

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

OMB No. 1545-0047

2019Department of the Treasury
Internal Revenue Service

For calendar year 2019 or other tax year beginning 10/01, 2019, and ending 09/30, 2020

▶ 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

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions) TEXAS CHILDREN'S HOSPITAL FOUNDATION	D Employer identification number (Employees' trust, see instructions) 20-2380599
		Number, street, and room or suite no. If a P.O. box, see instructions 6621 FANNIN STREET City or town, state or province, country, and ZIP or foreign postal code HOUSTON, TX 77030	E Unrelated business activity code (See instructions.) 901101
C Book value of all assets at end of year 2,849,753,518	F Group exemption number (See instructions.) ▶ G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

H Enter the number of the organization's unrelated trades or businesses. ▶ 4 Describe the only (or first) unrelated trade or business here ▶ **INVESTMENT ACTIVITIES**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? ▶ ☒ Yes ☐ No
 If "Yes," enter the name and identifying number of the parent corporation. ▶ **TEXAS CHILDREN'S 76-0461578**

J The books are in care of ▶ **JENNIFER LITTLE** Telephone number ▶ (832) 824-2972

Part I Unrelated Trade or Business Income			(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	0	c Balance ▶	1c 0		
b Less returns and allowances	0		2 0		
2 Cost of goods sold (Schedule A, line 7)			3 0		0
3 Gross profit. Subtract line 2 from line 1c			4a 0		0
4a Capital gain net income (attach Schedule D)			4b 767,290		767,290
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4c 0		0
c Capital loss deduction for trusts			5 3,630,024		3,630,024
5 Income (loss) from a partnership or an S corporation (attach statement)			6 0	0	0
6 Rent income (Schedule C)			7 0	0	0
7 Unrelated debt-financed income (Schedule E)			8 0	0	0
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			9 0	0	0
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			10 0	0	0
10 Exploited exempt activity income (Schedule I)			11 0	0	0
11 Advertising income (Schedule J)			12 0	0	0
12 Other income (See instructions; attach schedule)			13 4,397,314	0	4,397,314
13 Total. Combine lines 3 through 12					

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14 0
15 Salaries and wages		15 0
16 Repairs and maintenance		16 0
17 Bad debts		17 0
18 Interest (attach schedule) (see instructions)		18 107,050
19 Taxes and licenses		19 14,710
20 Depreciation (attach Form 4562)		20 0
21 Less depreciation claimed on Schedule A and elsewhere on return		21a 0
22 Depletion		22 1,312,403
23 Contributions to deferred compensation plans		23 0
24 Employee benefit programs		24 0
25 Excess exempt expenses (Schedule I)		25 0
26 Excess readership costs (Schedule J)		26 0
27 Other deductions (attach schedule)		27 8,189,404
28 Total deductions. Add lines 14 through 27		28 9,623,567
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29 (5,226,253)
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30 0
31 Unrelated business taxable income. Subtract line 30 from line 29		31 (5,226,253)

For Paperwork Reduction Act Notice, see instructions.

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Part III Total Unrelated Business Taxable Income

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

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800 (see instructions)	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	0
47	Subtract line 46e from line 45	47	0
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	0
49	Total tax. Add lines 47 and 48 (see instructions)	49	0
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
51a	Payments: A 2018 overpayment credited to 2019	51a	0
b	2019 estimated tax payments	51b	0
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	24
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other 0 Total	51g	0
52	Total payments. Add lines 51a through 51g	52	24
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	0
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	24
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax 0 Refunded 24	56	24

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

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <input checked="" type="checkbox"/> CJ	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		<input checked="" type="checkbox"/>
59	Enter the amount of tax-exempt interest received or accrued during the tax year <input checked="" type="checkbox"/> \$ 0		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	
	Signature of officer <i>[Signature]</i>	Date <i>8/10/21</i> Title EXECUTIVE VICE PRESIDENT & CFO

