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here ▶ 7 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			•	
During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign	country
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, declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief. Under penalties of penjury, declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief. Signature correct. Control of preparer (other than taxpayer) is based on all information of which preparer has any knowledge CFO/ASSISTANT SECRETARY Way the IRS discuss this return with the preparer shown belief. Signature of officer Date Print/Type preparer's name SHALINI SAIDHA Preparer's signature SHALINI SAIDHA Firm's name \(\) KPMG LLP Firm's name \(\) KPMG LLP Firm's EIN \(\) 13-5565207		here >		>
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 best of my knowledge and belief. True correct. Complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return the preparer shown belief. Signature of officer Date Title	7	During the tax year, did the organization receive a distribution from, or was if the granter of, or transferor to a foreign	an trust?	<u> </u>
Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ Under penalties of penury, declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief. Signature of officer Date Title Print/Type preparer's name SHALINI SAIDHA Preparer's signature SHALINI SAIDHA Firm's name ▶ KPMG LLP	•		g., ., co.	
Under penalties of penjury, declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief. Signature of officer Date Title Print/Type preparer's name Preparer's signature SHALINI SAIDHA S	R	· · · · · · · · · · · · · · · · · · ·		2
Firm's name ► KPMG LLP True correct To Implete Pacification of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown bellowed by the preparer show			est of my	knowledge and belief.
Print/Type preparer's name SHALINI SAIDHA Preparer See Only Signature of officer Print's name SHALINI SAIDHA Print's name SHALINI SAIDHA Print's name SHALINI SAIDHA Sha	Sia-	true correct the Complete Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge		g
Signature of officer Date Title (see instructions)? X yes Print/Type preparer's name SHALINI SAIDHA Preparer Shalini Saidha Shalini Saidha Shalini Saidha Shalini Saidha Firm's name KPMG LLP Firm's EIN ▶ 13-5565207		$\mathbf{Y} = \mathbf{Y} \cdot \mathbf{V} \cdot $	•	
Print/Type preparer's name Print/Type preparer's name SHALINI SAIDHA Preparer's signature Shalini Saidha Shalini Saidha Shalini Saidha Firm's name	1er	Will be a second of the second	h the p	
Paid Shalini Saidha			einstruction	
Preparer Jse Only Firm's name KPMG LLP	اد: د	I Check	(∐ ıf	PTIN
Jse Only		SHADINI SAIDHA SHUKKU SUUCHU SI 12/2020 Sell-e	mployed	P01959812
JSE ONLY	•	TEIRM'S NAME ► APMO LLP TEIRM'S	EIN►	13-5565207
	se	Univ		3-972-4000
	Α			Form 990-T (

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Form 990-T (2018)	d- O-ld =					·			Page
Schedule A - Cost of Go		iter method	of invento						
 Inventory at beginning of y 	· 					ar			
2 Purchases				7 Cost of	goods so	ld Subtract line			
3 Cost of labor	3			6 from	line 5 En	ter here and in			
4a Additional section 263A co	osts			Part I, line	2		. 7		
(attach schedule)	4a			8 Do the	rules of	section 263A (with resp	pect to 🖹	Yes No
b Other costs (attach schedu				property	produced	or acquired fo	r resale)	apply	
5 Total Add lines 1 through						<u> </u>			x`
Schedule C - Rent Income	e (From Real P	roperty ar	nd Persor	al Property	Leased V	Vith Real Prope	erty)		
(see instructions)	•					-			
1 Description of property									
(1)									
(2)									
(3)									
(4)									
<u> </u>	2 Rent recei	ved or accrue	ed .						
4.5		1			(.f.th	2/-> Dadustians	d		
				real and personal property (if the of rent for personal property exceeds of rent for personal					
more than 50%)	•	50% or	if the rent is	based on profit or	income)				
(1)	····								
(2)									
(3)									
(4)					-				
Total		Total		_					
(c) Total income Add totals of ci	olumns 2(a) and 2(b) Enter				(b) Total deducti Enter here and o			
here and on page 1, Part I, line 6	. , ,	•				Part I, line 6, colu			
Schedule E - Unrelated D			e instruction	ons)		,			
			I	ncome from or	3 [Deductions directly co			to
1 Description of det	bt-financed property			o debt-financed	4 3 20		ced property		
			pr	operty		at line depreciation ch schedule)		Other deducte attach schedule	
(1) ATCH 3					· ·	,			
(2)									
(3)									
(4)							· · · · · · · · · · · · · · · · · · ·	<u></u>	
4 Amount of average	5 Average adju-	sted hasis							
acquisition debt on or	of or alloca	ble to		Column divided		income reportable		llocable deduc n 6 x total of c	
allocable to debt-financed property (attach schedule)	debt-financed (attach sche			olumn 5	(columi	n 2 x column 6)		3(a) and 3(b))	
	(attach sche	suule)	,	%					
(1)				· · · · · · · · · · · · · · · · · · ·					
(2)				%	-				
(3)				%					
(4)	<u> </u>			%	F				
•						e and on page 1, e 7, column (A)		here and on p line 7, colum	
					1 7 00		0	F2 217	

