Term Capital Gains and Losses-Gene	erally Assets He	eld More Than C	ne Year (S	ee ir	nstructions)
	structions for how to figure the amounts to enter on the lines below.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmen to gain or loss Form(s) 8949, l	from Part II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
		-		line 2, column	1 (9)	with column (g)
8 a	Totals for all long-term transactions reported on Form 1099-B for			ĺ	. '	
	which basis was reported to the IRS and for which you have no			į		
	adjustments (see instructions). However, if you choose to report all			}		
	these transactions on Form 8949, leave this line blank and go to line 8b					
8 Ь	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			ļ		
10	Totals for all transactions reported on Form(s) 8949 with					
	Box F checked	<u> </u>	<u> </u>	l		
11	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and	1 8824			11	
12	Net long-term gain or (loss) from partnerships, S corporations, and other	estates or trusts	SEE STATEM	MENT 39	12	19,891.
13	Capital gain distributions				13	
14	Gain from Form 4797, Part I				14	
15	Long-term capital loss carryover. Enter the amount, if any, from line 14 of	f the 2017 Capital Loss	;			
	Carryover Worksheet				15	· ·
16	Net long-term capital gain or (loss). Combine lines 8a through 15 in col	umn (h). Enter here an	d on line 18a,			
	column (3) on page 2	· ·			16	19,891.
	to at to I HA. For Pananuark Reduction Act Notice, see the Instruction	for Form 10/1			ab adul	In D /Form 1041\ 2018

Schedule D (Form 1041) 2018

Schedule D (Form 1041) 2018 HENRY J. KAIS	ER FAMILY FOUND	OITA	N		94-60	64808 Page 2
Part III Summary of Parts I and II			(1) Beneficiaries'		Estate's trust's	(3) Total
Caution: Read the instructions before com	pleting this part.	42			5,874	. 435,874.
17 Net short-term gain or (loss)		17		43	5,674	433,074.
18 Net long-term gain or (loss):		ا ۱۰۰		1	0 001	10 001
a Total for year		18a			9,891	19,891.
<b>b</b> Unrecaptured section 1250 gain (see line 18 of the work	sheet)	18b				
c 28% rate gain	_	18c		4.5	- 765	455 765
19 Total net gain or (loss). Combine lines 17 and 18a	•	19			5,76 <u>5</u>	
Note: If line 19, column (3), is a net gain, enter the gain o	on Form 1041, line 4 (or Form 9	90-T, F	Part I, line 4a) If lines	18a an	d 19, colu	mn (2), are net gaıns,
go to Part V, and don't complete Part IV If line 19, colur Part IV Capital Loss Limitation	nn (3), is a net loss, complete F	art IV a	ind the Capital Loss C	arryover	WOIKSHEE	t, as necessary
20 Enter here and enter as a (loss) on Form 1041, line 4 (or	Form 990-T, Part I, line 4c, if a tri	ist), the	smaller of:			
a The loss on line 19, column (3) or b \$3,000					20 (	)
Note: If the loss on line 19, column (3), is more than \$3,0	000, <b>01</b> if Form 1041, page 1, lii	ne 22 (d	or Form 990-T, line 3	8), is a l	oss, comp	olete the Capital
Loss Carryover Worksheet in the instructions to figure you  Part V Tax Computation Using Maxir						
Form 1041 filers. Complete this part only if both lines 18a an			t is entered in Part I or	Part II a	nd there is	an entry on Form 1041.
line 2b(2), and Form 1041, line 22, is more than zero.	a to in column (2) are game, or ar		(10 01110100 111 1 0111 01			an only on room to the
Caution: Skip this part and complete the Schedule D Tax	Worksheet in the instructions if					
• Either line 18b, col (2) or line 18c, col (2) is more the		•				
<ul> <li>Both Form 1041, line 2b(1), and Form 4952, line 4g a</li> </ul>						
Form 990-T trusts. Complete this part only if both lines 18a a		nds are	included in income in	Part I of I	Form 990-1	. and Form 990-T. line
38, is more than zero. Skip this part and complete the Schedi						
21 Enter taxable income from Form 1041, line 22 (or Form 9		21	776,		00,00(2	TO THOSE WILLIAM
22 Enter the smaller of line 18a or 19 in column (2)	33 1, 1110 337	<u> </u>				
but not less than zero	22   19,891					
23 Enter the estate's or trust's qualified dividends from	22/052	Ť	ľ			
Form 1041, line 2b(2) (or enter the qualified dividends		,	4			
	00					
included in income in Part I of Form 990-T)	23 19,891	┥			.	
24 Add lines 22 and 23	24 17,071	⊣				
25 If the estate or trust is filing Form 4952, enter the	25 0	1			1	
amount from line 4g; otherwise, enter -0-  26 Subtract line 25 from line 24. If zero or less, enter -0-	23	26	19,	R91.		
27 Subtract line 26 from line 21. If zero or less, enter -0-		27	756,			
		28		500.	,	
28 Enter the smaller of the amount on line 21 or \$2,600 29 Enter the smaller of the amount on line 27 or line 28		29		500.	,	
30 Subtract line 29 from line 28. If zero or less, enter -0 Th	we amount is tayed at Nº/	2.5		<u> </u>	30	0.
31 Enter the smaller of line 21 or line 26	is amount is taxed at 070	31	19,	891	- 30	
32 Subtract line 30 from line 26		32	19,			
33 Enter the smaller of line 21 or \$12,700		33	12,			
34 Add lines 27 and 30		34	756,			
35 Subtract line 34 from line 33. If zero or less, enter -0-		35	750,	0.		
36 Enter the smaller of line 32 or line 35		36				
37 Multiply line 36 by 15% (0.15)		_ 30			37	
38 Enter the amount from line 31		38	19,	891.		
39 Add lines 30 and 36		39	1			
40 Subtract line 39 from line 38. If zero or less, enter -0-		40	19,	891.		
41 Multiply line 40 by 20% (0.20)		<u> </u>	1	<b></b>	41	3,978.
42 Figure the tax on the amount on line 27. Use the 2018 Ta	x Rate Schedule for Estates	ı	1		<del>                                     </del>	
and Trusts (see the Schedule G instructions in the instruc		42	278,	380.		
•	auna iui ruini iu41)	43	282,			
43 Add lines 37, 41, and 42	v Data Schadula for Estatos	43	202,			
44 Figure the tax on the amount on line 21. Use the 2018 Ta		44	285,	730		
and Trusts (see the Schedule G instructions in the instruc-		44 Schodul		<i></i>	<u>  </u>	
45 Tax on all taxable income. Enter the smaller of line 43 (	or time 44 mere and off Form 1041,	SCHEUUI	<b>c</b>	_	<sub>45</sub>	282,358.
G, line 1a (or Form 990-T, line 40)					45 Scho	dula D /Form 10/11 2018

