•	Form	990-T	E	Exempt Organization						OMB No 1545-0047
	_		1	(and proxy tax	x una	er se	ection 6033(e))	191	2	2040
			Força	llendar year 2019 or other tax year beginning Go to www.irs.gov/Form990	T 40 - in	- · · · · · · · · · · · · · · · · · · ·	, and ending			2019
		tment of the Treasury at Revenue Service	l ▶	► Do not enter SSN numbers on this form a						Open to Public Inspection for 501(c)(3) Organizations Only
	A	Check box if	_	Name of organization (Check box if	D Emp	loyer identification number ployees' trust, see				
		address changed		1						uctions)
		xempt under section	Print							4-6064808
	X] 501(c)(3 0 3	or Type	Tues Multiple, Street, and room of Suite no. If a 1.0. box, See instructions.					E Unrelated business activity code (See instructions)	
		408(e) 220(e)	••	185 BERRY STREET, N					┨	
		408A 530(a) 529(a)		City or town, state or province, country, an SAN FRANCISCO, CA	941		ni postai code		900	099
	C Bo	ale value of all accord				<u> </u>			P • •	
	- at e	735,632,1	15.	G Check organization type ► 501	l(c) corp	oration	1 X 501(c) trust	401(a) trust	Other trust
	H En	ter the number of the (organiza	ition's unrelated trades or businesses.		4	Describe	the only (or first) ur	related	I
				RTNERSHIP INVESTMENT				complete Parts I-V.		
				ace at the end of the previous sentence, com	plete Pa	rts I an	d II, complete a Schedule	M for each addition	al trade	e or
		siness, then complete								es X No
				poration a subsidiary in an affiliated group or tifying number of the parent corporation.		t-subs	idiary controlled group?	-	Y	es X No
				ELIZABETH A. CAIN			Teleph	one number 🕨 (650) 854-9400
				de or Business Income			(A) Income	(B) Expenses		(C) Net
	1 a	Gross receipts or sale	s						.)	/
	b	Less returns and allov	vances	c Balance	>	1c		- 1		
		Cost of goods sold (S	· · · · ·		- ,		<u> </u>			
		Gross profit. Subtract				3	600 074		<u> </u>	600 074
		Capital gain net incom	•	•	1	4a 4b	698,074.		<u> </u>	698,074.
8		Capital loss deduction		'art II, line 17) (attach Form 4797)				<u> </u>		
2020		•		thership or an S corporation (attach statement) 5 61,449. STMT						61,449.
3.0		Rent income (Schedul								
	7	Unrelated debt-finance	ed incon	ne (Schedule E)		7	5,71 1 .	5,1	28.	583.
DEC		•		ilties, and rents from a controlled organization (Schedule F)						
				on 501(c)(7), (9), or (17) organization (Sche	dule G)	9				· · · · · · · · · · · · · · · · · · ·
Received In Batching Ogden	10	Exploited exempt activ				10	/			
gg S	11	Advertising income (S Other income (See ins		•	2	11	387,050.	10-14 . T		387,050.
, 'ફું ફું 19	12 13_	Total. Combine lines		•		13	1,152,284.	5,1	28.	1,147,156.
age 3	Pa	TIL Deduction	ns No	t Taken Elsewhere (See instruct	tions fo					
₹	æ	(Deductions	must b	be directly connected with the unrelated	busine	ess inc	come)			
Ó	14	Compensation of offi	cers, dı	rectors, and trustees (Schedule K)					14	
	15	Salaries and wages			RF	TEI	VED		15	ļ
	16	Repairs and mainten	ance			<u> </u>	VED		16	
	17	Bad debts Interest (attach sche	dula) (ad	ee instructions)	NQV	Λ Λ			17 18	
	18 19	Taxes and licenses	uue) (Se	ee msn dc (lons)	YQY	v y	2020 9		19	13,146.
	20	Depreciation (attach	Form 45	562)) O E	ر مارون مارون	1 05 m			
	21			Schedule A and elsewhere on return	2GP	FW	UT 21a		21b	
•	22	Depletion							22	
	23	Contributions to defe		mpensation plans					23	
	24	Employee benefit pro							24	
	25	Excess exempt exper							25	
	26	Excess readership co Other deductions (att					SEE STAT	емемт з	26 27	376,460.
	27 28	Total deductions. Ac		•			DEG SINI	-HILL J	28	389,606.
	29	/		ncome before net operating loss deduction. S	Subtract	line 28	3 from line 13		29	757,550.
	30			oss arising in tax years beginning on or after					T	<u> </u>
		(see instructions)	-	·					30	0.
	<u> </u>	Unrelated business ta	xable in	ncome. Subtract line 30 from line 29				 _	31	757,550.
	92370	1 01-27-20 LHA Fo	r Papen	work Reduction Act Notice, see instructions	ŝ.					Form 990-T (2019)

