Form 990-	т   Ех	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))							OMB No 1545-0687	
roiiii OOO	For calendar year 2018 or other tax year beginning 09/01, 2018, and ending 08/31, 201								<u>19</u> . 2018	
Department of the Trea		► Go to www.irs.gov/Form99								
Internal Revenue Service	Do Do	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 Check box address ch		Name of organization ( Check box if name changed and see instructions )  D Employer identification number (Employees' trust, see instructions )								
B Exempt under sec		PACKARD CHILDREN'S	HEAL	TH ALLIAN	ICE					
X 501( C )Q3	Print	Number, street, and room or suite no	IfaPO	box, see instruc	tions			32-0359189		
408(e)	220(e) Type							ated busine structions)	ess activity code	
408A	530(a)									
529(a)		City or town, state or province, cour	-	IP or foreign pos	tal code					
C Book value of all a at end of year		PALO ALTO, CA 9430							<del></del>	
•		up exemption number (See instru			T	<del></del>	T 1011		1 0 1 1 1 1	
		eck organization type  X 50			501(c)		401(a)		Other trust	
		inization's unrelated trades or busi	nesses			complete Parts I	the only	, ,		
trade or busine		e end of the previous sentence, o	omnlete		•	•			, describe the	
	ess, then comple		ompiete	Tarts Taria II,	complete a o	oneddie ivi for ed	on addition			
		corporation a subsidiary in an af	filiated or	roup or a paren	t-subsidiary o	ontrolled group?		▶	Yes X No	
		identifying number of the parent			t dabararary c	one group		•••		
		AMERON D'ALPE, FINANC			Telephon	e number ▶ 65	0-723-	-5636		
		or Business Income		(A) Inc		(B) Exper			(C) Net	
							_			
	nd allowances	c Balance	▶ 1c							
		lule A, line 7)	. 2							
-		2 from line 1c								
4a Capital qair	net income (a	attach Schedule D)	. 4a			121177777				
b Net gain (lo	ss) (Form 4797,	Part II, line 17) (attach Form 4797).	. 4b							
c Capital loss	deduction for t	trusts	. 4c							
5 Income (loss) i	from a partnership oi	r an S corporation (attach statement)	. 5					ļ		
6 Rent incom	e (Schedule C)		. 6					<u> </u>		
7 Unrelated d	debt-financed in	come (Schedule E)	. 7			-		ļ		
8 Interest, annui	ities, royalties, and re	ents from a controlled organization (Schedule	F) 8					ļ		
9 Investment inco	ome of a section 50	1(c)(7), (9), or (17) organization (Schedule	G) <b>9</b>							
•		ncome (Schedule I)						ļ		
		dule J)							<del></del>	
	•	ctions, attach schedule)		_	0.					
		ough 12				laduations \ (	Event f	or contr	hutions	
		Taken Elsewhere (See ins					Except i	or conti	ibutions,	
aeau	ictions must	be directly connected with	the ui	irelated bus			144	T		
14 Compensat	don of officers,	directors, and trustees (Schedute	CEI	√ED			14	<del> </del>		
<ul><li>15 Salaries and</li><li>16 Repairs and</li></ul>	d wayes			ان بسسست			16	<del>                                     </del>		
17 Bad debts	u mamenance	RE AU	05	505D. : 🔇			17	<del> </del>		
18 Interest (at	tach schedule)	(see instructions)					18			
•	•	OG	DEN	117				<del> </del>		
		See instructions for limitation rules					20			
		4562)			1 1					
		I on Schedule A and elsewhere on					22b			
•							23			
		compensation plans								
		s								
		Schedule I)								
		Schedule J)								
28 Other dedu	ictions (attach s	schedule)						ļ		
		es 14 through 28,						ļ		
30 Unrelated	business taxab	ole income before net operatir	g loss	deduction St	ıbtract line	29 from line			<del></del>	
	•	ng loss arising in tax years begini	-				1 1/			
		e income Subtract line 31 from li	ne 30 .	<u> </u>	<u> </u>	<u> </u>	3/2		990-T (2018)	

