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÷ -		•	or other tax year beg				• • •	11/2	G	201 9
epartment of the Treas	ıry	► Go to w	ww.irs.gov/Form99	90 <i>T</i> for 1	instructions and t	he latest	information.			50 10
nternal Revenue Service	▶ De	o not enter SSN r	numbers on this form	n as it m	ay be made public if	f your orga	inization is a 50	1(c)(3)	501(c)(3	Public Inspection f 3) Organizations On
Check box i		Name of organ	ization (Check	box if na	me changed and see	instruction	s)			ification number see instructions)
								(=		,
Exempt under sect	1		TE HEALTHCA					┥ 。。 .	•	
X 501(C 3	⊸i or	1	t, and room or suite no	IfaPC	box, see instructions	ŝ			7290564	_
408(e)2	^{20(e)} Type								elated busir instructions)	ness activity co
408A	30(a)	300 SAN	TANA ROW SU							
529(a)		1	tate or province, cour	ntry, and i	ZIP or foreign postal c	ode			-00 -	<i>-</i> 1.000
Book value of all as at end of year			E, CA 95128					621	500 50	61000
•			number (See instru			T		1		
			n type ► X 50			501(c)) trust	Other tr
			ated trades or busing	nesses					ly (or first)	
trade or busines						•	•			e, describe the
first in the blan	space at the	e end of the pre	evious sentence, c	omplete	e Parts I and II, com	iplete a So	chedule M for e	each additi	onal	
trade or busines										1 11
			subsidiary in an aff	_		ibsidiary c	ontrolled group	⁹	▶ L	Yes X
			mber of the parent o	corporati				((=0) 11	14 3600	
The books are							e number ▶ (14-3600	
Part I Unrela		or Business	Income		(A) Incom	е	(B) Exp	enses		(C) Net
1a Gross receip										
b Less returns and			c Balance		 					/
										
					015	- 600				03.5.6
			D)		215	,602.		/		215,60
			attach Form 4797)					_/		
· · · · · · · · · · · · · · · · · · ·			1							- 122 5
			tach statement)		438	,615.	ATOM	2		438,63
6 Rentercome	(Somedode C)	2020 - 18		. 6						
			E)							
8 Interest, annuiti	s, royaltles, and	ents from a controlle	organization (Schedule	F) 8		_/				
			organization (Schedule (-	+	
•		•	ıle I)		/	-				
_	-	•								
	•		hedule)		7				_	<u> </u>
	ne lines 3 thi	***************************************		. 13		,217.		(5)		654,23
			where (See ins		ons for limitatio	ns on d	eductions.)	(Deduct	ions mu	st be directi
			business incoi							
			rustees (Schedule ا							
5 Salaries and	wages	• • • • • • •	//					15		
7 Bad debts.		/						17		
Interest (atta	on schedule)	(see instructions	s)		• • • • • • • • •			18		49,54
			. /				• • • • • •	19	\	
								— -	-	
•			and elsewhere on					211	-	
										_
			olans							
										
5 Excess exem										
										10.00
Excess reade										10,00
Excess reade Other deduct		es 14 through 2	7							59,54
6 Excess reade 7 Other deduct 8 Total deduct					doduction Subtra	act line "	28 from line	13 29		594,67
Excess reade Other deduct Total deduct Unrelated by	ısıness taxat	ole income be	fore net operating							
6 Excess reade 7 Other deduct 8 Total deduct 9 Unrelated bu 1 Deduction fo	isiness taxat r net operatir	ole income being loss arising i	n tax years beginn	ing on c	or after January 3,62	2018 (see		30		- F.S.A
6 Excess reade 7 Other deduct 8 Total deduct 9 Unrelated bu 1 Deduction fo	isiness taxat r net operatir siness taxabl	ole income being loss arising i le income Subt	n tax years beginn ract line 30 from lin	ing on c	or after January 3,62	2018 (see				594,67