		90-T (2019			94	<u>4-6064808 Page 2</u>
	Par	<u>t7H</u>	Total Unrelated Business Taxable Income			
	32	Total o	unrelated business taxable income computed from all unrelated trades of businesses (see instructions)		32	810,317.
	33		ts paid for disallowed fringes		33	Í
	34		ble contributions (see instructions for limitation rules) STMT 4 STMT 5	4	34	485,590.
	35		nrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of	f lines 32 and 33		324,727.
	36		ion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		36	
	37		f unrelated business taxable income before specific deduction, Subtract line 36 from line 35		7 37	324,727.
			·		X 38	1,000.
٠	38		c deduction (Generally \$1,000, but see line 38 instructions for exceptions)		0 3	1,000.
	39		ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	ļ		222 727
			ne smaller of zero or line 37		1 39	323,727.
			Tax Computation			
	40		pations Taxable as Corporations. Multiply line 39 by 21% (0.21)		► 40 40	
	41		Taxable at Trust Rates. See instructions for tax computation. Income tax lob the amount on line 39 from:	a	- -	1
		Т	ax rate schedule or X Schedule D (Form 1041)	2,		70,669.
	42	Proxy t	ax. See instructions	J	<u> 42</u>	
	43	Alterna	tive minimum tax (trusts only)	Ģ	5 <u>43</u>	15,220.
	. 44	Tax on	Noncompliant Facility Income. See instructions	•	44	<u> </u>
:	45	Total.	Add lines 42, 43, and 44 to line 40 or 41, whichever applies		7 45	85,889.
	Par	t V	Tax and Payments		' 1	
	46 a	Foreign	ax credit (corporations attach Form 1118; trusts attagh Form 1116) 1 46a	18,213	3.	
	b		redits (see instructions)		71	
	C		business credit. Attach Form 3800		71	
	ď		or prior year minimum tax (attach Form 8801 or 8827)		71	
			redits. Add lines 46a through 46d	18	0 46e	18,213.
	47		ct line 46e from line 45	• • • • • • • • • • • • • • • • • • • •	47	67,676.
				(attach schedul		07,070.
	48			(attach schedul	4 49	67,676.
	49		ux. Add lines 47 and 48 (see instructions)		· —	0.
	50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		50	
		•	nts A 2018 overpayment credited to 2019 5 ia 5 ib 2	20 000	-1.1	
			* ***	20,000	<u>'-</u> -	
			posited with Form 8868			1
		_	organizations: Tax paid or withheld at source (see instructions)			
			withholding (see instructions)			
			or small employer health insurance premiums (attach Form 8941)		'.}	
	9	Other c	redits, adjustments, and payments: Form 2439			
		F	orm 4136 Other Total ▶ <u>5.i.g</u>		_ _ _	
	52	Total p	ayments. Add lines 51a through 51g		<u> 52</u>	220,000.
	53	Estimat	ted tax penalty (see instructions). Check if Form 2220 is attached	1	5 5 3	174.
	54	Tax du	e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	, I	► <u>54</u>	
11	55	Overpa	yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	10	► <u>55</u>	152,150.
11	<u>56_</u>			funded 1	<u>► 56</u>	0.
	Par	t VI	Statements Regarding Certain Activities and Other Information (see Instru	ctions)		
	57	At any	time during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Yes No
		over a f	inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			-
		FinCEN	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			<u> </u>
		here	► MAURITIUS			X
	58	Durina	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	gn trust?		X
		-	see instructions for other forms the organization may have to file.	_		7.4
	59		ne amount of tax-exempt interest received or accrued during the tax year > \$			1 - 1-15
		Uı	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the		wledge and	belief, it is true,
	Sign	, c	prect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	6 		
	Here	• •	Elevateth a. Can 10/30/2020 CFO			RS discuss this return with rer shown below (see
			Signature of officer Date Title		instruction	
			Print/Type preparer's name Preparer's signature \(\int \) Date	Check	ıf PT	
			1 The table of	self- employ	- 1	
	Paid		TRACY S. PAGLIA TRACY S. PAGLIA 10/29/20	эсн спіріоў		00366884
		parer	Firm's name MOSS ADAMS LLP	Firm's EIN		1-0189318
	Use	Only	3121 W MARCH LN, STE 200	rum s EIN	>	- UIU3310
			Firm's address STOCKTON, CA 95219-2367	Dhone no	200-	955-6100
		01.07.77	THIII S AUDICSS DIOCKTOM, CA 33213-2307	Triione no.	203-	Form 990-T (2019)
	923711	01-27-20				-corm 330° i (2019)

Schedule A - Cost of Goods	s Sold. Enter method of inven	tory valuation 🕨 N/A			
1 Inventory at beginning of year	1	6 Inventory at end of year	ar	6	
2 Purchases	2	7 Cost of goods sold. Si	ubtract line 6		
3 Cost of labor	3	from line 5. Enter here	and in Part I,		
4 a Additional section 263A costs		line 2	7		
(attach schedule)	4a	8 Do the rules of section	263A (with respect to	Yes No	
b Other costs (attach schedule)	4b	property produced or a	acquired for resale) apply to		
5 Total. Add lines 1 through 4b	5	the organization?			
Schedule C - Rent Income	From Real Property and	Personal Property L	eased With Real Prop	erty)	
(see instructions)					
1. Description of property					
(1)		".			
(2)					
(3)					
(4)					
	2. Rent received or accrued		2/2) 2		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than of rent for p	nd personal property (if the percental ersonal property exceeds 50% or if it is based on profit or income)	ge 3(a) Deductions directly columns 2(a) an	connected with the income in d 2(b) (attach schedule)	
(1)		-			
(2)					
(3)					
(4)			-		
Total	0 . Total		0.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column			(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	• 0.	
Schedule E - Unrelated Deb	t-Financed Income (see	instructions)			
		2. Gross income from	 Deductions directly conr to debt-finance 		
1. Description of debt-fin	anced property	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
			STATEMENT 6	STATEMENT 7	
(1) KF PS TRUST		441,902.	16,866.	 	
(2) KF PS FIRMAMENT		17,304.	123		
(3) KF PS WALNUT CRE	EK	0.	84		
	SALE	-31,086.			
4. Amount of average acquisition debt on or allocable to debt-financed	Average adjusted basis of or allocable to	6. Column 4 divided by column 5	7. Gross income reportable (column	8. Allocable deductions (column 6 x total of columns	
property (attach schedule) STATEMENT 8	debt-financed property STATEMENT 9		2 x column 6)	3(a) and 3(b))	
4.40.400	5,466,608.	2.62%	11,578	4,000.	
(1) 143,129. (2) 18,766.	919,634.	2.04%	353.		
(3) <u>6,519.</u>	377,804.	1.73%		380.	
(4) 183,985.	919,634.	20.01%	-6,220.		
	222,0320		Enter here and on page 1,	Enter here and on page 1,	
			Part I, line 7, column (A)	Part I, line 7, column (B)	
Totals		▶	5,711.		
Total dividends-received deductions in	cluded in column 8			0.	

923731 01-27-20

(3) (4)

0 .

0

0.

Form 990-T (2019)

Totals (carry to Part II, line (5))

Form 990-T (2019) HENRY J. KAISER FAMILY FOUNDATION 94-60648

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	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 26
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 page 1, Part II, line 14			

Form 990-T (2019)

743,817.

		
FORM 990-T INCOME	(LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION		NET INCOME OR (LOSS)
PASSTHROUGH INCOME - ORDINARY I	BUSINESS INCOME (LOSS)	61,449
TOTAL INCLUDED ON FORM 990-T, I	PAGE 1, LINE 5	61,449
FORM 990-T	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
ADD: PASSIVE ACTIVITY LOSSES DI	ISALLOWED	387,050
TOTAL TO FORM 990-T, PAGE 1, L	INE 12	387,050
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
SUBTRACT: PASSIVE ACTIVITY LOSS	S CARRYOVER FROM PY	376,460
TOTAL TO FORM 990-T, PAGE 1, LI	INE 27	376,460
FORM 990-T	CONTRIBUTIONS	STATEMENT 4
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CONTRIBUTIONS FROM PASSTHROUGH		5
GRANT EXPENSES PAID TO 501(C)(3) ORGANIZATIONS	N/A	743,812

TOTAL TO FORM 990-T, PAGE 2, LINE 34

THE HENRY J. KAISER FAMILY FOUNDATION TAX YEAR 2019 CHARITABLE CONTRIBUTION CARRYOVER

Year	CC Generated - 60%	CC Generated - 50%	Utilized Prior Year	Utilized in Current Year	Expiring Carryover	Unused CC Carryforward to 2019
12/31/2014		684,366			(684,366)	-
12/31/2015		602,138			(,,	602,138
12/31/2016		401,859				401,859
12/31/2017		151,443				151,443
12/31/2018	681,983		(681,983)			-
12/31/2019	743,817			(485,590)		258,227
	1,425,800	1,876,623	(681,983)	(485,590)	(684,366)	1,413,667
	Form 990-T, Part III, Iir Total current year 60 Taxable Income Limitation a Allowable contribution	% contributions is adjusted - 60%	810,317 743,817 485,590	\$ 485,590		
•			1,876,623 404,659 -			
	Form 990-T	, part III, line 34 -				
	Allowable contrib	•		\$ 485,590		