Form	990-T (2					Page .
Pai	t III	Total Unrelated Business Taxable	le Income			
33	Total	of unrelated business taxable income co	mputed from all unrelated trad	des or businesses (see	e	
	ınstruc	ions)			. 33	
34	Amoun	ts paid for disallowed fringes			. 34	
35		ion for net operating loss arising in				
		ions)				
36	Total o	of unrelated business taxable income befo	re specific deduction Subtract	line 35 from the sun	n T	
		33 and 34	•			
37	Specifi	deduction (Generally \$1,000, but see line 37	instructions for excentions)		- <del> </del>	
38	-	ed business taxable income. Subtract line				•
30		e smaller of zero or line 36				0
Day		Tax Computation			- 1 30 1	<del></del> -
			20 h.: 240/ (0.24)		▶ 3,9	
39	-	zations Taxable as Corporations. Multiply line			· <del>                                     </del>	<del></del>
40		Taxable at Trust Rates. See ins			1 1 1	
		ount on line 38 from Tax rate schedule o		•		<del></del>
41		ax. See instructions				
42		tive minimum tax (trusts only)				
43		Noncompliant Facility Income. See Instruction				
44		dd lines 41, 42, and 43 to line 39 or 40, which	never applies		-   44	
Par	t V	Tax and Payments		<del>\                                    </del>		
45 a	Foreigr	tax credit (corporations attach Form 1118, tru	sts attach Form 1116) 45	a	_	
		redits (see instructions)			<b>     </b>	
С	Genera	business credit Attach Form 3800 (see instruc	ctions)	śc	_	
d	Credit f	or prior year minimum tax (attach Form 8801 o	ır 8827)	<u>5</u> d	<b>                                    </b>	
е	Total c	redits. Add lines 45a through 45d			. 45e	
46	Subtrac	t line 45e from <u>line 44</u>	. <u></u> <u></u>	<u></u>	. 46	
47	Other ta	xes Check if from Form 4255 Form 861	1 Form 8697 Form 8866	Other (attach schedule)	. 47	
48	Total ta	x. Add lines 46 and 47 (see instructions)			. 48	0
49		et 965 tax liability paid from Form 965-A or For				
50 a		nts A 2017 overpayment credited to 2018	1 1	)a		
b	2018 e	stimated tax payments		)b 3,100	5.	
		osited with Form 8868		Oc .	7	
		organizations Tax paid or withheld at source (		)d	$\neg \mid \mid \mid$	
۵	Backun	withholding (see instructions)		)e	711	
		or small employer health insurance premiums (			7 [ ]	
		· · · · · · · · · · · · · · · · · · ·	439		<b> </b>	
9		orm 4136 Other	Total ▶ 50	)a	11	
51		ayments. Add lines 50a through 50g	<del></del> -		.   51	3,100
52	-	ed tax penalty (see instructions) Check if Form			52	
53		e. If line 51 is less than the total of lines 48, 49			53	
54		yment If line 51 is larger than the total of lines			54	3,100
		e amount of line 54 you want Credited to 2019 est		Refunded	7	3,100.
55 Par	t VI	Statements Regarding Certain A				
56	_	time during the 2018 calendar year, did				rity Yes No
50		financial account (bank, securities, or other				
		Form 114, Report of Foreign Bank and				I I
		Tomi 114, Report of Foleign Bank and	Tinancial Accounts in Tes, 1	cited the name of the	e roreign coun	",   x
	here >					<del> </del>
57	-	the tax year, did the organization receive a dist		r of, or transferor to, a for	reign trust?	
	-	see instructions for other forms the organization				
58		ne amount of tax-exempt interest received or action ander penalties of penury, I declare that I have examined		ales and statements and to the	a hest of my knowle	adoe and holiof "
٥.	l to	nder penalties of perjury, I declare that I have examined ie, correct, and complete Declaration of preparer (other than t	axpayer) is based on all information of which p	nes and statements, and to the preparer has any knowledge	- Dest Of His Knowle	auge and belief, it i
Sigr		Will of Million	17/0/50		May the IRS dis	cuss this return
Her		(muchally	7/8/10 CFO		with the prepare	
	s	gnature of officer	Date Title	·	(see instructions)? X	
Date		Print/Type preparer's name	Preparer's signature	Date Ch	eck If PTI	
Paid		GWEN SPENCER	100m			00641463
	arer Only	Firm's name ► PRICEWATERHOUSECO			m's EIN ▶ 13-4	
	Unity	Firm's address ▶ 101 SEAPORT BLVD.	, SUITE 500, BOSTON, I	MA 02210 Ph	one no 617-53	
					Fon	m <b>990-T</b> (2018