FORM 990-T INCOME	(LOSS) FROM PARTNERSHIPS	STATEMENT 21
DESCRIPTION		NET INCOME OR (LOSS)
PASSTHROUGH INCOME - ORDINARY PASSTHROUGH INCOME - INTEREST PASSTHROUGH INCOME - DIVIDEND	INCOME	-47,665. 113,212. 6.
TOTAL INCLUDED ON FORM 990-T,	PAGE 1, LINE 5	65,553.
FORM 990-T	OTHER INCOME	STATEMENT 22
DESCRIPTION		AMOUNT
ADD: PASSIVE ACTIVITY LOSSES D	376,460.	
TOTAL TO FORM 990-T, PAGE 1, L	INE 12	376,460.
FORM 990-T	CONTRIBUTIONS	STATEMENT 23
	CONTRIBUTIONS  METHOD USED TO DETERMINE FMV	STATEMENT 23  AMOUNT
DESCRIPTION/KIND OF PROPERTY  CONTRIBUTIONS FROM PASSTHROUGH GRANT EXPENSES PAID TO	METHOD USED TO DETERMINE FMV	AMOUNT 437.
FORM 990-T  DESCRIPTION/KIND OF PROPERTY  CONTRIBUTIONS FROM PASSTHROUGH GRANT EXPENSES PAID TO 501(C)(3) ORGANIZATIONS  TOTAL TO FORM 990-T, PAGE 1, L	METHOD USED TO DETERMINE FMV N/A N/A	AMOUNT 437. 681,546.
DESCRIPTION/KIND OF PROPERTY  CONTRIBUTIONS FROM PASSTHROUGH GRANT EXPENSES PAID TO 501(C)(3) ORGANIZATIONS	METHOD USED TO DETERMINE FMV N/A N/A	AMOUNT 437. 681,546.
DESCRIPTION/KIND OF PROPERTY  CONTRIBUTIONS FROM PASSTHROUGH GRANT EXPENSES PAID TO 501(C)(3) ORGANIZATIONS	METHOD USED TO DETERMINE FMV N/A N/A	
DESCRIPTION/KIND OF PROPERTY  CONTRIBUTIONS FROM PASSTHROUGH GRANT EXPENSES PAID TO 501(C)(3) ORGANIZATIONS  TOTAL TO FORM 990-T, PAGE 1, L	METHOD USED TO DETERMINE FMV  N/A N/A N/A INE 20	AMOUNT 437. 681,546. 681,983.
DESCRIPTION/KIND OF PROPERTY  CONTRIBUTIONS FROM PASSTHROUGH GRANT EXPENSES PAID TO 501(C)(3) ORGANIZATIONS  TOTAL TO FORM 990-T, PAGE 1, L	METHOD USED TO DETERMINE FMV N/A N/A INE 20 OTHER DEDUCTIONS	AMOUNT 437. 681,546. 681,983.

#### THE HENRY J. KAISER FAMILY FOUNDATION TAX YEAR 2018 CHARITABLE CONTRIBUTION CARRYOVER STATEMENT 25

	CC Generated					
	in Current		Utilized Prior	Utilized in Current	Expiring	Unused CC
Year	Year	CC Prior Year	Year	Year	Carryover	Carryforward to 2019
12/31/2013		36,817		(36,817)		-
12/31/2014		684,366		(684,366)		-
12/31/2015		602,138		(55,446)		546,692
12/31/2016		401,859				401,859
12/31/2017		151,443				151,443
12/31/2018	681,983					681,983
	681,983	1,876,623	0	(776,629)	0	1,781,977
						· · · · · · · · · · · · · · · · · · ·

Form 990-T, page 1 \$283,648 Schedule M, Entity 4 332,112 Schedule M, Entity 5 160,869 Total for 2018 \$776,629

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

ENTITY	2
OMB No. 15/5-0	1687

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning , 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 HENRY J. KAISER FAMILY FOUNDATION						Employer Identification number 94-6064808		
	Inrelated business activity code (see instructions) > 90009					7 7	<u></u>	
	escribe the unrelated trade or business PASSTHROU	•	INCOME	FROM 4	17-168974	6		
Par			(A) Inc	come	(B) Expense	s	(C) Net	
1 a	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						
4 a	Capital gain net income (attach Schedule D)	4a						
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	<u> </u>		···-			
C	Capital loss deduction for trusts	4c		_				
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 29	5	38	1,471.			381,471.	
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) STMT 30	12		7,899.			-617,899.	
13	Total. Combine lines 3 through 12	13	-23	6,428.			-236,428.	
Par	Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the undertaken between the connected with the connecte	ions Inrela	for limitation ated busin	ons on de ess incom	ductions.) (Exc ie.)	cept for	contributions,	
14	Compensation of officers, directors, and trustees (Schedule K)		·			14		
15	Salaries and wages				,	15		
16	Repairs and maintenance					16		
17	Bad debts					17		
18	Interest (attach schedule) (see instructions)					18		
19	Taxes and licenses					19		
20	Charitable contributions (See instructions for limitation rules)					20		
21	Depreciation (attach Form 4562)			21				
22	Less depreciation claimed on Schedule A and elsewhere on return			22a		22b		
23	Depletion					23		
24	Contributions to deferred compensation plans					24	···	
25	Employee benefit programs					25	· · · · · · · · · · · · · · · · · · ·	
26	Excess exempt expenses (Schedule I)					26	<del></del>	
27	Excess readership costs (Schedule J)					27		
28	Other deductions (attach schedule)					28		
29	Total deductions. Add lines 14 through 28					29	0.	
30	Unrelated business taxable income before net operating loss dedu	ction	Subtract line	29 from line	± 13	30	-236,428.	
31	Deduction for net operating loss arising in tax years beginning on o	or afte	January 1, 2	2018 (see		_	· · · · · · · · · · · · · · · · · · ·	
	instructions)					31		
32	Unrelated business taxable income. Subtract line 31 from line 30					32	-236,428.	
LHA	For Paperwork Reduction Act Notice, see instructions.				S	chedule	M (Form 990-T) 2018	

FORM 990-T (M)	INCOME (LOSS) FROM PARTNERSHIP	S STATEMENT 29
DESCRIPTION		NET INCOME OR (LOSS)
PASSTHROUGH INCOME FROM	M 47-1689746 - ORDINARY BUSINESS	381,471.
TOTAL INCLUDED ON SCHE	DULE M, PART I, LINE 5	381,471.
FORM 990-T (M)	OTHER INCOME	STATEMENT 30
DESCRIPTION		AMOUNT
ADD: PAL DISALLOWED SUBTRACT: PASSIVE ACTI	VITY LOSS CARRYOVER FROM PY	996,428. -1,614,327.
TOTAL TO SCHEDULE M, P	ART I, LINE 12	-617,899.