FORM 990-T SC	HEDULE E - DEPRECI	ATION DEDUCT	ГОИ	STATEMENT 6
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
AMORTIZATION			16,866.	
AMORTIZATION	- SUBTOTAL	- 1	123.	16,866
	- SUBTOTAL	- 2		123
AMORTIZATION	- SUBTOTAL	- 3	84.	84
TOTAL OF FORM 990-T,	SCHEDULE E, COLUMN	3(A)		17,073
FORM 990-T	SCHEDULE E - OTHE	R DEDUCTIONS		STATEMENT 7
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
INTEREST EXPENSE			7,228.	
INVESTMENT MANAGEMENT	FEES		69,577.	
STATE AND LOCAL TAXES PROFESSIONAL FEES			3,600. 25,636.	
BAD DEBT INTEREST EXP	ENSE		29,770.	
	- SUBTOTAL	- 1		135,811
PROFESSIONAL FEES			3,093.	
MISCELLANEOUS EXPENSE:	S		450.	
STATE AND LOCAL TAXES			16,750.	
INSURANCE INTEREST EXPENSE			4,047. 865.	
INVESTMENT MANAGEMENT	FEES		11,333.	
	- SUBTOTAL	- 2	,	36,538
			180.	·
-				
PROFESSIONAL FEES	SES		1,223.	
PROFESSIONAL FEES PROPERTY & MISC EXPENS	SES		1,223. 13,171.	
PROFESSIONAL FEES PROPERTY & MISC EXPENS STATE & LOCAL TAXES INSURANCE	SES		1,223. 13,171. 3,358.	
PROFESSIONAL FEES PROPERTY & MISC EXPENS STATE & LOCAL TAXES INSURANCE INTEREST EXPENSE			1,223. 13,171. 3,358. 388.	
PROFESSIONAL FEES PROPERTY & MISC EXPENS STATE & LOCAL TAXES INSURANCE INTEREST EXPENSE INVESTMENT MANAGEMENT		- 3	1,223. 13,171. 3,358.	21,859

FORM	990-T		GE ACQUISITION LE TO DEBT-FIN			STATEMENT 8
DESC	RIPTION			ACTIVITY NUMBER	AMOUNT	TOTAL
AVG.	ACQUISITION	DEBT	- SUBTOTAL -	1	143,129.	143,129.
AVG.	ACQUISITION	DEBT	- SUBTOTAL -		18,766.	18,766.
	ACQUISITION		- SUBTOTAL -	3	6,519.	6,519.
AVG.	ACQUISITION	DEBT	- SUBTOTAL -	4	183,985.	183,985.
TOTAL	OF FORM 990)-T, SCHEDU	JLE E, COLUMN	4	-	352,399.

FORM	990-T				BASIS OF OR		STATEMENT 9
DESCI	RIPTION				ACTIVITY NUMBER	AMOUNT	TOTAL
AVG.	ADJUSTED	BASIS				5,466,608.	
AVG.	ADJUSTED	BASTS	-	SUBTOTAL	- 1	919,634.	5,466,608.
			-	SUBTOTAL	- 2	·	919,634.
AVG.	ADJUSTED	BASIS	_	SUBTOTAL	- 3	377,804.	377,804.
AVG.	ADJUSTED	BASIS				919,634.	·
			-	SUBTOTAL	- 4		919,634.
TOTAI	OF FORM	990-Т,	SCHEDULE	E, COLUMN	5		7,683,680.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

ENT	ITY	2
	OMB No.	1545-0047

	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990T for instructions and the latest information. Open to Public Inspection							
Name	of the organization	HENRY J. KAISER				Emptoyer		ion number
	Jnrelated Business	Activity Code (see instructions)						
					INCOME FROM	47-1689	746	
Pa	rt I Unrelated	nses	(C) Net					
1 a	Gross receipts or s	sales						
ь	Less returns and allo		c Balance	1c		1		
2	Cost of goods sold	d (Schedule A, line 7)		2				
3	-	ract line 2 from line 1c		3				
4 a	Capital gain net inc	come (attach Schedule D)		4a				
		rm 4797, Part II, line 17) (attach Fo	orm 4797)	4b				
c		• • • • • • • • • • • • • • • • • • • •		4c				
5	Income (loss) from	a partnership or an S corporation	(attach		564.006			564 006
	statement) STA			5	564,296.			564,296.
6	Rent income (Sche	edule C)		6				
7		anced income (Schedule E)		7_				
8	Interest, annuities,	royalties, and rents from a contro	lled					
	organization (Sche	dule F)		8		ļ		
9	Investment income	e of a section 501(c)(7), (9), or (17)		[
	organization (Sche	dule G)		9				
10	Exploited exempt a	activity income (Schedule I)		10		<u> </u>		
11	Advertising income	e (Schedule J)		11		<u> </u>		
12	Other income (See	instructions, attach schedule)	STMT 11		-577,934.			-577,934.
13_	Total. Combine lin	es 3 through 12		13	-13,638.	<u> </u>		-13,638.
Pai		s Not Taken Elsewhere (S nnected with the unrelated				eductions.) (I	Deductio	ons must be
14	Compensation of c	officers, directors, and trustees (So	chedule K)				14	<u> </u>
15	Salaries and wages	S					15	
16	Repairs and mainte	enance					16_	
17	Bad debts						17	
18	Interest (attach sch	nedule) (see instructions)					18	
19	Taxes and licenses	•) i		19	
20	Depreciation (attac	<u>-</u>			20			
21	Less depreciation	claimed on Schedule A and elsew	here on return		21a		21b	
22	Depletion						22	
23	Contributions to de	eferred compensation plans					23	
24	Employee benefit p	-					24	
25		penses (Schedule I)					25	
26	Excess readership	,					26	
27	Other deductions (27	
28		Add lines 14 through 27					28	0.
29		s taxable income before net opera	•			e 13	29	-13,638.
30		operating loss arising in tax years	peginning on o	r after	January 1, 2018 (see			^
	instructions)						30	13 630
<u>31</u>		taxable income Subtract line 30			<u></u>		31	-13,638.
I HA	For Paperwork R	eduction Act Notice, see instruc	tions.				Schedul	e M (Form 990-T) 2019

FORM 990-T (M)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 10
DESCRIPTION		NET INCOME OR (LOSS)
PASSTHROUGH INCOME FRO	M 47-1689746 - ORDINARY BUSINESS	564,296.
TOTAL INCLUDED ON SCHE	DULE M, PART I, LINE 5	564,296.
= <u></u>		
FORM 990-T (M)	OTHER INCOME	STATEMENT 11
DESCRIPTION		AMOUNT
		