Form **990-T** (2018)

Schedule F—Interest, Anni			pt Controlled O					···-,		
Name of controlled organization	2 Employer identification numb	iei į	t unrelated income s) (see instructions)	4 Total	of specif ints made	ed included	of column 4 to In the control Ion's gross in	olling	6 Deductions directly connected with income in column 5	
(1)										
(2)				-						
(3)										
(4)										
Nonexempt Controlled Organia			0 Talala (10	Part of column	9 that is	11	Deductions directly	
7 Taxable Income	8 Net unrelated in (loss) (see instruc		9 Total of specific payments mad		ınci	uded in the co	ntrolling		nected with income in column 10	
(1)										
(2)						-			•	
(3)										
Totals					€nt	d columns 5 a er here and on t I, line 8, colu	page 1,	Ent	d columns 6 and 11 er here and on page 1, rt I, line 8, column (B)	
Schedule G-Investment Ir	come of a Sec	tion 501(c)(7), (9), or (1	7) Orga	nizatio	n (see ins	tructions)			
1 Description of income	2 Amount of		3 Dedu directly co (attach so	ctions nnected		4 Se	4 Set-asides (attach schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)	
(1)										
(2)				****						
(3)										
Totals , ▶	Enter here and a Part I, line 9, co					,			Enter here and on page Part I, line 9, column (B	
Schedule I - Exploited Exe	mpt Activity In	come. Oth	er Than Advert	isina Ir	come	(see instru	ctions)			
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expense directly connected production unrelated business inc	4 Net inco from unrela or business 2 minus co If a gain, cols 5 th	me (loss) ted trade (column lumn 3) compute	5 Gi from is no	oss income activity that it unrelated ess income	6 Expe attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
1)							1			
2)										
3)									 	
4)										
,	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pai line 10, col	t I,				<u>:</u>		Enter here and on page 1, Part II, line 26	
Totals ▶	<u> </u>		ł							
Schedule J- Advertising In				_ • -						
Part I Income From Peri	iodicais Report	ed on a Co	nsolidated Ba	SIS			 			
1 Name of periodical	2 Gross advertising income	3 Direct advertising c	2 minus a	ss) (col ol 3) If impute		Circulation ncome	6 Reade		7 Excess readership costs (column 6 minus column 5, bu not more than column 4)	
1)										
2)										
3)										
(4)						<u> </u>				
Fatala (aggreta Dad II to - /5)										
Totals (carry to Part II, line (5))			ľ				1		Form 990-T (2018	

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)

2 tillough 7 oh a	inc by inc basis	,	4 Advertising			7 Excess readership
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	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 27
Totals, Part II (lines 1-5) ▶						
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instr			
1 Name		2	Title	3 Percent of time devoted to business	4 Compensation	
(1)				%		
(2)				%		
(3)	, ,			%		
(4)				%		

Form **990-T** (2018)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning $\frac{07/01}{}$, 2018, and ending $\frac{06/30}{}$, 20 $\frac{19}{}$

► 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)