-	990-1/(2019)	_	Pag
	Total Unrelated Business Taxable Income	,	
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	1 1	
٠	instructions)	32	2,491,80
33	Amounts paid for disallowed fringes	33	
4	Charitable contributions (see instructions for limitation rules) ATCH. 4	34	263,90
5	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line		
	34 from the sum of lines 32 and 33	35	2,227,90
6	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instructions)	36	
7	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	2,227,90
8	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,00
9	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	2,226,90
Par	Tax Computation	 	· · · · · · · · · · · · · · · · · · ·
0	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40	467,65
1	· ·	 	
•		4	
_	_ _ , , ,	$\overline{}$	
2	Proxy tax. See instructions	44	
	•		
4	Tax on Noncompliant Facility Income. See instructions	44	467 65
5	Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	467,65
	Tax and Payments	1 1	
6 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	-	
b	Other credits (see instructions)	4	
С	General business credit Attach Form 3800 (see instructions) (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	4	
d	Other credits (see instructions)	┧. ╽	
е	Total credits. Add lines 46a through 46d	46e	39,93
7	Subtract line 46e from line 45	47	427,71
8	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	48	
9	Total tax. Add lines 47 and 48 (see instructions)	49	427,71
0	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	5 p	
1 a	Payments A 2018 overpayment credited to 2019		
	2019 estimated tax payments	1	
	Tax deposited with Form 8868		
	Foreign organizations Tax paid or withheld at source (see instructions)	1	
	Backup withholding (see instructions)	1	
	Credit for small employer health insurance premiums (attach Form 8941)	7.	
	Other credits, adjustments, and payments Form 2439	1	
9	Form 4136 Other Total ▶ 51g		
2	Total payments. Add lines 51a through 51g	32	591,46
	Estimated tax penalty (see instructions) Check if Form 2220 is attached.	53	
3		$\overline{}$	
	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	163,74
•	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	103,74
6	Enter the amount of line 55 you want Credited to 2020 estimated tax ▶ 163,747. Refunded ▶	<u> 576 </u>	
Par			
7	At any time during the 2019 calendar year, did the organization have an interest in or a signature or		· -
•		ay hav	e to file
•	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m		country
•	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign	, i i
•	, , , , , , , , , , , , , , , , , , , ,	foreign	X
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here ▶		X
8	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore		<u>></u>
8	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore If "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the I	ıgn trust	?
8	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore If "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	ign trust	?
8 9 Sign	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore If "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the I true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	ign trust	y knowledge and belief.
8 9 Sign	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore If "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the linue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Illington CFO Miles Mil	ign trust	y knowledge and belief. RS discuss this retipreparer shown bel
8 9 Sign	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore If "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the I true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Signature of officer Date Preparer's signature Date	opest of many the lith the	y knowledge and belief. RS discuss this return preparer shown belief.
8 9 Sign	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore If "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the function correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Signature of officer Print/Type preparer's name Preparer's signature Date Check Ch	best of may the lath the se instruction	y knowledge and belief, RS discuss this return preparer shown beliefs PTIN
8 9 Sign Here	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore If "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the I true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Print/Type preparer's name SHALINI SAIDHA Preparer's signature Date Title Check self-care.	best of m ay the lith the ele instruction like instructi	y knowledge and belief. RS discuss this return preparer shown belief. PTIN P01959812
8 9 Sign Here	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore If "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Print/Type preparer's name SHALINI SAIDHA Preparer's signature SHALINI SAIDHA Firm's name KPMG LLP Firm's name Firm's name KPMG LLP	ign trust best of m ay the lith the see instruction like lift in the lift i	y knowledge and belief, RS discuss this return preparer shown beliefs PTIN

Form 990-T (2019)

Schedule F – Interest, Ann	unios, noyumo			ntrolled Or						
1 Name of controlled organization	2 Employer identification numb			ated income nstructions)	4 Total payme	of speci	fied included	of column 4 to d in the contri tion's gross in	olling	6. Deductions directly connected with income in column 5
(1)								_		
(2)		<u> </u>			_					
(3)				<u> </u>		_	-			
(4)										
Nonexempt Controlled Organia						10	Part of column	9 that is	11	Deductions directly
7 Taxable Income	8 Net unrelated in (loss) (see instruct	I .		Total of specific ayments made		inc	luded in the cannization's gro	ontrolling		nected with income in column 10
(1)										
(2)		-								
(3)									 	
(4)							dd columns 5	10		Id columns 6 and 11
Totals			 (c)(7),	(9), or (17		Pa		imn (A)		er here and on page 1, rt I, line 8, column (B) 5 Total deductions
1 Description of income	2 Amount of	income	_	directly cor (attach sch	nected			et-asides schedule)	_	and set-asides (col 3 plus col 4)
(1)			+						-+	
(2)	_		+			-		-		
(3) (4)		-	+							
Totals ▶ Schedule I – Exploited Exe	Enter here and of Part I, line 9, co	olumn (A)	her Th	an Advert	sing Ir	ncome	e (see instri	uctions)		Enter here and on page 1 Part I, line 9, column (B)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Exper direct connected production unrelated business in	ises ly d with on of ed	4 Net incor from unrelat or business 2 minus co If a gain, co cols 5 thro	ne (loss) ed trade (column umn 3) ompute	5 G from	ross income activity that of unrelated ness income	6 Expe attributa colum	able to	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 page 1, F line 10, co	art I,				_			Enter here and on page 1, Part II, line 25
Totals ▶ Schedule J- Advertising In	l come (see instri	uctions)		L					_	
Part I Income From Per			onsol	idated Bas	sis					
1 Name of periodical	2 Gross advertising income	3 Dire advertising	ct	4 Adver gain or (los 2 minus co a gain, co cols 5 thro	ising s)(col ol 3) If mpute	5	Circulation	6 Read	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)								<u> </u>		
Totals (carry to Part II, line (5))	_									
										Form 990-T (201