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Schedule A - Cost of G	oods Sold, Er	nter metho	d of invent	tory valuation	<b>&gt;</b>			
1 Inventory at beginning of						ar	6	
2 Purchases	· -			1		old. Subtract line	•	<del> </del>
3 Cost of labor	· · · · · · · · · · · · · · · · · · ·				_	nter here and in	<u> </u>	
4a Additional section 263A c	_			Part I, line	2		7	
(attach schedule)	4a					section 263A (w	th respect to	Yes No
<b>b</b> Other costs (attach schedu				property	produced	or acquired for	resale) apply	
5 Total. Add lines 1 through		-		to the org	anization?	<u></u>		
Schedule C - Rent Incom	e (From Real P	roperty a	nd Perso	nal Property	Leased V	With Real Proper	ty)	
(see instructions)								
1. Description of property						<u> </u>		
(1)	- <del></del>							
(2)								
(3)								
(4)	<u></u>							
	2. Rent recei	ved or accru	ed					
for personal property is more than 10% but not perconal			b) From real and personal property (if the centage of rent for personal property exceeds % 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)				· <del>-</del>				
(2)								
(3)								
(4)								
Total		Total						
(c) Total income. Add totals of chere and on page 1, Part I, line 6		•				(b) Total deduction Enter here and on Part I, line 6, colum	page 1,	
Schedule E - Unrelated D			ee instruct	ions)			<u> </u>	
	<del></del>	<u> </u>	2 Gross	income from or	3 (	Deductions directly con		ble to
1. Description of de	bt-financed property		allocable	le to debt-financed (a) Straigh		debt-finance ht line depreciation ich schedule)	(b) Other deductions (attach schedule)	
(1)					`	·	- <del></del> -	<u> </u>
(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)		ble to property	4			ss income reportable (column 6)		ductions of columns (b))
(1)				%				
(2)				%				
(3)				%				
(4)				%				
Totals					Enter her Part I, lir	re and on page 1, ne 7, column (A)	Enter here and o Part I, line 7, co	
Total dividends-received deduct						▶		

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Page 4

Schedule F-Interest, Annu	uities, Royalties	s, and Ren	ts From Contro	olled O	ganizat	ions (see	e instruction	ons)		
	<u> </u>		pt Controlled O					-		
Name of controlled organization	2 Employer identification numb	per 3. Ne	et unrelated income s) (see instructions)	4. Total	Total of specified payments made 5 Part of coluincluded in the organization's (		in the contr	olling	6 Deductions directly connected with income in column 5	
(1)							<del></del>			
(2)			<u> </u>							
(3)				1					-	
(4)	·			-						
Nonexempt Controlled Organiz	zations				-	•				
7. Taxable Income	8 Net unrelated in (loss) (see instruc		•			Deductions directly innected with income in column 10				
(1)									-	
(2)										
(3)										
(4)										
Totals				<b>►</b> 7) Orga	Enter Part I	columns 5 a here and on , line 8, colu	page 1, mn (A)	Ent	dd columns 6 and 11 er here and on page 1, rt I, line 8, column (B)	
1. Description of income	2. Amount of		3. Dedu directly co (attach so	ctions	- Inzution	4. Se	t-asides schedule)		5. Total deductions and set-asides (col 3 plus col 4)	
(1)			(attach st	iledule)					pido dei 17	
(1)	·				_					
(2)			<del> </del>							
(3)			<del> </del>							
(4)	Enter here and Part I, line 9, c						Enter here and on page 1 Part I, line 9, column (B)			
Totals ▶										
Schedule I-Exploited Exe	empt Activity In	come, Oth	er Than Adver	tising Ir	come (	see instru	ictions)			
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expens directly connected production unrelate business ind	with or busines 2 minus color 5 th	ated trade s (column olumn 3) compute	oss) rade umn from activity that is not unrelated ute business income column		able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)										
(2)			-						1	
(3)					-					
(4)	-						1		1	
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	rt I,	•			Enter here and on page 1, Part II, line 26			
Totals ▶ Schedule J-Advertising Ir	ncome (see instr	uctions)								
Part I Income From Per			onsolidated Ba	sis						
income i fom i ei	Todiodio ixepon	.ou on u ot					T			
1. Name of periodical	2 Gross advertising income	3 Direct advertising	2 minue	oss) (col col 3) If compute	1	culation come	6 Reade		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))									000 T	

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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			•		7.	_
	Enter here and on page 1, Part I, Inne 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	-			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶			-			
Schedule K - Compensatio	n of Officers, D	Pirectors, and Tr	ustees (see instr	uctions)		
1 Name		2 Title		3. Percent of time devoted to business	4. Compensation	
(1)				%		

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		<b>▶</b>	

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