ADD: PAL DISALLOWED SUBTRACT: PASSIVE ACTI	VITY LOSS CARRYOVER FROM PY	418,494. -996,428.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

ENT	ITY	3
	OMP No	1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning

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

Open to Public Inspection for

Name	of the organization	illay D	e made public il your organiz	Employer ide		on number
	HENRY J. KAISER FAMILY	FOU	NDATION	94-60		
	Inrelated Business Activity Code (see instructions) > 90009	9				
	Describe the unrelated trade or business PASSTHROU	GH	INCOME FROM 81	L-267 <u>2</u> 69!	5	
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(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				
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) STATEMENT 12	5_	-1,616,939.			-1,616,939.
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 13	12_	1,505,771.			1,505,771.
<u>13</u>	Total. Combine lines 3 through 12	13	-111,168.			-111,168.
Par	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in			ıctıons.) (Dec	ductic	ns must be
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				19	
20	Depreciation (attach Form 4562)		20			
21	Less depreciation claimed on Schedule A and elsewhere on return		21a		21b	
22	Depletion				22	
23	Contributions to deferred compensation plans				23	
24	Employee benefit programs				24	
25	Excess exempt expenses (Schedule I)				25	
26	Excess readership costs (Schedule J)				26	
27	Other deductions (attach schedule)				27	0.
28	Total deductions. Add lines 14 through 27		Dubtionat line 00 frame line - 41		28	-111,168.
29	Unrelated business taxable income before net operating loss deduction for net operating loss grown in the veget has grown as a constant of the loss of			>	29	-111,100.
30		aiter	January 1, 2018 (See		30	n
21	•					
30 31	Deduction for net operating loss arising in tax years beginning on or instructions) Unrelated business taxable income. Subtract line 30 from line 29				30	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 12
DESCRIPTION		NET INCOME OR (LOSS)
PASSTHROUGH INCOME FROM INCOME (LOSS)	81-2672695 - ORDINARY BUSINESS	-1,616,939.
TOTAL INCLUDED ON SCHED	ULE M, PART I, LINE 5	-1,616,939.
FORM 990-T (M)	OTHER INCOME	STATEMENT 13
DESCRIPTION		AMOUNT
ADD: PASSIVE ACTIVITY L SUBTRACT: PASSIVE ACTIV	OSSES DISALLOWED ITY LOSS CARRYOVER FROM PY	3,411,257. -1,905,486.
TOTAL TO SCHEDULE M, PA	RT I, LINE 12	1,505,771.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

ENT	ΙΤΥ	4
		4545 0043

	Il Revenue Service Do not enter SSN numbers on this form as it					(3).	Open to Public Inspection for 501(c)(3) Organizations Only
Name	of the organization				Employer ide	entricati	on number
	HENRY J. KAISER FAMILY	FOU	NDATION		94-6	0648	0880
	Inrelated Business Activity Code (see instructions) > 90009	9					
	Describe the unrelated trade or business PASSTHROU	GH	INCOME	FROM 4	<u>5-254949</u>	7	
Pa	TI Unrelated Trade or Business Income		(A) Inc	ome	(B) Expens	es	(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	<u> </u>				
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) STATEMENT 14	_5_	52	,767.			52,767.
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)					J	
	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_		5.55			
13	Total. Combine lines 3 through 12	13	52	,767.	·		52,767.
Pai	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in			ns on ded	uctions.) (De	ductio	ns must be
			<u></u>			T 44 T	
14 15	Compensation of officers, directors, and trustees (Schedule K)					14	
15	Salaries and wages					16	_ _
16 17	Repairs and maintenance Bad debts					17	
17 10	Interest (attach schedule) (see instructions)					18	_
18 19	Taxes and licenses				`	19	
20	Depreciation (attach Form 4562)		1	20		 	
20 21	Less depreciation claimed on Schedule A and elsewhere on return		<u> </u>	21a	•	21b	
21 22	Depletion		نيا	<u> </u>		22	
22 23	Contributions to deferred compensation plans					23	
24	Employee benefit programs					24	
25	Excess exempt expenses (Schedule I)					25	 -
26	Excess readership costs (Schedule J)					26	
27	Other deductions (attach schedule)					27	
28	Total deductions, Add lines 14 through 27					28	0.
2 9	Unrelated business taxable income before net operating loss deduc	ction S	Subtract line 2	8 from line	13	29	52,767.
30	Deduction for net operating loss arising in tax years beginning on o						
	instructions)		, ., =-	- , · -		30	0.
31	Unrelated business taxable income Subtract line 30 from line 29					31	52,767.
LHA					S	chedule	M (Form 990-T) 2019

FORM 990-T (M) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 14
DESCRIPTION	NET INCOME OR (LOSS)
PASSTHROUGH INCOME FROM 45-2549497 - ORDINARY BUSINESS INCOME (LOSS)	52,767.
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5	52,767.

SCHEDULE I (Form 1041)

Department of the Treasury

Name of estate or trust

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

2019

Employer identification number

	NRY J. KAISER FAMILY FOUNDATION	94-0	5064808
Pa	rt I Estate's or Trust's Share of Alternative Minimum Taxable Income	, ,	
1	Adjusted total income or (loss) (from Form 1041, line 17) ESBTs, see instructions	1	324,727.
2	Interest	2	
3	Taxes	3	
4	Refund of taxes	4	()
5	Depletion (difference between regular tax and AMT)	_5	
6	Net operating loss deduction Enter as a positive amount	6	
7	Interest from specified private activity bonds exempt from the regular tax	7	
8	Qualified small business stock (see instructions)	8	
9	Exercise of incentive stock options (excess of AMT income over regular tax income)	9	
10	Other estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	10	
11	Disposition of property (difference between AMT and regular tax gain or loss)	11	
12	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	12	
13	Passive activities (difference between AMT and regular tax income or loss)	13	
14	Loss limitations (difference between AMT and regular tax income or loss)	14	
15	Circulation costs (difference between regular tax and AMT)	15	
16	Long-term contracts (difference between AMT and regular tax income)	16	
17	Mining costs (difference between regular tax and AMT)	17	
18	Research and experimental costs (difference between regular tax and AMT)	18	
19	Income from certain installment sales before January 1, 1987	19	()
20	Intangible drilling costs preference	20	
21	Other adjustments, including income-based related adjustments	21	
22	Alternative tax net operating loss deduction (See the instructions for the limitation that applies)	22	()
23	Adjusted alternative minimum taxable income. Combine lines 1 through 22	23	324,727.
	Note: Complete Part II below before going to line 24	!	
24	Income distribution deduction from Part II, line 42 N/A 24		
25	Estate tax deduction (from Form 1041, line 19) N/A 25		
26	Add lines 24 and 25	26	224 525
27	Estate's or trust's share of alternative minimum taxable income. Subtract line 26 from line 23	27	324,727.
	If line 27 is		
	 \$25,000 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 \$25,000, but less than \$183,500, go to line 43		
	• \$183,500 or more, enter the amount from line 27 on line 49 and go to line 50.		
_	ESBTs, see instructions		
	rt II Income Distribution Deduction on a Minimum Tax Basis N/A	1 1	<u>-</u>
	Adjusted alternative minimum taxable income (see instructions)	28	
29	Adjusted tax-exempt interest (other than amounts included on line 7)	29	· - ··
30	Total net gain from Schedule D (Form 1041), line 19, column (1) If a loss, enter-0-	30	
31	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable	1	
	purposes (from Form 1041, Schedule A, line 4)	31	
32	Capital gains paid or permanently set aside for charitable purposes from gross income (see instructions)	32	
33	Capital gains computed on a minimum tax basis included on line 23	33	()
34	Capital losses computed on a minimum tax basis included on line 23. Enter as a positive amount	34	
35	Distributable net alternative minimum taxable income (DNAMTI) Combine lines 28 through 34. If zero		
	or less, enter -0-	. 35	
36	Income required to be distributed currently (from Form 1041, Schedule B, line 9)	36	