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

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.)

= ioug o u	27					
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)		·				
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			-	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5) ▶			,			
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instr	uctions)		
1 Namo		, .	Title	3 Percent of	4. Compensation	n attributable to

1 Name
2 Title
3 Percent of time devoted to business
4. Compensation attributable to unrelated business
(1)
%

 (1)
 %

 (2)
 %

 (3)
 %

 (4)
 %

Form **990-T** (2019)

SCHEDULE M (Form 990-T)

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

OMB	No '	154	5-1	DΟ٠	4

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning , 2019, and ending ▶ Go to www.irs gov/Form9907 for instructions and the latest information.

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

(Č) Not

Name of the organization

SATELLITE HEALTHCARE, INC.

Employer identification number

23-7290564

Unrelated Business Activity Code (see instructions) ▶ 621500 Describe the unrelated trade or business ▶ LABORATORY SERVICES

r al	Officiated frade of business income		(A) income	(D) Expenses		(0) /// (1)
1a	Gross receipts or sales					
b	Less returns and allowances	1c				
2	Cost of goods sold (Schedule A, line 7)	2				1
3	Gross profit Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Schedule D)	4a	_			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement) ATCH. 5 .	5	1,825,410.			1,825,410.
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7	Y			
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		<u>-</u>		
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12				
13	Total. Combine lines 3 through 12	13	1,825,410.			1,825,410.
14	connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K),				14	
15	Salaries and wages				15	
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				19	24,553.
20	Depreciation (attach Form 4562)		20			
21	Less depreciation claimed on Schedule A and elsewhere on re-		1 1		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	10,000.
28	Total deductions Add lines 14 through 27				28	34,553.
29	Unrelated business taxable income before net operating				29	1,790,857.
30	Deduction for net operating loss arising in tax years instructions),				30	147,203.
31	Unrelated business taxable income. Subtract line 30 from line:				31	1,643,654.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB	Nο	1545	004

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning _______, 2019, and ending _____

► Go to www.irs.gov/Form9907 for instructions and the latest information.

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

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

Name of the organization

SATELLITE HEALTHCARE, INC.

Employer identification number

23-7290564

Unrelated Business Activity Code (see instructions) ► 561000

Describe the unrelated trade or business ► ADMINISTRATIVE SERVICES

Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 420,000.				
b	Less returns and allowances C Balance	1c	420,000.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	420,000.		420,000
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
0	Exploited exempt activity income (Schedule I)	10		,	
1	Advertising income (Schedule J)	11			
2	Other income (See instructions, attach schedule)	12			
3	Total. Combine lines 3 through 12	13	420,000.		420,000

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

	connected with the directance desiress income y		
14	Compensation of officers, directors, and trustees (Schedule K)	14_	
15	Salaries and wages	15	104,914.
16	Repairs and maintenance	1 1	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	12,617.
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans		2,154.
24	Employee benefit programs	24	41,586.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)		
27	Other deductions (attach schedule)	27	5,247.
28	Total deductions. Add lines 14 through 27	$\overline{}$	166,518.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	253,482.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions),	30	
31	Unrelated business taxable income Subtract line 30 from line 29	$\overline{}$	253,482.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