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

ENTITY 3

OMB No 1545-0687

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

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

internal	Revenue Service (99)	➤ Do not enter SSN numbers on	this form as it r	nay b	e made public if	your organiz	ation is a 501(c)(3).		501(c)(3) Organizations Only
Name	of the organization	IENRY J. KAISER I	AMILY F	יטסי	NDATION		Employer identific 94-6064		
U	nrelated business acti	vity code (see instructions)	900099	9					
	escribe the unrelated			3H	INCOME F	ROM 8	1-2672695		
Par	t I Unrelated Tr	ade or Business Income	•		(A) Inco	me	(B) Expenses		(C) Net
1 a	Gross receipts or sale	es			ì			$\top$	
	Less returns and allowar		Balance >	1c_					
2	Cost of goods sold (S	chedule A, line 7)		2		•		$\Box$	,
3	Gross profit. Subtract		[	3				$\Box$	
4 a	Capital gain net incon	ne (attach Schedule D)	[	4a					
b	Net gain (loss) (Form	4797, Part II, line 17) (attach For	m 4797) [	4b		1		$\Box$	
С	Capital loss deduction	n for trusts	[	4c					
5	Income (loss) from a postatement) STAT	partnership or an S corporation ( EMENT 31	attach	5	-2,357	,613.			-2,357,613.
6	Rent income (Schedu	le C)		6					
7		ed income (Schedule E)	[	7					
8	Interest, annuities, roy	valties, and rents from a controll	ed						
	organization (Schedul	le F)		8	l			丄	
9	Investment income of	a section 501(c)(7), (9), or (17)							
	organization (Schedul	le G)		9					
10	Exploited exempt acti	vity income (Schedule I)	[	10					
11	Advertising income (S	Schedule J)	į	11				$\perp$	
12	Other income (See ins	structions, attach schedule)	STMT 32	12	1,905			$\perp$	1,905,486.
13	Total. Combine lines	3 through 12		13	-452	,127.			-452,127.
Par	deductions m	Not Taken Elsewhere (S	d with the u				9.)		contributions,
14	•	cers, directors, and trustees (Sch	nedule K)	•			<del></del>	4	
15	Salaries and wages							5	
16	Repairs and maintena	ince				•	<del></del>	6	
17	Bad debts		•				1		
18	Interest (attach sched	ule) (see instructions)	•			•		8	
19	Taxes and licenses	(S	\				19		<del></del>
20		ns (See instructions for limitatio	n rules)		، ا	. · [	2	╨	· · · · · · · · · · · · · · · · · · ·
21 22	Depreciation (attach f	rorm 4562) Imed on Schedule A and elsewh				21 2a			
23		ined on Schedule A and eisewii	ere on return		2)	24	22		
	Depletion	rred compensation plans					<del></del>		
24 25	Employee benefit pro							5	
26	Excess exempt exper	-					2		·
26 27	Excess exempt exper	•						$\overline{}$	
28	Other deductions (att				•	•	2		
20 29	•	dd lines 14 through 28					2		0.
30		ixable income before net operati	na loss daduc	tion	Subtract line 20	from line	<del></del>	0	-452,127.
31		erating loss arising in tax years b	-				'` <u>  3</u>	+	
<b>J</b> 1	instructions)	rating 1000 anomy in tax years b	eganing on or	aitei	January 1, 201		3	_ -	<del></del>
32		xable income. Subtract line 31 t	rom line 30				3		-452,127.
		uction Act Notice see instruct							M (Form 990-T) 2018

FORM 990-T (M) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 31
DESCRIPTION	NET INCOME OR (LOSS)
PASSTHROUGH INCOME FROM 81-2672695 - ORDINARY BUSINESS INCOME (LOSS)	-2,357,613.
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5	-2,357,613.
FORM 990-T (M) OTHER INCOME	STATEMENT 32
DESCRIPTION	AMOUNT
ADD: PASSIVE ACTIVITY LOSSES DISALLOWED	1,905,486.
TOTAL TO SCHEDULE M, PART I, LINE 12	1,905,486.

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

		_	_	_		
c	MB	No	. 1	545	-068	7

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

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

Internal	Revenue Service (99)	▶ Do not e	nter SSN number	s on this form as it	may b	e made publ	ic if your organ	nization is a 50	1(c)(3).	501(c)(3) Organizations Only
Name	of the organization	HENRY J	. KATSE	RFAMILY	FОU	NDATIO	N		er identificati	
	nrelated business					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				<u> </u>
	escribe the unrela			PASSTHROU		INCOME	FROM 4	45-2549	497	
Par		Trade or B					ncome	(В) Ехр		(C) Net
1a	Gross receipts or	sales			1	<del></del>			1	
	Less returns and all			c Balance ▶	1c			}		
2	Cost of goods sol		ine 7)		2					
3	Gross profit. Sub	•	-		3			1.		
4 a	Capital gain net in				4a					
b	Net gain (loss) (Fo	•		Form 4797)	4b		•		-	
c	Capital loss dedu		, 1110 17) (attaon	10 47.07,	4c				*	
5	Income (loss) from		or an S corporat	ion (attach	,,,			<b>†</b>		
•	statement) ST			ion (anaon	5	66	54,224.			664,224.
6	Rent income (Sch	nedule C)			6					
7	Unrelated debt-fir		•		7	ļ		· ·		
8	Interest, annuities	s, royalties, and	rents from a con	trolled	1					
	organization (Sch	edule F)			8			<u> </u>		
9	Investment incom	ne of a section 5	01(c)(7), (9), or ( <sup>-</sup>	17)	1			l		
	organization (Sch	edule G)			9					
10	Exploited exempt	activity income	(Schedule I)		10					
11	Advertising incom	ne (Schedule J)		•	11	ľ		ļ		
12	Other income (Se	e instructions; a	ttach schedule)		12			<u> </u>	•	
13	Total. Combine li	nes 3 through 1	2		13	66	4,224.	1		664,224.
Par	deduction	ns must be di	rectly connec	cted with the i						or contributions,
14	Compensation of		rs, and trustees	(Schedule K)					14	
15	Salaries and wag	•							15	
16	Repairs and main	itenance							16	
17	Bad debts		•			•	•		17	
18	Interest (attach so		tructions)						18	
19	Taxes and license								19	222 112
20	Charitable contrib	•	ructions for limit	tation rules)			1 [		20	332,112.
21	Depreciation (atta						21		<del></del>	
22	Less depreciation	n claimed on Sch	nedule A and els	ewhere on return	l		22a		22b	<u>.</u>
23	Depletion							•	23	
24	Contributions to		nsation plans						24	· <del></del>
25	Employee benefit								25	
26	Excess exempt e		=						26	<u></u>
27	Excess readershi	•	•						27	
28	Other deductions	•							28	222 112
29	Total deductions							40	29	332,112. 332,112.
30	Unrelated busine		•	-				e 13	_30_	334,114.
31	Deduction for net	t operating loss	arising in tax yea	ars beginning on o	or afte	r January 1,	2018 (see		<del></del>	
	instructions)		O by 11	04 (					31	332,112.
32	Unrelated busine				-	-		<u> </u>	32	
LHA	For Paperwork	Reduction Act	Notice, see inst	ructions.					Schedu	le M (Form 990-T) 2018