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

39 Tax-exempt income included on line 38 (other than amounts included on line 7)

40 Tentative income distribution deduction on a minimum tax basis. Subtract line 39 from line 38

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

Schedule I (Form 1041) (2019)

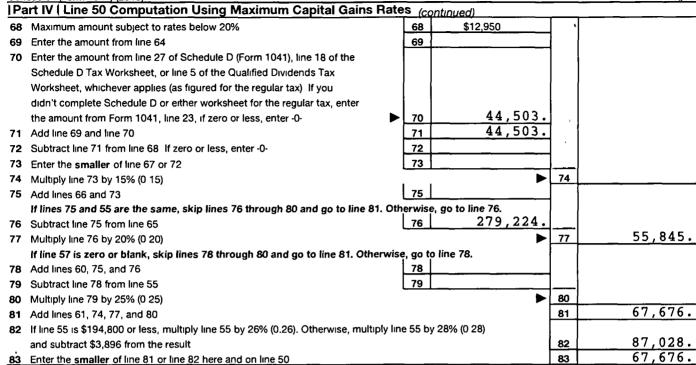
37

38

39

38 Total distributions Add lines 36 and 37

	edule (Form 1041) (2019) HENRY J. KAISER FAMILY FOUN				1-6064808 Page 2
<u>IP</u>	art III Income Distribution Deduction on a Minimum Tax Basis	(conti	nued)	N/A	<u> </u>
41	Tentative income distribution deduction on a minimum tax basis. Subtract line 29	from la	ne 35		
	If zero or less, enter -0-			41	
42	Income distribution deduction on a minimum tax basis. Enter the smaller of lin	ne 40 o	r line 41.		
-	Enter here and on line 24			42	
ĮΡέ	art III Alternative Minimum Tax				
43	Exemption amount		ı	43	\$25,000
44	Enter the amount from line 27	44		⊣ ∣	
45	Phase-out of exemption amount	45_	\$83,500	⊣ ∣	
46	Subtract line 45 from line 44 If zero or less, enter -0-	46		<u> </u>	
47	Multiply line 46 by 25% (0.25)			47	
48	Subtract line 47 from line 43 If zero or less, enter -0-			48	304 505
49	Subtract line 48 from line 44			49	324,727.
50	Go to Part IV of Schedule I to figure line 50 if the estate or trust has qualified dividends or ha	_		1 1	
	of column (2) of Schedule D (Form 1041) (as refigured for the AMT, if necessary). Otherwis	e, if line	49 is:	1 1	
	• \$194,800 or less, multiply line 49 by 26% (0 26).			_	(7 (7)
	 Over \$194,800, multiply line 49 by 28% (0 28) and subtract \$3,896 from the resu 	ılt		50	67,676.
	Alternative minimum foreign tax credit (see instructions)			51	67 676
	Tentative minimum tax. Subtract line 51 from line 50			52	67,676. 52,456.
53				53	
54	Alternative minimum tax. Subtract line 53 from line 52 If zero or less, enter -0-	Enter n	ere and on	1	15 220
IDa	Form 1041, Schedule G, line 1c irt IV I Line 50 Computation Using Maximum Capital Gains Rate			54	15,220.
IFC			/orkshoot	1	
	Caution: If you didn't complete Part V of Schedule D (Form 1041), the Schedule D or the Qualified Dividends Tax Worksheet in the Instructions for Form 1041, see the				
	before completing this part.	16 11 150	uctions		
55	Enter the amount from line 49			55	324,727.
56	Enter the amount from line 26 of Schedule D (Form 1041), line 13 of the Schedule D Tax	1 1		33	321/12/1
50	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)	56	279,224	,	
57	Enter the amount from Schedule D (Form 1041), line 18b, column (2)			1.1	
٠.	(as refigured for the AMT, if necessary) If you didn't complete				
	Schedule D for the regular tax or the AMT, enter -0-	57			
58	If you didn't complete a Schedule D Tax Worksheet for the regular tax or the	П		7 .	
	AMT, enter the amount from line 56 Otherwise, add lines 56 and 57 and enter			1. 1	
	the smaller of that result or the amount from line 10 of the Schedule D Tax]]		J J	
	Worksheet (as refigured for the AMT, if necessary)	58	<u>279,224</u> .	<u>J_</u>	
59	Enter the smaller of line 55 or line 58			59	279,224.
60	Subtract line 59 from line 55			60	45,503.
61	If line 60 is \$194,800 or less, multiply line 60 by 26% (0.26) Otherwise, multiply line	e 60 by	1		
	28% (0 28) and subtract \$3,896 from the result		•	61	11,831.
62	Maximum amount subject to the 0% rate	62	\$2,650	4	
63	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	[[1	
	complete Schedule D or either worksheet for the regular tax, enter the amount		44 500		
	from Form 1041, line 23, if zero or less, enter -0-	63	44,503.	4 1	
64	Subtract line 63 from line 62 If zero or less, enter -0-	64	0.	4	
65	Enter the smaller of line 55 or line 56	65	279,224.	4 1	
66	Enter the smaller of line 64 or line 65 This amount is taxed at 0%	66	270 224	4	
<u>67</u>	Subtract line 66 from line 65	67	279,224		d-1/2
91986	2 12-13-19			Schedi	ule I (Form 1041) (2019)



t £

SCHEDULE D (Form 1041)