ATTACHMENT 2

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

COMMONFUND CAP VENTURE PARTNERS XII, LP 82-0966019	-4,824.
COMMONFUND GLOBAL DISTRESSED PSHIP 26-0133064	-7,131.
COMMONFUND CAPITAL STRATEGIC SOLUTIONS 81-2852078	-15,840.
COMMONFUND CAPITAL SECONDARY PARTNERS 47-2465456	-40,553.
COMMONFUND CAP NATURAL RESOURCES VI 25-1910076	551,378.
MAKENA CAPITAL SPLITTER X, LP 26-3639815	-42,849.
VENTURE INVESTMENT ASSOCIATES IV, LP 22-3679965	-1,860.
COMMONFUND GLOBAL DISTRESSED INVESTORS 26-0133064	-2.
COMMONFUND PRIVATE CREDIT FUND 2018, LP 82-5085373	296.
INCOME (LOSS) FROM PARTNERSHIPS	438,615.

ATTACHMENT	3	

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

TAX PREP FEES

10,000.

PART II - LINE 27 - OTHER DEDUCTIONS

10,000.

ATTACHMENT 4

FORM 990T - PART III LINE 34 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME	654,217.
UNRELATED TRADE OR BUSINESS INCOME (SCHEDULES M)	2,245,410.
ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION	0.
LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD & CARRYOVER NOL	59,545.
DED W/O CHARITABLE CONTRIBUTIONS & DPAD & C/O NOL (SCH M)	157,331.
	0.
	* 10%
CHARITABLE CONTRIBUTION LIMITATION (10%)	263,901.
CHARITABLE CONTRIBUTION	263,901.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	263,901.

TF1562 1561

ATTA	CHMENT	5	

UBTI FROM ASCEND LAB SERVICES

SCHEDULE M - INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

ASCEND CLINICAL, LLC 94-3357013

1,825,410.

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

1,825,410.

ATTACHMENT	6		

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

TAX PREP FEES

10,000.

PART II - LINE 27 - OTHER DEDUCTIONS

10,000.

TF1562 1561

ATTACHMENT 7

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

INSURANCE EXPENSES TAX PREP FEES

247.

5,000.

PART II - LINE 27 - OTHER DEDUCTIONS

5,247.

TF1562 1561

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

OMB No 1545-0123

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-PD, 1120-PDL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T

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

2019

Employer identification number 23-7290564 SATELLITE HEALTHCARE, INC. Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? | X | No Yes If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss Short-Term Capital Gains and Losses (See instructions) (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on or loss from Form(s) Subtract column (e) from the lines below Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) column (g) the result with column (g) whole dollars 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). Howe if you choose to report all these transactions on Form 8949 leave this line blank and go to line 1b . . . 1b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 8,571. 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 6 8,571. Part II Long-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (e) Subtract column (e) from or loss from Form(s) the lines below Proceeds Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales price) column (g) the result with column (g) whole dollars Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 198,459. Enter gain from Form 4797, line 7 or 9 8,572. 11 Long-term capital gain from installment sales from Form 6252, line 26 or 37 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 Capital gain distributions (see instructions) 207,031. Part III Summary of Parts I and II 8,571. 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 207,031. 17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 215,602. Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns Note: If losses exceed gains, see Capital Losses in the instructions

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

Schedule D (Form 1120) 2019

Sales and Other Dispositions of Capital Assets

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

OMB No 1545-0074

Attachment

Department of the Treasury Internal Revenue Service

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

Name(s) shown on return SATELLITE HEALTHCARE, INC. Social security number or taxpayer identification number

23-7290564

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

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 r				wasn't reporte	ed to the IRS		
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)	(e) Cost or other basis See the Note below and see Column (e)	Adjustment, if If you enter an a enter a co See the sepa		
(Example 100 Sil X12 Co)				in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
COMMONFUND CAPITAL NATURAL RESOUR	,						24
COMMONFUND CAPITAL SECONDARY PART							7,169
COMMONFUND CAPITAL STRATEGIC SOLU							1,127
COMMONFUND CAPITAL VENTURE PARTNE							33
MAKENA CAPITAL SPLITTER X L P							218
							
			-				
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C abi	here and incl is checked), line	ude on your e 2 (if Box B					8,571

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

Form 8949 (2019) PAGE 17

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

SATELLITE HEALTHCARE, INC.

Social security number or taxpayer identification number.

