		_ <b>3</b> °		_	_	_		_	_ //	W.		
	•	OOO T	Ex	cempt Organ	ization	Bu	siness	Income	Tax*Retu	rn	ОМВ	No 1545-0047
	Form	990-T						tion 6033				
		•	For cale	ndar year 2019 or other	tax year begin	nning _	07/01	, 2019, and end	lng 06/30,	2020	2	<b>⋒1</b> 9
	Depai	rtment of the Treasury		► Go to www irs g	ov/Form990	T for	instructions	and the lates	t information.			
		rnal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(								c)(3)	Open to P 501(c)(3)	Public Inspection for Organizations Only
	A	Check box if		Name of organization (		oyer identifi	cation number					
		address changed									oyees' trust, se	ee instructions )
	B Ex	1501( 5 )( 5 )										
	X									33-0	33-0265266	
		408(e) 220(e)	_ or						E Unre	lated busine	ess activity code	
		408A 530(a) 1201 WEST LA VETA AVENUE								(See II	nstructions)	
									Í			
	C Bo	529(a) ok value of all assets	·	ORANGE, CA		), and		<b>, , , , , , , , , , , , , , , , , , , </b>		5259	90	
		end of year	F Gro	up exemption number		ione )				0203		<del></del>
	4	39 197 724		ck organization type				504/4	2) 45:104	100(0)	Anunt	Othertunt
								1 1 50 1(0	c) trust	401(a)		Other trust
				inization's unrelated tra BT FINANCED IN				161			/ (or first) u	
									, complete Parts I		-	describe the
				end of the previous s	sentence, coi	mplet	e Parts I and	II, complete a S	Schedule M for ea	ch additio	nal	
		ade or business, the						<del></del>	<del></del>			T., TVI.,
												Yes X No
		If "Yes," enter the name and identifying number of the parent corporation									4104	
		he books are in care					т		ne number ▶ 71	4-509	-4124	
				or Business Incon	ne -	,	(A)	Income	(B) Exper	ses		(C) Net
_	1 a	Gross receipts or s	sales			١.						
707	b	Less returns and allowa	nces		c Balance	1c	-					
7	2	Cost of goods sol	d (Schedi	ule A, line 7)		_2						
20	3	Gross profit Subt	tract line :	2 from line 1c		3						
>	4 a	Capital gain net in	ncome (a	ttach Schedule D)		4a						
5	b	Net gain (loss) (Fo	(Form 4797, Part II, line 17) (attach Form 4797) . 4b									
A P	С	Capital loss deduction for trusts										
_	5	Income (loss) from a pa	artnership or	an S corporation (attach state	ement)	5						
	6	Rent income (Scho	edule C)			6						
뿕	7			come (Schedule E)		7		986,653.	813	,170.		173,483.
CANNE	8	Interest annuities, roya	ilties, and rei	nts from a controlled organiza	tion (Schedule F)	8						
₹	9	Investment income of a	section 501	1(c)(7), (9), or (17) organizati	on (Schedule G)	9						
${f C}$	10			ncome (Schedule I)		10	1				<del>                                     </del>	
S	11		-	lule J)		11	1					
	12			tions, attach schedule)		12						· · · · · · · · · · · · · · · · · · ·
	13			ough 12				986,653.	813	,170.		173,483.
				Taken Elsewhere			ons for lim					be directly
				ne unrelated busin					, , , , , ,			,
	14			directors, and trustees						. 14		
	15									15	<del>                                     </del>	
	16	Repairs and maint			. I./CO.	1141	<u></u> -01			· -	<del> </del>	
	17	Dad dabta					101			17	<del> </del>	
	18	Interest (attach so	· · · · · ·	see instructions)	MAY 1	8 2	021 0					
	19	Taxes and licenses	sincualcy (	300 man donoma .		• • •	\X			18	<del> </del>	
	20					· N I		20		13	<del>                                     </del>	
		Lass descention	alaymad	4562)on Schedule A and els	OGUE	N,	$0 \cdots$		<del></del>	<del></del>	-[	
	21		/					21a		21b	<del> </del>	
	22	Depletion									<del> </del>	
	23			compensation plans .							+ -	
	24										<del> </del>	
	25	<i>y</i>		Schedule I)							<del> </del>	
	26	,		chedule J)							<del> </del>	2 252
	27	,		chedule)							<u> </u>	3,352.
	28	/		s 14 through 27							<del></del> _	3,352.