FORM 990-T (M) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 33
DESCRIPTION	NET INCOME OR (LOSS)
PASSTHROUGH INCOME FROM 45-2549497 - ORDINARY BUSINESS INCOME (LOSS)	664,224.
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5	664,224.

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

RN	Τ.	Τ.Τ	Ľ	=
O	ИR	Nο	154	5-0687

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

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

Interna	Revenue Service (99) Do not enter SSN numbers on this form as it	may be	made public if your orga	ınization is a 501(c)(3	3).	501(c)(3) Organizations Only
Name	of the organization HENRY J. KAISER FAMILY			Employer ide 94-60	ntificati	
	Inrelated business activity code (see instructions)   90009  DEST FINA		D. TNCOME			
Pai		NCE	(A) Income	(B) Expense		(C) Net
		1		(-,		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	Gross receipts or sales			1		
	Less returns and allowances c Balance Cost of goods sold (Schedule A, line 7)	1c 2				
2 3	Gross profit. Subtract line 2 from line 1c	3	<del></del>	<del>-</del>	•	-
	Capital gain net income (attach Schedule D)	4a				
	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		,	• -	
	Capital loss deduction for trusts	4c		_		
5	Income (loss) from a partnership or an S corporation (attach				١	
	statement)	5				
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7	469,577.	147,8	39.	321,738.
8	Interest, annuities, royalties, and rents from a controlled	ļ				
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9		<del> </del>		
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11		1 *		
12	Other income (See instructions, attach schedule)  Total. Combine lines 3 through 12	12	469,577.	147,8	3.0	321,738.
13			•	•		
Par	Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the undertaken Elsewhere)				cept t	or contributions,
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	160 060
20	Charitable contributions (See instructions for limitation rules)		1 04 (		20	160,869.
21	Depreciation (attach Form 4562)		21			
22 23	Less depreciation claimed on Schedule A and elsewhere on return		[ 22a ]		22b 23	
23 24	Depletion  Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)				27	
28	Other deductions (attach schedule)				28	
29	Total deductions. Add lines 14 through 28				29	160,869.
30	Unrelated business taxable income before net operating loss deduced	ction.	Subtract line 29 from lin	ne 13 °	30	160,869.
31	Deduction for net operating loss arising in tax years beginning on o					
	instructions)				31	-

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 31 from line 30

Schedule M (Form 990-T) 2018

-orm 990-1 (2018) HENRY J. I	KAISER E	AMILY FOU	NDATION		94-6064		aye .
Schedule A - Cost of Goods	Sold. Enter	method of invento	ory valuation				
1 Inventory at beginning of year	1 .		6 Inventory at end of year	. 1		6	
2 Purchases	2		7 Cost of goods sold. Su				
3 Cost of labor	3		from line 5. Enter here a	and in Part I	,		
4a Additional section 263A costs			line 2		L	7.	
(attach schedule)	4a		8 Do the rules of section	•	· ·	Yes	No
b Other costs (attach schedule)	4b		property produced or a	cquired for r	resale) apply to		
5 Total. Add lines 1 through 4b Schedule C - Rent Income (	5   Erom Book	Droporty and	the organization?	aacad M	ith Pool Proper	rty)	
(see instructions)	rioiii neai	Property and	reisonal Property L	caseu vi	itti neai Fiope	<u></u>	
1. Description of property							
(1)							
(2)							
(3)		<u>-</u>					
(4)				<del></del>			
	••	ed or accrued		3	(a) Deductions directly co	onnected with the income in	
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	entage of than	of rent for per	d personal property (if the percentages sonal property exceeds 50% or if is based on profit or income)	(tage columns 2(a) and 2(b) (attach schadula)			
(1)							
(2)		<u></u>					
(3)							
(4)							
Total		Total		<u>-</u>  ,			
(c) Total income. Add totals of columns a here and on page 1, Part I, line 6, column		ter -		Ènte	Total deductions. or here and on page 1, I, line 6, column (B)	•	
Schedule E - Unrelated Deb	t-Financed	Income (see in	structions)				
			2. Gross income from	3.	Deductions directly connecto debt-financed	cted with or allocable i property	
1. Description of debt-fine	anced property		or allocable to debt- financed property		ght line depreciation ttach schedule)	(b) Other deductions (attach schedule)	i
					TEMENT 34	STATEMENT	35
(1) KF PS TRUST			1,231,840.		16,866.	370,95	
(2)							
(3)							
(4)							
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to inced property	6. Column 4 divided by column 5	repo	Gross income ortable (column : x column 6)	8. Allocable deductio (column 6 x total of colu 3(a) and 3(b))	
STATEMENT 36	STATE	MENT 37					
(1) 5,754,429.	15	,094,699.	38.12%		469,577.	147,83	39.
			%				
(2)			%				
(4)			%				
					ere and on page 1, line 7, column (A)	Enter here and on page Part I, line 7, column (B	
Totals			▶		469,577.	147,83	39.
Total dividends-received deductions in	cluded in colum	า 8			<b>•</b>		0.