(A) Income

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

(C) Net

Schedule M (Form 990-T) 2018

Name of organization

1a Gross receipts or sales _b Less returns and allowances _

CHILDREN'S HEALTHCARE OF CALIFORNIA

Part I Unrelated Trade or Business Income

Unrelated business activity code (see instructions) ▶ 525990

Employer identification number

33-0265266

(B) Expenses

Describe the unrelated trade or business ► UNRELATED BUSINESS INCOME FROM K-1S

2	Cost of goods sold (Schedule A, line 7)	2				
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)	5	-319,370.			-319,370.
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12				
13	Total Combine lines 3 through 12	13	-319,370.			-319,370.
14	deductions must be directly connected with the ur Compensation of officers, directors, and trustees (Schedule K)		1 '		14	
14					14	
15	Salaries and wages				15	
16	Repairs and maintenance			_	16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				19	
20	Charitable contributions (See instructions for limitation rules)		1 1		20	
21 22	Depreciation (attach Form 4562)					
23					22b 23	. ,
24	Depletion				24	
25	Employee benefit programs				25	
26	Excess exempt expenses (Schedule I).				26	 -
27	Excess readership costs (Schedule J)				27	
28	Other deductions (attach schedule)				28	
29	Total deductions Add lines 14 through 28				29	
30	Unrelated business taxable income before net operating			· · · · · · · · · · · · · · · · · · ·	30	-319,370.
	Chicago business taxable income before net operating	1033				
31	Deduction for net operating loss arising in tax years			Г		
31	· · · · · · · · · · · · · · · · · · ·	begin	ning on or after Januar	y 1, 2018 (see	31	

For Paperwork Reduction Act Notice, see instructions

ATTACHMENT	1	

FORM 990T - PART II - LINE 20 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME ADD DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)	170,789.
LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD & NOL CARRYOVER NOL CARRYOVER	3,352. 101,098.
CHARITABLE CONTRIBUTION LIMITATION (10%)	* 10% 16,744.
CHARITABLE CONTRIBUTION	16,744.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	16,744.

ATTACHMENT 2

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

TAX PREP FEES

3,352.

PART II - LINE 28 - OTHER DEDUCTIONS

3,352.

1 11	. 8 2	6 GROSS INCOME ALLOCABLE	\$ 4 IS REPORTABLE DEDUCTIONS	OF 5 (2 X 6) 6 * (3A + 3B)	73 67 223 17,582 14,586	100 000 65,	22 92 004 814,684 657,213	16 100 000 84,108 70,912	42,185 38,808		1,024,006 853,217
3	'n	AVERAGE	ADJUSTED	BASIS	219,673	466,213	8,459,022	330,946	353,925		
ATTACHMENT 3	4	AVERAGE	ACQUISITION	DEBT	147,671	486,142	7,782,656	521,265	358,043		TOTALS
		٣	DEDUCTIONS DIRECTLY CONNECTED	(3A) (3B)	21,698	71,698	714,331	70,912	38,808	523	
			8	GROSS INCOME	26,155	65,447	885,488	84,108	42,185	13,718	
SCHEDULE E - UNRELATED DEBT-FINANCED INCOME			1	DESCRIPTION OF DEBT-FINANCED PROPERTY	FULLERTON MOB NO 2, LLC	2727 IMPERIAL LLC	7901 METROPOLIS DRIVE	2767 IMPERIAL LLC	3601 21ST STREET	1702 KAISER AVENUE	

ATTACHMENT 4

UNRELATED BUSINESS INCOME FROM K-1S

SCHEDULE M LINE 5 - INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

INNOVATION INSTITUTE, LLC EIN: 90-0745066

-319,370.

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

-319,370.

A TOTA CUMENT	
ATTACHMENT	-

FORM 990-T, PAGE 1, PART II, CHARITABLE CONTRIBUTIONS

YEAR	AMOUNT	AMOUNT	YEAR	
ENDING	GENERATED	UTILIZED	UTILIZED	CARRYOVER
6/30/2016	14,337,000	9,598	6/30/2016	14,327,40
6/30/2017	-			14,327,40
6/30/2018	-	18,699	6/30/2018	14,308,70
6/30/2019	-	16,744	6/30/2019	14,291,95

ATTACHMENT 6

FORM 990-T, PAGE 1, PART II, NET OPERATING LOSS - GENERAL

YEAR	TRUUOMA	AMOUNT	YEAR	
ENDING	GENERATED	UTILIZED	UTILIZED	CARRYOVER
6/30/2017	269,390	-	•	269,390
6/30/2018		150,694	6/30/2018	118,696
6/30/2019		101,098	6/30/2019	-

33-0265266

•				ATTACHMENT 7
ORM 990-T, PAGE 1	, PART II, NET OPE	RATING LOSS - K-1	UBI	
YEAR ENDING	AMOUNT GENERATED	AMOUNT UTILIZED	YEAR UTILIZED	CARRYOVER
6/30/2019	319,370			319,370
ET OPERATING LOSS CARRYOVER TO 6/30/2020				