Department of the Treasury

Internal Revenue Service

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

2019

Name of estate or trust Employer identification number 94-6064808 HENRY J. KAISER FAMILY FOUNDATION Yes X No Did you 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. Note: Form 5227 filers need to complete only Parts I and II Short-Term Capital Gains and Losses-Generally Assets Held One Year or Less Part I (see instructions) See instructions for how to figure the amounts to enter on the lines below. (d) (e) (g) Adjustments (h) Gain or (loss) Subtract column (e) from column (d) and Proceeds Cost to gain or loss from (sales price) (or other basis) This form may be easier to complete if you round off cents to whole dollars. Form(s) 8949, Part I combine the result with column (g) line 2, 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 Totals for all transactions reported on Form(s) 8949 with Box B checked Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 SEE STATEMENT 15 418,850. Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 5 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2018 Capital Loss Carryover Worksheet Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). Enter here and on line 17, 418,850. column (3) on page 2 Part II Long-Term Capital Gains and Losses-Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the lines below. (d) (e) (h) Gain or (loss) (g) Adjustments Subtract column (e) Proceeds Cost from column (d) and to gain or loss from (or other basis) (sales price) This form may be easier to complete if you round off cents to whole dollars. combine the résult Form(s) 8949, Part II with column (g) line 2, column (g) 8 a 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 8 b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with 10 Box F checked Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 11 11 SEE STATEMENT 16 279,224 12 12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts 13 13 Capital gain distributions 14 Gain from Form 4797, Part I 14 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2018 Capital Loss 15 Carryover Worksheet 15 16 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on line 18a, 279,224. column (3) on page 2

910841 12-09-19 LHA

Schedule D (Form 1041) 2019

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

<u>Sc</u>	hedule D (Form 1041) 2019 HENRY J. KAISER FAMILY FOUR	NDATI	<u>.0</u>	N		94-	<u>606</u>	<u>4808</u>	Page 2
L	Part III Summary of Parts I and II			(1) Beneficiaries'	(2)	Estate	's	(3) T	otal
_	Caution: Read the instructions before completing this part		4			trust's			
17	Net short-term gain or (loss)	17	4		41	8,8	50.	418	850.
18	Net long-term gain or (loss):		۱						
	a Total for year	18a	4		<u>27</u>	9,2	24.	<u>279 ,</u>	224.
	b Unrecaptured section 1250 gain (see line 18 of the worksheet)	<u>18b</u>	4						
	c 28% rate gain	18c	4						
19	Total net gain or (loss). Combine lines 17 and 18a	▶ 19			<u>69</u>	<u>8,0</u>	74.	698,	074.
No	te; If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Foi	rm 990-T,	, P	art I, line 4a) If lines	18a an	d 19,	column	(2), are ne	t gaıns,
	to Part V, and don't complete Part IV If line 19, column (3), is a net loss, comple	ete Part IV	/ ai	nd the Capital Loss Ca	arryove	Work	sheet,	as necessa	ary
Ш	Part IV Capital Loss Limitation								
20	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if	a trust), tl	he	smaller of:			j		
	a The loss on line 19, column (3) or b \$3,000					20	Ц)
No	te: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page	1, line 23	(01	r Form 990-T, line 39)), ıs a l	oss, c	omplet	e the Capita	ıl
_	ss Carryover Worksheet in the instructions to figure your capital loss carryover	<u> </u>							
_	Part V Tax Computation Using Maximum Capital Gains R								
	rm 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or	or an amoi	unt	is entered in Part I or I	Part II a	nd thei	re is an	entry on For	m 1041,
	e 2b(2), and Form 1041, line 23, is more than zero.								
	ution: Skip this part and complete the Schedule D Tax Worksheet in the instruction	ns if							
	Either line 18b, col (2) or line 18c, col (2) is more than zero, or								
	Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero								
	rm 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified di								
	is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the in					8c, co	l. (2) is	more than z	ero.
	Enter taxable income from Form 1041, line 23 (or Form 990-T, line 39)	<u> </u>	!1	323,7	<u>Z7.</u>		{		
22	Enter the smaller of line 18a or 19 in column (2)	٦,							
	but not less than zero 22 279, 23	<u> 44 - </u>					ļ		
23	Enter the estate's or trust's qualified dividends from	1					ļ		
	Form 1041, line 2b(2) (or enter the qualified dividends						Ì		
	included in income in Part I of Form 990-T)	-							
	Add lines 22 and 23 24 279, 22	44 •							
25	If the estate or trust is filing Form 4952, enter the			ĺ					
	amount from line 4g, otherwise, enter -0-	0.	_	270 2	24				
	Subtract line 25 from line 24. If zero or less, enter -0-		6	279,2					
	Subtract line 26 from line 21. If zero or less, enter -0-	_	7_	44,5		i			
	Enter the smaller of the amount on line 21 or \$2,650		8	2,6		!			
	Enter the smaller of the amount on line 27 or line 28	_2	9	2,6	50.				0
	Subtract line 29 from line 28. If zero or less, enter -0 This amount is taxed at 0%	ء ا		1 270 2	24	30			0.
	Enter the smaller of line 21 or line 26		1	279,2 279,2	24.	١ .			
	Subtract line 30 from line 26	_	2	12,9					
	Enter the smaller of line 21 or \$12,950	_	3	44,5					
	Add lines 27 and 30		4_	44,5	03.				
	·		5		<u> </u>				
-		_3	6	<u> </u>					
	Multiply line 36 by 15% (0.15)	ء ا		1 270 2	21	37		-	
38			8	279,2	44.				
	Add lines 30 and 36		9	279,2	24				
	Subtract line 39 from line 38. If zero or less, enter -0-	4	U		24.			55	845.
	Multiply line 40 by 20% (0.20)	1		I		41		55,	0 - 2 0 -
42	Figure the tax on the amount on line 27. Use the 2019 Tax Rate Schedule for Estates	.	2	14,8	24				
	and Trusts (see the Schedule G instructions in the instructions for Form 1041)	4:		70,6					
	Add lines 37, 41, and 42	4:	<u>J</u>	,,,,	99.				
44	Figure the tax on the amount on line 21. Use the 2019 Tax Rate Schedule for Estates	,	4	118,1	37				
	and Trusts (see the Schedule G instructions in the instructions for Form 1041)	41 Cobod		110,1	- ' •				
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 10.	4 I, SCRECI	uie			ا ءر		70	669.
_	G, Part I, line 1a (or Form 990-T, line 41)	-		· · · · · · · · · · · · · · · · · · ·		45_	ob odul -		
910	842 12-09-19					S	cneaule	D (Form 10	41) 2019

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

2

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► 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