Paid Preparer Use Only	Print/Type preparer's name RACHEL SPURLOCK	Preparer's signature <i>Rachel Spurlock</i>	Date 08/05/2021	Check <input type="checkbox"/> if self-employed	PTIN P00520729
	Firm's name CROWE LLP	Firm's EIN 35-0921680		Phone no. (214) 777-5200	
	Firm's address 750 N ST PAUL, SUITE 850, DALLAS, TX 75201				

Schedule A—Cost of Goods Sold. Enter method of inventory valuation ►

1	Inventory at beginning of year	1	0	6	Inventory at end of year	6	0
2	Purchases	2	0	7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	0
3	Cost of labor	3	0				
4a	Additional section 263A costs (attach schedule)	4a	0	8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b	Other costs (attach schedule)	4b	0				
5	Total. Add lines 1 through 4b	5	0				

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0	Total
	0	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►
		0

Schedule E—Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
			0	0
Total dividends-received deductions included in column 8				0

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).		Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0		0

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0		0

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			
Totals		0	0	0		

Schedule J—Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col. 3). If a gain, compute cols 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0	0	0		0

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶	0	0				0
Totals, Part II (lines 1–5) ▶	Enter here and on page 1, Part I, line 11, col (A) 0	Enter here and on page 1, Part I, line 11, col. (B) 0				Enter here and on page 1, Part II, line 26 0

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

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			0

Form **990-T** (2019)

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

OMB No 1545-0123

2019

Name

Employer identification number

TEXAS CHILDREN'S HOSPITAL FOUNDATION

20-2380599

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☒ Yes ☐ No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.**Part I Short-Term Capital Gains and Losses (See instructions.)**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				0
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				0
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				0
3 Totals for all transactions reported on Form(s) 8949 with Box C checked	9,353	0	0	9,353
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6 (0)
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				7 9,353

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				0
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				0
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				0
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	(1,628,996)	0	0	(1,628,996)
11 Enter gain from Form 4797, line 7 or 9				11 0
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions (see instructions)				14
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				15 (1,628,996)

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16 0
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17 0
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns	18 0

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

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

Cat No. 11460M

Schedule D (Form 1120) 2019

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

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

OMB No 1545-0047

2019

Department of the Treasury
Internal Revenue Service

For calendar year 2019 or other tax year beginning 10/01, 2019, and ending 09/30, 20 20

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

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Name of the organization

Employer identification number

TEXAS CHILDREN'S HOSPITAL FOUNDATION

20-2380599

Unrelated Business Activity Code (see instructions) 902001

Describe the unrelated trade or business QUALIFIED PARTNERSHIP INTEREST - 1

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	0				
b	Less returns and allowances	0				
	c Balance		1c	0		
2	Cost of goods sold (Schedule A, line 7)		2	0		
3	Gross profit. Subtract line 2 from line 1c		3	0		0
4a	Capital gain net income (attach Schedule D)		4a	0		0
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b	0		0
c	Capital loss deduction for trusts		4c	0		0
5	Income (loss) from a partnership or an S corporation (attach statement)		5	289		289
6	Rent income (Schedule C)		6	0	0	0
7	Unrelated debt-financed income (Schedule E)		7	0	0	0
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8	0	0	0
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9	0	0	0
10	Exploited exempt activity income (Schedule I)		10	0	0	0
11	Advertising income (Schedule J)		11	0	0	0
12	Other income (See instructions; attach schedule)		12	0		0
13	Total. Combine lines 3 through 12		13	289	0	289

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			14	0
15	Salaries and wages			15	0
16	Repairs and maintenance			16	0
17	Bad debts			17	0
18	Interest (attach schedule) (see instructions)			18	0
19	Taxes and licenses			19	0
20	Depreciation (attach Form 4562)	20	0		
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	0	21b	0
22	Depletion			22	0
23	Contributions to deferred compensation plans			23	0
24	Employee benefit programs			24	0
25	Excess exempt expenses (Schedule I)			25	0
26	Excess readership costs (Schedule J)			26	0
27	Other deductions (attach schedule)			27	43,704
28	Total deductions. Add lines 14 through 27			28	43,704
29	Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13			29	(43,415)
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)			30	0
31	Unrelated business taxable income. Subtract line 30 from line 29			31	(43,415)

For Paperwork Reduction Act Notice, see instructions.