FORM 990-T (M) SCHEDULE E - DEPRECIA	TION DEDUCTION	N	STATEMENT 34
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AMORTIZATION - SUBTOTAL	- 1	16,866.	16,866
TOTAL OF FORM 990-T, SCHEDULE E, COLUM	N 3(A)		16,866
FORM 990-T (M) SCHEDULE E - OTH	ER DEDUCTIONS		STATEMENT 35
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
INTEREST EXPENSE INVESTMENT MANAGEMENT FEES STATE AND LOCAL TAXES PROFESSIONAL FEES		335,585. 23,292. 10,710. 1,359.	
SHIPPING FEES - SUBTOTAL	- 1	13.	370,959
TOTAL OF FORM 990-T, SCHEDULE E, COLUM	N 3(B)		370,959
FORM 990-T (M) AVERAGE ACQUISITION ALLOCABLE TO DEBT-F		RTY	STATEMENT 36
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVG. ACQUISITION DEBT - SUBTOTAL	- 1	5,754,429.	5,754,429
TOTAL OF FORM 990-T, SCHEDULE E, COLUM	N 4		5,754,429

FORM 990-T (M)	AVERAGE ADJUSTED 1 ALLOCABLE TO DEBT-FI	STATEMENT 37		
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
AVG. ADJUSTED BASIS	- SUBTOTAL -	1	15,094,699.	15,094,699.
TOTAL OF FORM 990-T	, SCHEDULE E, COLUMN	5		15,094,699.

# 4562

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

# **Depreciation and Amortization** (Including Information on Listed Property)

► Attach to your tax return.

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

Business or activity to which this form relates

1

Sequence No 179

OMB No 1545-0172

Identifying number

HEN	RY J. KAISER FAMILY				PS '				94-6064808	
Par	t I Election To Expense Certain Propert	y Under Section 17	79 Note: If you I	nave any lis	ted pro	perty,	complete Part	V before y	ou complete Part I	
1 M	laximum amount (see instructions)							1	1,000,000.	
2 T	otal cost of section 179 property place	d in service (see	instructions)					2		
	hreshold cost of section 179 property I							3	2,500,000.	
4 R	eduction in limitation. Subtract line 3 fi	om line 2. If zero	or less, enter -0	)-				4		
5 D	ollar limitation for tax year Subtract line 4 from line 1	If zero or less, enter -	0- If married filing se	parately, see in	nstruction	s		5		
6	(a) Description of pro	perty		(b) Cost (busine	ese use c	nly)	(c) Elected of	eost	1	
									!	
7 L	sted property. Enter the amount from I	ine 29				7				
8 T	otal elected cost of section 179 proper	ty Add amounts	ın column (c), l	nes 6 and 1	7			8		
9 T	entative deduction. Enter the smaller	of line 5 or line 8						9		
10 C	arryover of disallowed deduction from	line 13 of your 20	017 Form 4562					10		
11 B	usiness income limitation. Enter the sn	naller of business	income (not le	ss than zero	o) or lin	e 5		11		
12 S	ection 179 expense deduction Add lin	es 9 and 10, but	don't enter mo	re than line	11			12		
	arryover of disallowed deduction to 20				▶	13			, ,,	
	Don't use Part II or Part III below for I									
Par	t II Special Depreciation Allowan	ce and Other D	epreciation (Do	n't include	e listed	prope	erty.)			
14 S	pecial depreciation allowance for quali	fied property (oth	er than listed p	roperty) pla	iced in	servic	e during			
	ne tax year		·					14		
	roperty subject to section 168(f)(1) elec	ction		· ·				15		
	Other depreciation (including ACRS)							16		
	t III MACRS Depreciation (Don't	nclude listed pro	perty. See instr	uctions)						
			Sect	ion A					·	
17 N	MACRS deductions for assets placed in	service in tax ye	ars beginning b	efore 2018				17		
	you are electing to group any assets placed in service	=				k here	▶ [	] [		
	Section B - Assets						neral Deprecia	tion Syste	m	
-	(a) Classification of property	(b) Month and year placed in service	(c) Basis for de (business/inves only - see ins	stment use		Recovery	(e) Convention	(f) Method	(g) Depreciation deduction	
 19a	3-year property									
b	5-year property	] .								
	7-year property			•						
	10-year property	]								
	15-year property	]								
f	20-year property	]	-							
g	25-year property	1			2	5 yrs.		S/L		
		/			27	.5 yrs	MM	S/L		
h	Residential rental property	/			27	.5 yrs	MM	S/L		
		/			3	9 yrs	MM	S/L		
i	Nonresidential real property	/					ММ	S/L		
	Section C - Assets Pi	aced in Service	During 2018 T	ax Year Us	ing th	e Alter	native Depreci	ation Sys	tem	
 20a	Class life	T .						S/L		
b	12-year				1:	2 yrs		S/L		
	30-year					S/L				
d 40-year / 40 yrs MM S/L										
	Part IV Summary (See instructions.)									
	isted property. Enter amount from line	28						21		
	otal. Add amounts from line 12, lines 1		ies 19 and 20 in	column (a)	, and h	ne 21		<del>-</del> '		
	inter here and on the appropriate lines	_						22	0.	
	or assets shown above and placed in s				.55 - 5		-			
	ortion of the basis attributable to section		Journal year, e			23				
	Secure of the sesse attributable to section									