HENRY J. KAISER FAMILY Part I Election To Expense Certain Proper						IAMENT	\/ hafara	94-6064808
	ty Under Section 1	79 Note, 11 yo	U Have any na	icu pi	operty,	complete Fart		
1 Maximum amount (see instructions)							1	1,020,000.
2 Total cost of section 179 property place	•	-					2	2 550 000
3 Threshold cost of section 179 property			_				3	2,550,000.
4 Reduction in limitation Subtract line 3 f	rom line 2. If zero	or less, ente	r -0-				4	
5 Dollar limitation for tax year Subtract line 4 from line		-0- If married filing					5	
6 (a) Description of pro	perty		(b) Cost (busine	ess use	only)	(c) Elected of	ost	4
	·							4
					<u> </u>	·— <u>—-</u>		_
								_
								1
7 Listed property Enter the amount from	line 29				7			
8 Total elected cost of section 179 proper	ty Add amounts	in column (c)	, lines 6 and 7	7			8	
9 Tentative deduction Enter the smaller	of line 5 or line 8						9	
10 Carryover of disallowed deduction from	line 13 of your 2	018 Form 456	2				10	
11 Business income limitation. Enter the sr	naller of business	s income (not	less than zero) or lu	ne 5		11	
12 Section 179 expense deduction. Add Irr	es 9 and 10, but	don't enter m	ore than line	11			12	
13 Carryover of disallowed deduction to 20	20 Add lines 9 a	and 10, less lir	ne 12		13			-
Note: Don't use Part II or Part III below for I								
Part II Special Depreciation Allowar	ice and Other D	epreciation (Don't include	listed	d proper	ty)		
14 Special depreciation allowance for quali								
the tax year	mod property (ca		p p			···· y	14	
15 Property subject to section 168(f)(1) elec	ction						15	
16 Other depreciation (including ACRS)	30011						16	
Part III MACRS Depreciation (Don't	include listed pro	nerty See in	structions)			· ·	[10	
MACRO Depresiation (Bott t	inolade lieted pre	 	ction A					
17 MACRS deductions for assets placed in 18 If you are electing to group any assets placed in service.	-			nts. che	ck here	▶ □	17	
Section B - Assets						eral Depreciat	ion Syst	
(a) Classification of property	(b) Month and year placed in service	(c) Basis for (business/in	depreciation vestment use nstructions)	(d)	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property								
b 5-year property								
c 7-year property								
d 10-year property								
e 15-year property								
f 20-year property	<u> </u>							
g 25-year property				2	5 yrs	7	S/L	
g zo your proporty	/				5 yrs	ММ	S/L	
h Residential rental property	/				5 yrs.	MM	S/L	
	' ,	 			9 yrs	MM	S/L	
 Nonresidential real property 	'				<u> </u>	MM	S/L	
Section C - Assets P	aced in Service	During 2019	Tax Year Us	ing th	e Altern			stem
20a Class life	*	<u> </u>					S/L	
b 12-year		ĺ		1	2 yrs.		S/L	
c 30-year	/	<u> </u>			0 yrs.	ММ	S/L	
d 40-year	/				0 yrs.	ММ	S/L	
Part IV Summary (See Instructions)	·	•			•			·
21 Listed property. Enter amount from line	28			_			21	
22 Total. Add amounts from line 12, lines 1		es 19 and 20	ın column (a)	and I	ine 21		<u></u> -	
Enter here and on the appropriate lines								1
Lines tiere and on the appropriate lines	nt votir retiirn ≌a	artnerchine on	d S corporati	one - e	ee inetr		22	1
23 For assets shown above and placed in s				ons - s	ee instr		22	0.

(a)
Description of costs

(b)
Date amortization
begins

Amortizable
amount

(c)
Amortizable
amount

Code
section

Amortization
pend or percentage

42 Amortization of costs that begins during your 2019 tax year

43 Amortization of costs that began before your 2019 tax year

44 Total. Add amounts in column (f) See the instructions for where to report

(f)
Amortization
for this year

43 123.

D10050 10 10 10

Form 4562 (2019)

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

➤ Attach to your tax return.

E-

1

OMB No 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

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

Business or activity to which this form relates

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	Note: For any 24b, columns (vehicle for w (a) through (c	hich you are us) of Section A,	sing the	ection B	, and S	ection C	if appli	icable							
_			on and Other I			ution:	See the	ınstruc								
<u>24</u>	a Do you have evidence to s	T		nt use cl	aimed?	<u> </u>	/es	No	24b If "Y	es," ıs t	he evide	nce writ	ten?	Yes	No	
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag		(d) Cost or other basis	l /bu	e) sis for dep. on/ssenieu use on	reciation estment	(f) Recovery period	Me	(g) ethod/ vention	Depr	(h) eciation luction	Ele sectio	(i) cted on 179 ost	
25	Special depreciation allo			property	y placed	ın servi	ce durin	g the ta	x year and	1					-	
_	used more than 50% in					•••	_				25	L		<u> </u>		
<u>26</u>	Property used more that	n 50% in a qi		· 1		<u> </u>			Ι	г —		Τ		ľ	_	
_		<u> </u>	9	\rightarrow		-			 	 		+				
_		 _	9			+				<u> </u>		+				
	Property used 50% or le	on in a qualit	ind business u						L				 -			
21	Property used 50% or le	ss in a quaii				$\neg r$			Τ	S/L·		Τ	·		-	
_			9			_			 	S/L·		┼──				
_			9/			\dashv				S/L·		 			•	
28	Add amounts in column	(h) lines 25			e and on	line 21	nage 1	<u>-</u>	l	<u> </u>	28	+				
	Add amounts in column		•				, page i					ь	29			
	- No announce in concentration	(), III.O 20 C			B - Infor		on Use	of Veh	icles							
	mplete this section for ve your employees, first answ										•			ehicles		
_				(a)		(b)			(c)		(d)		(e)		(f)	
30	30 Total business/investment miles driven during t		uring the	Vehicle		Ve	Vehicle \\		Vehicle		Vehicle		Vehicle		Vehicle	
	year (don't include commut	ting miles)						4				ļ			_	
31	Total commuting miles of	driven during	the year					 				ļ				
32	Total other personal (nor driven	ncommuting)) miles												_	
33	Total miles driven during Add lines 30 through 32		ĺ					İ				ĺ				
34	Was the vehicle available		aluse	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
•	during off-duty hours?	o to porcont	000		1		1	1	, ,,,,,		1	1	1			
35	Was the vehicle used pr	marily by a r	more						1				1			
	than 5% owner or relate		i								:					
36	Is another vehicle availal	ble for perso	nal													
	use ⁹							<u> </u>			<u> </u>		<u> </u>			
		Section C	- Questions fo	or Empi	loyers W	ho Pro	vide Ve	hicles f	or Use by	Their E	Employe	es				
Ans	swer these questions to d	letermine if y	ou meet an ex	ception	to comp	leting S	Section 1	B for ve	hicles use	d by em	ployees	who a	ren't			
_	re than 5% owners or rela														т	
37	Do you maintain a writte employees?	n policy state	ement that pro	hibits a	III person	al use c	of vehicl	es, ınclı	uding com	muting,	by your			Yes	No	
38	Do you maintain a writte	n policy state	ement that pro	hibits p	ersonal	use of v	ehicles,	except	commutir	ig, by ye	our					
	employees? See the inst		•	•				-								
39	Do you treat all use of ve	ehicles by en	nployees as pe	rsonal ı	use?											
40	Do you provide more tha	an five vehicle	es to your emp	loyees,	obtain ii	nformat	ion from	your e	mployees	about						
	the use of the vehicles, a	and retain the	e information re	eceived	17											
41	Do you meet the require	ments conce	rning qualified	autom	obile der	nonstra	tion use	?								
_	Note: If your answer to 3	37, 38, 39, 40	0, or 41 is "Yes	s," don'	t comple	te Secti	on B for	the co	vered vehi	cles				<u> </u>		
P	art VI Amortization		· · · · · · · · · · · · · · · · · · ·													
	(a) Description of	costs	Date a	(b) mortization regins		(C) Amortizat amoun	ble t		(d) Code section		(e) Amortiza penod or per		An fo	(f) nortization this year		
42	Amortization of costs tha	at begins dui			ır							- 1				
		.														
 43	Amortization of costs that	at began bef	ore your 2019	tax vea	r						 	43		16,8	366.	
	Total. Add amounts in c	-	-	-		report						44		16,8		
	52 12-12-19			_									F	rm 4562		