23 - 7290564

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
v	(E) Long term transactions not reported to you on Form 1000 R

1 (a) Description of property	Date acquired Date	(c) Date sold or disposed of	(d) Proceeds	(e) If you enter an amount enter a code in See the Note below See the separate	(e) Cost or other basis	If you enter an amount in column (g) enter a code in column (f)		1		nn (g), (h) Gain or (loss)
(Example 100 sh XYZ Co)	(Mo , day, yr)	(Mo , day, yr)	(sales price) (see instructions)	in the separate	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)			
COMMONFUND CAPITAL NATURAL RESOUR							200			
COMMONFUND CAPITAL SECONDARY PART	***				,		146,827			
COMMONFUND CAPITAL STRATEGIC SOLU							38,760			
COMMONFUND CAPITAL VENTURE PARTNE							4,371			
MAKENA CAPITAL SPLITTER X L P							9,150			
VENTURE INVESTMENT ASSOCIATES IV	<u> </u>						-849			
	,									
	,									
2 Totals Add the amounts in columns (d), (e), (g), and	(h) (subtract								
negative amounts) Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	here and inclusion checked), line	de on your 9 (if Box E					198,459			

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

Form 8949 (2019)

_{Form} 3800

General Business Credit

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

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

OMB No 1545-0895
2019
Attachment
Sequence No 22

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

Identifying number

SATE	LLITE HEALTHCARE, INC.		-7290564
Part I	Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)	
	(See instructions and complete Part(s) III before Parts I and II.)		
1	General business credit from line 2 of all Parts III with box A checked	1	39,024.00
2	Passive activity credits from line 2 of all Parts III with box B checked 2		
3	Enter the applicable passive activity credits allowed for 2019 See instructions	3	
4	Carryforward of general business credit to 2019 Enter the amount from line 2 of Part III with		
	box C checked See instructions for statement to attach	4	
5	Carryback of general business credit from 2020 Enter the amount from line 2 of Part III with		
	box D checked See instructions	5	
6	Add lines 1, 3, 4, and 5	6	39,024.00
Part I	Allowable Credit	,,_	
7	Regular tax before credits		
8	Individuals Enter the sum of the amounts from Form 1040 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2, or the sum of the amounts from Form 1040-NR, lines 42 and 44. Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the applicable line of your return. Estates and trusts Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, or the amount from the applicable line of your return. Alternative minimum tax	7	467,650.00
	Individuals Enter the amount from Form 6251, line 11	8	
9	Add lines 7 and 8	9	467,650.00
b	Foreign tax credit	10c	
11	Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16	11	467,650.00
12	Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0-		
13	Enter 25% (0 25) of the excess, if any, of line 12 over \$25,000 See		
14	Tentative minimum tax Individuals Enter the amount from Form 6251, line 9 Corporations Enter -0		
15	Enter the greater of line 13 or line 14	15	110,662.50
16	Subtract line 15 from line 11 If zero or less, enter -0	16	356,987.50
17	Enter the smaller of line 6 or line 16 · · · · · · · · · · · · · · · · · ·	17	39,024.00
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization		
For Pape	erwork Reduction Act Notice, see separate instructions.		Form 3800 (2019)

ган	Anovable orealt (continued)		
Note:	If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and ent	er -0- (on line 26
18	. Multiply line 14 by 75% (0 75) See instructions	18	
19	Enter the greater of line 13 or line 18	19	110,662.50
20	Subtract line 19 from line 11 If zero or less, enter -0	20	356,987.50
21	Subtract line 17 from line 20 If zero or less, enter -0	21	317,963.50
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	-
23	Passive activity credit from line 3 of all Parts III with box B checked 23		
24	Enter the applicable passive activity credit allowed for 2019 See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed Enter the smaller of line 21 or line 25	26	
27	Subtract line 13 from line 11 If zero or less, enter -0	27	356,987.50
28	Add lines 17 and 26	28	39,024.00
29	Subtract line 28 from line 27 If zero or less, enter -0	29	317,963.50
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	·
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked 32	_	
33	Enter the applicable passive activity credits allowed for 2019 See instructions	33	
34	Carryforward of business credit to 2019 Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked See instructions for statement to attach	34	
35	Carryback of business credit from 2020 Enter the amount from line 5 of Part III with box D checked See instructions	35	
36	Add lines 30, 33, 34, and 35	36	<u> </u>
37	Enter the smaller of line 29 or line 36	37	
38	Credit allowed for the current year. Add lines 28 and 37 Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return Individuals Schedule 3 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 51 Corporations Form 1120, Schedule J, Part I, line 5c	38	39,024.00
			Form 3800 (2019)