	rm 4562 (2018)		RY J. I									94-	-6064	808	Page 2
Р	Listed Propert entertainment,				ner vehic	les, cerl	taın aırcr	aft, an	d property	used fo	or				
	Note: For any 24b, columns (	vehicle for w	hich you are i	sing the						e expen	se, com	olete o	nly 24a,		
	Section A -	Depreciation	n and Other	Informa	tion (Ca	ution: S	See the i	nstruc	tions for li	mits for	passeng	er auto	mobiles.)		
24:	a Do you have evidence to s	support the bu	siness/investm	ent use cla	aimed?	Y	es _	No	24b If "Y	es," is t	he e <u>vide</u>	nce writ	ten?	Yes	No
	(a)	(b)	(c)	.	(d)		(e)		(f)		(g)		(h)		(i)
	Type of property	Date placed in	Business investmen	t	Cost or	/bu	sis for depre isiness/inve		Recovery		ethod/		eciation		cted on 179
	(list vehicles first)	service	use percenta		ther basis	, ,,,	use only		period	Con	vention	dec	luction		ost
25	Special depreciation allo	owance for q	ualified listed	property	placed	ın servic	e during	the ta	x year and	<u> </u>					
used more than 50% in a qualified business use															
26	Property used more tha	n 50% in a qi	ualified busin	ess use		·									
				%											
_				%								-			
				%			•					<u> </u>			
27	Property used 50% or le	ss in a qualif	ied business	use											
_				%		_				S/L -					
				%						S/L·					
				%						S/L -					
28	Add amounts in column	(h), lines 25	through 27. E	nter her	e and on	line 21,	page 1				28				
	Add amounts in column												29		
				Section	B - Infor	mation	on Use	of Veh	icles						
Co	mplete this section for ve	hicles used l	by a sole prop	rietor, pa	artner, o	r other "	more tha	n 5%	owner," o	r related	person	If you p	rovided v	vehicles	
to	your employees, first ans	wer the ques	tions in Secti	on C to s	see if you	ı meet a	n excep	tion to	completin	ig this s	ection fo	r those	vehicles.		
	· · · · ·				-		·		•						
					a)	1	(b)		(c)		(d)		(e)	(1	F)
30	Total business/investment	miles driven d	uring the	1	hicle	1	hicle	Ιv	/ehicle	1	hicle	1	hicle	1	ncle
	year (don't include commu		J							]		1			
31	Total commuting miles		the vear									1			
	Total other personal (no	-	•									†			
	driven		,												
33	Total miles driven during	the vear										<u> </u>			
	Add lines 30 through 32														
34	Was the vehicle availab		al use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?						1.7.7		1	<del> </del>	1	1			
35	Was the vehicle used pr	rımarıly by a ı	more								1			İ	
	than 5% owner or relate							ļ							
36	Is another vehicle availa	ble for perso	nal							1	Ì	1	1		
	use?	•			ł										
		Section C	- Questions	for Empl	loyers W	/ho Pro	vide Veh	icles f	for Use by	Their I	Employe	es			
An	swer these questions to d			-	-				-				ıren't		
mo	ore than 5% owners or rela	ated persons	i.	•	-	_				-					
37	Do you maintain a writte	en policy stat	ement that p	ohibits a	II persor	nal use c	of vehicle	s, ınclı	uding com	muting	by your			Yes	No
	employees?								_	_					
38	Do you maintain a writte	en policy stat	ement that p	ohibits p	ersonal	use of v	ehicles,	except	commuti	ng, by y	our				1
	employees? See the ins	tructions for	vehicles used	by corp	orate off	icers, di	rectors,	or 1%	or more o	wners					
39	Do you treat all use of v	ehicles by en	nployees as p	ersonalı	use?										
40	Do you provide more that	-				nformat	ion from	your e	mployees	about					
	the use of the vehicles,		=					•						}	
41	·					monstra	tion use	?							i i
	41 Do you meet the requirements concerning qualified automobile demonstration use?  Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles														
P	art VI Amortization														
	(a) (b) (c) (d) (e) (f)														
	Description of	f costs	Dat	e amortization begins		Amortizat amoun	ble t		Code section		Amortiza period or per		Ar fo	nortization or this year	
42	Amortization of costs th	at begins du	ring your 201		ır										
43	Amortization of costs th	at began bef	ore your 201	3 tax yea	r							43		16,	866.
	Total. Add amounts in o	_				report						44			866.

816252 12-26-18

SCHEDULE D NET SHORT-TERM GAIN OR LOSS FROM PARTNERSHIPS AND S-CORPORATIONS	_		STATEMENT 38
DESCRIPTION OF ACTIVITY			GAIN OR LOSS
PASSTHROUGH INCOME-PASSTHROUGH INCOME	435,874.		
TOTAL TO SCHEDULE D, PART I, LINE 5			435,874.
SCHEDULE D NET LONG-TERM GAIN OR LOSS FROM PARTNERSHIPS AND S-CORPORATIONS	_		STATEMENT 39
DESCRIPTION OF ACTIVITY	GAIN	OR LOSS	28% GAIN
PASSTHROUGH INCOME-PASSTHROUGH INCOME		19,891.	
TOTAL TO SCHEDULE D, PART II, LINE 12		19,891.	

# Form **3800**

Name(s) shown on return

#### **General Business Credit**

Identifying number

OMB No 1545-0895
2018
Attachment

Department of the Treasury Internal Revenue Service (99)

So to www.irs.gov/Form3800 for instructions and the latest information.

You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

Attachment Sequence No 22

94-6064808 Henry J Kaiser Family Foundation Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT) Part I (See instructions and complete Part(s) III before Parts I and II.) General business credit from line 2 of all Parts III with box A checked 700 Passive activity credits from line 2 of all Parts III with box B checked 2 3 3 Enter the applicable passive activity credits allowed for 2018. See instructions . . . Carryforward of general business credit to 2018. Enter the amount from line 2 of Part III with 4 Carryback of general business credit from 2019. Enter the amount from line 2 of Part III with 5 Add lines 1, 3, 4, and 5 6 700 Part II **Allowable Credit** Regular tax before credits: • Individuals. Enter the sum of the amounts from Form 1040, line 11a, and Schedule 2 (Form 1040), line 46, or the sum of the amounts from Form 1040NR, lines 42 and 44 • Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the 7 282,358 · Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return . . . . • Individuals. Enter the amount from Form 6251, line 11 . 8 • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56. 9 9 Add lines 7 and 8 . . . . . . . . . . . . . . . . 282,358 10a 10a Foreign tax credit . . . . . . . . . . . . . 10b Certain allowable credits (see instructions) . . Add lines 10a and 10b . . . . . . . 10c 28,705 11 Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16 11 253,653 Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-12 13 Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See 13 57,163 14 Tentative minimum tax: • Individuals. Enter the amount from Form 6251, line 9 . . . 14 • Corporations. Enter -0- . . . . . . . . . . . . 212,323 • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 . . . . . . . . . . . . . 15 Enter the greater of line 13 or line 14 . . . . . . 15 212,323 16 Subtract line 15 from line 11. If zero or less, enter -0-16 41,330 17 17 700 C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.