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

E-

OMB No 1545-0172

Internal Revenue Service

► Attach to your tax return. ▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

3

94-6064808 HENRY J. KAISER FAMILY FOUNDATION KF PS WALNUT CREEK Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 1,020,000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 3 2,550,000. 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-5 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filling (c) Elected cost (b) Cost (business use only) (a) Description of property 6 7 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2020 Add lines 9 and 10, less line 12 ▶ 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 the tax year 15 15 Property subject to section 168(f)(1) election 16 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't include listed property See instructions) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2019 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (business/investment use (d) Recovery (a) Classification of property (e) Convention (f) Method (a) Depreciation deduction only - see instructions) 3-year property 19a 5-year property 7-year property 10-year property d 15-year property е 20-year property 25 yrs S/L 25-year property a ММ 27 5 yrs S/L Residential rental property h 27 5 yrs MM S/L MM 39 vrs. S/L i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System S/L 20a Class life 12 yrs. S/L b 12-year 30 yrs MM S/L 30-year C 40 yrs. MM S/L 40-year Part IV | Summary (See instructions) 21 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 0. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

	24b, columns														
	Section A	- Depreciation	on and Other	Informa	tion (Ca	ution:	See the								
<u>24a</u>	Do you have evidence to	support the bu	siness/investmo	nt uco cl	aimod?	<u> </u>	es	No	24b If "Y	cs," is t	he evide	nce writ	ten?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag		(d) Cost or ther basis	/bu	(e) sis for depr isiness/inve use only	stment	(f) Recovery period] M∈	(g) ethod/ vention	Depr	(h) eciation luction	Ele	(i) ected on 179 ost
25	Special depreciation all	owance for q	ualified listed p	property	placed	ın servic	e during	the ta	x year and	<u> </u>					
	used more than 50% in	a qualified by	usiness use								25				
26 F	Property used more that	ın 50% ın a q	ualified busine	ss use											
			9	6											
		ļ	9	6					<u> </u>					<u> </u>	
		<u></u>	9	6						<u> </u>		<u> </u>		<u> </u>	
27 F	Property used 50% or le	ess in a qualit	fied business u	ise						,					
		ļ	9	6		-				S/L -					
		 		6						S/L -		ļ		4	
		1	9						L	S/L -		↓		4	
	Add amounts in column		-				page 1				28	↓	Т		
<u>29</u> /	Add amounts in column	i (i), line 26 E					on Use								
	plete this section for ve our employees, first ans		•		•				-		•			vehicles	
30 T	O Total business/investment miles driven during the			(a) Vehicle			(b) Vehicle		(c) Vehicle		d) hicle	(e) Vehicle		(f) Vehicle	
у	/ear (<mark>don't</mark> include commu	iting miles)										<u> </u>			
31 T	Total commuting miles	driven during	the year					<u> </u>				<u> </u>			
	Fotal other personal (no driven	ncommuting) miles												
33 T	Fotal miles driven during	g the year						1							
P	Add lines 30 through 32	2				<u> </u>	1		<u>,</u>		,	-	1	ļ	
	Was the vehicle availab	le for persona	al use	Yes	No	Yes	No_	Yes	No_	Yes	No_	Yes	No_	Yes	No
	during off-duty hours?				╁──┈		 		+		 -	1	 		
	Was the vehicle used problem 50% assets		more				[1			
	han 5% owner or relate s another vehicle availa	•	nal	-	 	 	 				 	 	 		_
	s another verticle availa	ible for perso	IIdi		1										
	190.	Section C	- Questions fo	or Empl	lovers W	ho Pro	vide Veh	icles f	or Use by	Their E	mplove	es			
Answ	ver these questions to			•	-				_				ren't		
more	than 5% owners or rel	ated persons											_		
	Do you maintain a writte employees?	en policy stat	ement that pro	hibits a	ll person	al use o	f vehicle	s, ınclu	ıdıng com	muting,	by your			Yes	No
38 C	Do you maintain a writte	en policy stat	ement that pro	hibits p	ersonal	use of v	ehicles, (except	commutir	ng, by y	our				
е	employees? See the ins	tructions for	vehicles used	by corp	orate off	icers, dı	rectors,	or 1% (or more o	vners				<u> </u>	<u> </u>
39 C	Do you treat all use of v	ehicles by en	nployees as pe	rsonal (ıse?										
	Do you provide more th			-		nformati	on from	your ei	mployees	about					
	he use of the vehicles,													ļ	<u> </u>
	Do you meet the require		• .											<u> </u>	<u> </u>
_	lote: If your answer to	<u>37, 38, 39, 40</u>	0, or 41 is "Yes	s," don't	t comple	te Secti	on B for	the cov	vered veh	cles					
Par	rt VI Amortization			/h)	, 				(d)		(e)			(f)	
	(a) Description of			(b) mortization begins	L	(C) Amortizat amount			(d) Code section		Amortiza penod or per	tion	Ar fo	nortization or this year	
42 A	Amortization of costs th	at begins dui	ring your 2019	tax yea	r T			Т.							
					 -			+		-+-					
40 ^		at have to	2010		<u> </u>			_L				1/2			84.
	Amortization of costs th	-	-	-		rono-4						43			84.
44 T	otal. Add amounts in o	olumn (f) Se	e me mstruction	אונג זטן אונג	wriere to	report									<u> </u>

SCHEDULE D	NET SHORT-TERM GAIN OR LOSS FROM PARTNERSHIPS AND S-CORPORATIONS		STATEMENT 15
DESCRIPTION OF	ACTIVITY		GAIN OR LOSS
PASSTHROUGH INC	OME-PASSTHROUGH INCOME		418,850.
TOTAL TO SCHEDU	LE D, PART I, LINE 5		418,850.
SCHEDULE D	NET LONG-TERM GAIN OR LOSS FROM PARTNERSHIPS AND S-CORPORATIONS		STATEMENT 16
DESCRIPTION OF	ACTIVITY	GAIN OR LOSS	28% GAIN
PASSTHROUGH INC	OME-PASSTHROUGH INCOME	279,224.	
TOTAL TO SCHEDU	LE D, PART II, LINE 12	279,224.	