Cat No 71329Y

Schedule M (Form 990-T) 2019

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

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

OMB No. 1545-0047

2019

Department of the Treasury
Internal Revenue Service

For calendar year 2019 or other tax year beginning 10/01, 2019, and ending 09/30, 2020

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501(c)(3) Organizations Only

Name of the organization

Employer identification number

TEXAS CHILDREN'S HOSPITAL FOUNDATION

20-2380599

Unrelated Business Activity Code (see instructions) ► 53

Describe the unrelated trade or business ► QUALIFIED PARTNERSHIP INTEREST - 2

Part I Unrelated Trade or Business Income

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 0			
b Less returns and allowances 0			
c Balance ►	1c 0		
2 Cost of goods sold (Schedule A, line 7)	2 0		
3 Gross profit. Subtract line 2 from line 1c	3 0		0
4a Capital gain net income (attach Schedule D)	4a 0		0
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b 0		0
c Capital loss deduction for trusts	4c 0		0
5 Income (loss) from a partnership or an S corporation (attach statement)	5 (145,870)		(145,870)
6 Rent income (Schedule C)	6 0	0	0
7 Unrelated debt-financed income (Schedule E)	7 0	0	0
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8 0	0	0
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9 0	0	0
10 Exploited exempt activity income (Schedule I)	10 0	0	0
11 Advertising income (Schedule J)	11 0	0	0
12 Other income (See instructions; attach schedule)	12 0		0
13 Total. Combine lines 3 through 12	13 (145,870)	0	(145,870)

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14 0
15 Salaries and wages	15 0
16 Repairs and maintenance	16 0
17 Bad debts	17 0
18 Interest (attach schedule) (see instructions)	18 0
19 Taxes and licenses	19 0
20 Depreciation (attach Form 4562)	20 0
21 Less depreciation claimed on Schedule A and elsewhere on return	21a 0
22 Depletion	22 0
23 Contributions to deferred compensation plans	23 0
24 Employee benefit programs	24 0
25 Excess exempt expenses (Schedule I)	25 0
26 Excess readership costs (Schedule J)	26 0
27 Other deductions (attach schedule)	27 5,487
28 Total deductions. Add lines 14 through 27	28 5,487
29 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13	29 (151,357)
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30 0
31 Unrelated business taxable income. Subtract line 30 from line 29	31 (151,357)

For Paperwork Reduction Act Notice, see instructions.

Cat No 71329Y

Schedule M (Form 990-T) 2019

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

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

OMB No 1545-0047

2019

Department of the Treasury
Internal Revenue Service

For calendar year 2019 or other tax year beginning 10/01, 2019, and ending 09/30, 20 20

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

Name of the organization

Employer identification number

TEXAS CHILDREN'S HOSPITAL FOUNDATION

20-2380599

Unrelated Business Activity Code (see instructions) ► 902002

Describe the unrelated trade or business ► QUALIFIED PARTNERSHIP INTEREST - 3

Part I Unrelated Trade or Business Income

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 0			
b Less returns and allowances 0			
c Balance ►	1c 0		
2 Cost of goods sold (Schedule A, line 7)	2 0		
3 Gross profit. Subtract line 2 from line 1c	3 0		0
4a Capital gain net income (attach Schedule D)	4a 0		0
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b 0		0
c Capital loss deduction for trusts	4c 0		0
5 Income (loss) from a partnership or an S corporation (attach statement)	5 (47,037)		(47,037)
6 Rent income (Schedule C)	6 0	0	0
7 Unrelated debt-financed income (Schedule E)	7 0	0	0
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8 0	0	0
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9 0	0	0
10 Exploited exempt activity income (Schedule I)	10 0	0	0
11 Advertising income (Schedule J)	11 0	0	0
12 Other income (See instructions; attach schedule)	12 0		0
13 Total. Combine lines 3 through 12	13 (47,037)	0	(47,037)