Part			
Note:	If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and e	nter -C	)- on line 26.
18	Multiply line 14 by 75% (0.75). See instructions	18	159,242
19	Enter the greater of line 13 or line 18	19	159,242
20	Subtract line 19 from line 11. If zero or less, enter -0	20	94,411
21	Subtract line 17 from line 20. If zero or less, enter -0	21	93,711
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked 23		
24	Enter the applicable passive activity credit allowed for 2018. See instructions	24	0
25	Add lines 22 and 24	25	0
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	0
<b>2</b> 7	Subtract line 13 from line 11. If zero or less, enter -0	27	196,490
28	Add lines 17 and 26	28	700
29	Subtract line 28 from line 27. If zero or less, enter -0	29	195,790
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked 32		
33	Enter the applicable passive activity credits allowed for 2018. See instructions	33	0
34	Carryforward of business credit to 2018. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	0
35	Carryback of business credit from 2019. Enter the amount from line 5 of Part III with box D checked. See instructions	35	0
36	Add lines 30, 33, 34, and 35	36	0
37	Enter the <b>smaller</b> of line 29 or line 36	37	0
38	Credit allowed for the current year. Add lines 28 and 37.		
	Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return.  • Individuals. Schedule 3 (Form 1040), line 54, or Form 1040NR, line 51  • Corporations. Form 1120, Schedule J, Part I, line 5c		
	• Estates and trusts. Form 1041, Schedule G, line 2b	38	700
			Form <b>3800</b> (2018)

1					lala maida		<u> </u>	
Nar	lame(s) shown on return							
		Kaiser Family Foundation				94-6064808	_	
	art III		e inst	ructions)				
	. *	te a separate Part III for each box checked below. See instructions.						
		General Business Credit From a Non-Passive Activity E Reserved						
В		General Business Credit From a Passive Activity F 🔲 Reserved						
C		General Business Credit Carryforwards G 🔲 Eligible Small	Busin	ess Credit (	Carryfo	rwards		
D		General Business Credit Carrybacks H 🔲 Reserved						
ı	If you	u are filing more than one Part III with box A or B checked, complete and attach firs	st an a	dditional Pa	art III co	mbining amounts	from	
	all Pa	arts III with box A or B checked. Check here if this is the consolidated Part III					▶ 🔲	
		(a) Description of credit		(b)		(c)		
Nο	te: On	any line where the credit is from more than one source, a separate Part III is needed for e	each	If claiming the from a pass-	e credit	Enter the approp	rıate	
		ough entity.	,uoi.	entity, enter				
	1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a				T	
	b	Reserved	1b			• •		
	C	Increasing research activities (Form 6765)	1c					
	d	Low-income housing (Form 8586, Part I only)	1d		-			
	e	Disabled access (Form 8826) (see instructions for limitation)	1e				<del>                                     </del>	
	f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f					
		Indian employment (Form 8845)	1g				<del>                                     </del>	
	g h	Orphan drug (Form 8820)	1h			<del></del>	<del>                                     </del>	
	:		1i					
	!	New markets (Form 8874)						
	j .	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j				+	
	k	Employer-provided child care facilities and services (Form 8882) (see						
		instructions for limitation)	1k				-	
	F	Biodiesel and renewable diesel fuels (attach Form 8864)	11				1	
	m	Low sulfur diesel fuel production (Form 8896)	1m				-	
	n	Distilled spirits (Form 8906)	1n				_	
	0	Nonconventional source fuel (carryforward only)	10					
	Р	Energy efficient home (Form 8908)	<u>1p</u>	27-1014	972	700	)	
	q	Energy efficient appliance (carryforward only)	1q				<u> </u>	
	r	Alternative motor vehicle (Form 8910)	1r					
	S	Alternative fuel vehicle refueling property (Form 8911)	1s					
	t	Enhanced oil recovery credit (Form 8830)	1t					
	u	Mine rescue team training (Form 8923)	1u					
	V	Agricultural chemicals security (carryforward only)	1۷					
	w	Employer differential wage payments (Form 8932)	1w					
	x	Carbon oxide sequestration (Form 8933)	1x					
	У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y					
	2	Qualified plug-in electric vehicle (carryforward only)	1z					
	aa	Employee retention (Form 5884-A)	1aa					
	bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb					
	ZZ	Other. Oil and gas production from marginal wells (Form 8904) and certain						
		other credits (see instructions)	1zz					
	2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2					
	3	Enter the amount from Form 8844 here and on the applicable line of Part II	3					
	4a	Investment (Form 3468, Part III) (attach Form 3468)	4a					
	b	Work opportunity (Form 5884)	4b					
	c	Biofuel producer (Form 6478)	4c				<del>                                     </del>	
	d	Low income housing (Form 8586, Part II)	4d					
	e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e				1	
	f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f				<del>                                     </del>	
	-		<del></del>				+	
	g	Qualified railroad track maintenance (Form 8900)	4g			<del></del>	-	
	h :	Small employer health insurance premiums (Form 8941)	4h				-	
	1	Increasing research activities (Form 6765)	4i				-	
	J	Employer credit for paid family and medical leave (Form 8994)	4 <u>j</u>				<del> </del>	
	z	Other	4z			·	<b></b>	
	5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5					
	<b>E</b>	Add lines 2. 3, and 5 and enter here and on the applicable line of Part II	ء ا	ı		700	AT.	

#### SCHEDULE I (Form 1041)

Department of the Treasury

**Alternative Minimum Tax - Estates and Trusts** 

Attach to Form 1041.

► Go to www.irs.gov/Form1041 for instructions and the latest information.

OMB No 1545-0092

2017

Name of estate or trust

| Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Continue | Contin

lPa	Part⊞ Estate's or Trust's Share of Alternative Minimum Taxable Income									
1	Adjusted total income or (loss) (from Form 1041, line 17)	1	550,357.							
2	Interest .	2								
3	Taxes	3								
4	Miscellaneous itemized deductions (from Form 1041, line 15c)	4								
5	Refund of taxes	5	()							
6	Depletion (difference between regular tax and AMT)	6								
7	Net operating loss deduction. Enter as a positive amount	7								
8	Interest from specified private activity bonds exempt from the regular tax	8								
9	Qualified small business stock (see instructions)	9 '								
10	Exercise of incentive stock options (excess of AMT income over regular tax income)	10								
11	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	11								
12	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	12								
13	Disposition of property (difference between AMT and regular tax gain or loss)	13								
14	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	14								
15	Passive activities (difference between AMT and regular tax income or loss)	15								
16	Loss limitations (difference between AMT and regular tax income or loss)	16								
17	Circulation costs (difference between regular tax and AMT)	17								
18	Long-term contracts (difference between AMT and regular tax income)	18								
19	Mining costs (difference between regular tax and AMT)	19								
20	Research and experimental costs (difference between regular tax and AMT)	20								
21	Income from certain installment sales before January 1, 1987	21	()							
22	Intangible drilling costs preference	22								
23	Other adjustments, including income-based related adjustments	23								
24	Alternative tax net operating loss deduction (See the instructions for the limitation that applies.)	24	(							
25	Adjusted alternative minimum taxable income. Combine lines 1 through 24	25	550,357.							
	Note: Complete Part II below before going to line 26									
26	Income distribution deduction from Part II, line 44 N/A 26									
27	Estate tax deduction (from Form 1041, line 19) N/A 27									
28	Add lines 26 and 27	28								
29	Estate's or trust's share of alternative minimum taxable income. Subtract line 28 from line 25	29	550,357.							
	If line 29 is;									

- \$24,100 or less, stop here and enter -0- on Form 1041, Schedule G, line 1c. The estate or trust isn't liable for the
  alternative minimum tax.
- Over \$24,100, but less than \$176,850, go to line 45.

• \$176,850 or more, enter the amount from line 20 on line 51 and go to line 52

Pa	artIIII Income Distribution Deduction on a Minimum Tax Basis N/A		
30	Adjusted alternative minimum taxable income (see instructions)	30	
31	Adjusted tax-exempt interest (other than amounts included on line 8)	31	
32	Total net gain from Schedule D (Form 1041), line 19, column (1). If a loss, enter -0-	32	
33	Capital gains for the tax year allocated to corpus and paid or permanently set aside for		
	charitable purposes (from Form 1041, Schedule A, line 4)	33	
34	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)	34	
35	Capital gains computed on a minimum tax basis included on line 25	35 (	
36	Capital losses computed on a minimum tax basis included on line 25. Enter as a positive amount	36	
37	Distributable net alternative minimum taxable income (DNAMTI). Combine lines 30 through 36. If zero or less, enter -0-	37	
38	Income required to be distributed currently (from Form 1041, Schedule B, line 9)	38	
39	Other amounts paid, credited, or otherwise required to be distributed (from Form 1041, Schedule B, line 10)	39	
40	Total distributions. Add lines 38 and 39	40	
41	Tax-exempt income included on line 40 (other than amounts included on line 8)	41	
42	Tentative income distribution deduction on a minimum tax basis. Subtract line 41 from line 40	42	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule I (Form 1041) (2017)

Sche	dule   (Form 1041) (2017) HENRY J. KAISER FAMILY FOUNDA	94	-6064808 Page 2			
Pa	rt II   Income Distribution Deduction on a Minimum Tax Basis	N/	A			
43	Tentative income distribution deduction on a minimum tax basis. Subtract line 31 from line 3					
	If zero or less, enter -0-				43	· · ·
44	Income distribution deduction on a minimum tax basis. Enter the smaller of line 42 or line	43.				
-	Enter here and on line 26		44			
Pa	rt III   Alternative Minimum Tax		· · · · · ·			
45	Exemption amount	۱	i		45	\$24,100 00
46	Enter the amount from line 29	46	┝	#00.450.00		
47	Phase-out of exemption amount	47	╁	\$80,450.00		
48	Subtract line 47 from line 46. If zero or less, enter -0-	48	l			
49	Multiply line 48 by 25% (0.25)				49	
50	Subtract line 49 from line 45. If zero or less, enter -0-				50	550,357.
51	Subtract line 50 from line 46			lines 19e and 10	51	550,557.
52	Go to Part IV of Schedule I to figure line 52 if the estate or trust has qualified dividends or ha	•				
	of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwis	e, 11 mm	631	15 -		
	<ul> <li>\$187,800 or less, multiply line 51 by 26% (0.26).</li> <li>Over \$187,800, multiply line 51 by 28% (0.28) and subtract \$3,756 from the result</li> </ul>				52	141,603.
53	Alternative minimum foreign tax credit (see instructions)				53	141,003.
54	Tentative minimum tax. Subtract line 53 from line 52			•	54	141,603.
55	Enter the tax from Form 1041, Schedule G, line 1a (minus any foreign tax credit from Schedu	ال ی مار	na 2	a)	55	179,428.
56	Alternative minimum tax. Subtract line 55 from line 54. If zero or less, enter -0 Enter here			a)	-33	1/3/1201
•	Form 1041, Schedule G, line 1c	and or	'		56	0.
Pa	irt IV   Line 52 Computation Using Maximum Capital Gains Rate	es				
	Caution: If you didn't complete Part V of Schedule D (Form 1041), the Schedule D 7		rkel	heet		
	or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the			•		
	before completing this part.	, ,,,,,,,				
57	Enter the amount from line 51				57	550,357.
58	Enter the amount from Schedule D (Form 1041), line 26, line 13 of the Schedule D Tax			•		
	Worksheet, or line 4 of the Qualified Dividends Tax Worksheet in the Instructions for					
	Form 1041, whichever applies (as refigured for the AMT, if necessary)	58		109,263.		
59	Enter the amount from Schedule D (Form 1041), line 18b, column (2)					
	(as refigured for the AMT, if necessary). If you didn't complete					
	Schedule D for the regular tax or the AMT, enter -0-	59				
60	If you didn't complete a Schedule D Tax Worksheet for the regular tax or the					
	AMT, enter the amount from line 58. Otherwise, add lines 58 and 59 and enter					
	the smaller of that result or the amount from line 10 of the Schedule D Tax					
	Worksheet (as refigured for the AMT, if necessary)	60		109,263.		
61	Enter the smaller of line 57 or line 60				61	109,263.
62	Subtract line 61 from line 57		62	441,094.		
63	If line 62 is \$187,800 or less, multiply line 62 by 26% (0.26). Otherwise, multiply line 62 by					440 ==0
	28% (0.28) and subtract \$3,756 from the result			•	63	119,750.
64	Maximum amount subject to the 0% rate	64	-	\$2,550.00		
65	Enter the amount from line 27 of Schedule D (Form 1041), line 14 of the Schedule D					
	Tax Worksheet, or line 5 of the Qualified Dividends Tax Worksheet in the Instructions					
	for Form 1041, whichever applies (as figured for the regular tax). If you didn't					
	complete Schedule D or either worksheet for the regular tax, enter the amount			440 004		•
	from Form 1041, line 22; if zero or less, enter -0-	65	$\vdash$	440,094.		
66	Subtract line 65 from line 64. If zero or less, enter -0-	66	╁	109,263.		
67	Enter the smaller of line 57 or line 58	67	$\vdash$	109,403.		
68 60	Enter the smaller of line 66 or line 67. This amount is taxed at 0%	68	├	109,263.		
69	Subtract line 68 from line 67	1 03	—	107,203.		hedule I (Form 1041) (2017)
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