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14 0
15 Salaries and wages	15 0
16 Repairs and maintenance	16 0
17 Bad debts	17 0
18 Interest (attach schedule) (see instructions)	18 0
19 Taxes and licenses	19 0
20 Depreciation (attach Form 4562)	20 0
21 Less depreciation claimed on Schedule A and elsewhere on return	21a 0
22 Depletion	22 0
23 Contributions to deferred compensation plans	23 0
24 Employee benefit programs	24 0
25 Excess exempt expenses (Schedule I)	25 0
26 Excess readership costs (Schedule J)	26 0
27 Other deductions (attach schedule)	27 5,548
28 Total deductions. Add lines 14 through 27	28 5,548
29 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13	29 (52,585)
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30 0
31 Unrelated business taxable income. Subtract line 30 from line 29	31 (52,585)

For Paperwork Reduction Act Notice, see instructions.

Cat No 71329Y

Schedule M (Form 990-T) 2019

Attachment to be made part of
Form 990-T, Exempt Organization Business Income Tax Return
Texas Children's Hospital Foundation
20-2380599
For the Year Ending 9/30/2020

Transferee Name: TWO SIGMA ABSOLUTE COMPASS ENHANCED CAYMAN FUND, LTD.
Transferee ID No.: TWO001
Transferee Address: CITCO FUND ADMINISTRATION (CAYMAN) LTD, 89 NEXUS WAY, 2ND FLOOR,
CAMANA BAY, GEORGE TON, GRAND CAYMAN, KY1-1205, CAYMAN ISLANDS

Statement pursuant to §1.351-3(a) by Texas Children's Hospital Foundation (20-2380599), a significant transferor.

This statement is filed in accordance with Regulation 1.351-3(a) to disclose the details of the asset transfer to the above transferee corporation (transferee) from the below corporation (significant transferor).

Date of Transfer: 02/01/2020

Property received from significant transferors:

Significant Transferor Name	Significant Transferor ID No.	Cost or Adjusted Basis	FMV
Texas Children's Hospital Foundation	20-2380599	2,500,000	2,500,000

The items listed above appear in detail in the taxpayer's permanent book of accounts
No private letter rulings have been issued by the IRS in connection with the §351 exchange.

Sales and Other Dispositions of Capital Assets

OMB No 1545-0074

Department of the Treasury
Internal Revenue Service

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

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

2019
Attachment
Sequence No **12A**

Name(s) shown on return

TEXAS CHILDREN'S HOSPITAL FOUNDATION

Social security number or taxpayer identification number

20-2380599

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	FROM SCHEDULE K-1 (FORM 1065)	VARIOUS	VARIOUS	9,353				9,353
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►				9,353	0		0	9,353

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

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

Cat. No 37768Z

Form **8949** (2019)

Name(s) shown on return Name and SSN or taxpayer identification no. not required if shown on other side
 TEXAS CHILDREN'S HOSPITAL FOUNDATION

Social security number or taxpayer identification number
 20-2380599

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

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

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

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

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

1	(a) Description of property (Example 100 sh XYZ Co.)	(b) Date acquired (Mo, day, yr)	(c) Date sold or disposed of (Mo, day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	FROM SCHEDULE K-1 (FORM 1065)	VARIOUS	VARIOUS	(664,550)				(664,550)
	CAPITAL GAIN/(LOSS) FROM SALES OF PTP INTERESTS/UNITS	VARIOUS	VARIOUS	(964,446)				(964,446)
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶				(1,628,996)	0		0	(1,628,996)

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

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.

Name(s) shown on return

TEXAS CHILDREN'S HOSPITAL FOUNDATION

Business or activity to which this form relates

901101

Identifying number

20-2380599

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	Maximum amount (see instructions)	1	1,020,000
2	Total cost of section 179 property placed in service (see instructions)	2	0
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	1,020,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	1,020,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
DEDUCTIONS FROM PASS-THROUGH ENTITIES		16,970	16,970
7	Listed property. Enter the amount from line 29	7	0
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	16,970
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	16,970
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	0
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	0
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	16,970

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. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	0
15	Property subject to section 168(f)(1) election	15	0
16	Other depreciation (including ACRS)	16	0

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	0
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 <input type="checkbox"/>		

Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(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						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			27.5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 30-year			30 yrs	MM	S/L	
d 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	0
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	0
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	0

For Paperwork Reduction Act Notice, see separate instructions.

Cat No 12906N

Form **4562** (2019)

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 (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions.							25	0
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1.							28	0
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1.							29	0

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32	0	0	0	0	0	0
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions.		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2019 tax year (see instructions):					
43 Amortization of costs that began before your 2019 tax year				43	0
44 Total. Add amounts in column (f). See the instructions for where to report				44	0

FORM 990-T, PAGE 2, LINE 50E

**BACK-UP WITHHOLDING
SUPPORT**

Name of Partnership	EIN	UBI
QUALIFIED PARTNERSHIP INTEREST - 1		
(1) QUALIFIED PARTNERSHIP INTEREST - 1	82-1568240	289
Total		289
QUALIFIED PARTNERSHIP INTEREST - 2		
(1) QUALIFIED PARTNERSHIP INTEREST - 2	82-1534817	-145,870
Total		-145,870
QUALIFIED PARTNERSHIP INTEREST - 3		
(1) QUALIFIED PARTNERSHIP INTEREST - 3	36-4845228	-47,037
Total		-47,037
INVESTMENT ACTIVITIES		
(1) INCOME (LOSS) FROM PARTNERSHIPS		3,630,024
Total		3,630,024

Description	Amount
INVESTMENT ACTIVITIES	
(1) BUSINESS INTEREST EXPENSE FROM SCHEDULE K-1S	107,050
Total for Part II, Line 18	107,050

Description	Amount
INVESTMENT ACTIVITIES	
(1) FOREIGN TAXES FROM SCHEDULE K-1S	3,078
(2) STATE TAXES	11,632
Total	14,710

Description	Amount
QUALIFIED PARTNERSHIP INTEREST - 1	
(1) MANAGEMENT FEES	43,704
QUALIFIED PARTNERSHIP INTEREST - 2	
(2) MANAGEMENT FEES	5,487
QUALIFIED PARTNERSHIP INTEREST - 3	
(3) MANAGEMENT FEES	5,548
INVESTMENT ACTIVITIES	
(4) PROFESSIONAL FEES	107,470
(5) MANAGEMENT FEES	471,763
(6) OTHER DEDUCTIONS FROM SCHEDULE K1S	7,610,171
Total	8,189,404

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining
QUALIFIED PARTNERSHIP INTEREST - 1					
2018	28,887		0	0	28,887
2019	43,415		0	0	43,415
Totals	72,302	0	0	0	72,302
QUALIFIED PARTNERSHIP INTEREST - 2					
2018	173,099		0	0	173,099
2019	151,357		0	0	151,357
Totals	324,456	0	0	0	324,456
QUALIFIED PARTNERSHIP INTEREST - 3					
2018	100,316		0	0	100,316
2019	52,585		0	0	52,585
Totals	152,901	0	0	0	152,901
INVESTMENT ACTIVITIES					
2018	3,993,296		0	0	3,993,296
2019	5,226,253		0	0	5,226,253
Totals	9,219,549	0	0	0	9,219,549

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2014	12,837				12,837	2019
2015	7,086				7,086	2020
2016	8,067				8,067	2021
2017	19,960				19,960	2022
2018	19,976				19,976	2023
2019	4,830				4,830	2024
Totals	72,756	0	0	0	72,756	

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2012	3,445,540		2,521,713		923,827	2032
2013	899,985				899,985	2033
2014	2,235,170				2,235,170	2034
2015	8,461,574				8,461,574	2035
2016	7,940,666				7,940,666	2036
2017	4,228,643				4,228,643	2037
Totals	27,211,578	0	2,521,713	0	24,689,865	