	29	Unrelated busines	ss taxabl	e income before ne	t operating	loss	deduction	Subtract line	28 from line 1	3 29	<u> </u>	170,131.
	30		-	g loss arising in tax ye	-	-			•		<u> </u>	
	31			income Subtract line		29 .	<u> </u>	<u> </u>	<u> </u>	. 31		170,131.
	,	aperwork Reducti	on Act N	otice, see instructions							For	m <b>990-T</b> (2019)
9X2	JSA 740 1 0	00									NIK	
		49594I 163	9						1971894	O	1 1	

32				
•	fotal of unrelated business taxable income computed from all unrelated trades or businesses (se			
	nstructions)	32		170,131
33	Amounts paid for disallowed fringes	33		
34	Charitable contributions (see instructions for limitation rules) ATCH. 2	34		17,013
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		153,118
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see			
		3,6	1	
27	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37		153,118
37 20	· · · · · · · · · · · · · · · · · · ·	38	<del></del> -	1,000
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	30	<del></del>	
39	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37		1	150 110
11	enter the smaller of zero or line 37	3 9		152,118
Pai	Tax Computation		-	<del></del>
40	Organizations Taxable as Corporations Multiply line 39 by 21% (0 21)	40		31,945
11	Trusts Taxable at Trust Rates See instructions for tax computation Income tax on			
	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)	41		
2	Proxy tax. See instructions	42		
3	Alternative minimum tax (trusts only)		-	
4 .	Tax on Noncompliant Facility Income See instructions			
51	Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45		31,945
	tV Tax and Payments	+	<u> </u>	
			1	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a	┨		
D	Other credits (see instructions)	┨		
С	General business credit Attach Form 3800 (see instructions)	-		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	-ı - l		
е	Total credits. Add lines 46a through 46d	46e		
7	Subtract line 46e from line 45	4,7		31,945
8	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8666 Other (attach schedule).	48		
9	Total tax Add lines 47 and 48 (see instructions)	49	_	31,945
0	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		
51 a	Payments A 2018 overpayment credited to 2019			
	2019 estimated tax payments	†		
	Tax deposited with Form 8868	1		
_	tax deposited with Forth 6006		•	
		┨		
d	Foreign organizations Tax paid or withheld at source (see instructions)	1		
d e	Foreign organizations Tax paid or withheld at source (see instructions)	- - -		
d e	Foreign organizations Tax paid or withheld at source (see instructions)			
d e	Foreign organizations Tax paid or withheld at source (see instructions)			
d e f	Foreign organizations Tax paid or withheld at source (see instructions)			
d e f g	Foreign organizations Tax paid or withheld at source (see instructions)	52		38,585
d e f g	Foreign organizations Tax paid or withheld at source (see instructions)			38,585
d e f g	Foreign organizations Tax paid or withheld at source (see instructions)	52		38,585
d e f g 52 53	Foreign organizations Tax paid or withheld at source (see instructions)	52 53 54		38,585
d e f g 52 53 54	Foreign organizations Tax paid or withheld at source (see instructions)	52 53 54 55		
d e f g 2 3 4 5	Foreign organizations Tax paid or withheld at source (see instructions)	52 53 54 55 56		
d e f g 52 53 54 55 66	Foreign organizations Tax paid or withheld at source (see instructions)	52 53 54 55 56 s)		6,640
d e f g 52 53 54 55	Foreign organizations Tax paid or withheld at source (see instructions)	52 53 54 55 56 s)	•	
d e f g 52 53 54 Far	Foreign organizations Tax paid or withheld at source (see instructions)	52 53 54 55 56 s) other	ve to file	6,640
d e f g 52 53 54 Far	Foreign organizations Tax paid or withheld at source (see instructions)	52 53 54 55 56 s) other	ve to file	6, 640 Yes No
d e f g 52 53 54 Far	Foreign organizations Tax paid or withheld at source (see instructions)	52 53 54 55 56 s) other	ve to file	6, 640
d e f g 33 34 55 64 Par	Foreign organizations Tax paid or withheld at source (see instructions)	52 53 54 55 56 s) other ay hav	ve to file n country	6, 640 Yes No
d e f g 33 34 55 64 Par	Foreign organizations Tax paid or withheld at source (see instructions)	52 53 54 55 56 s) other ay hav	ve to file n country	6, 640
d e f g 52 53 64 55 67 Par	Foreign organizations Tax paid or withheld at source (see instructions)	52 53 54 55 56 s) other ay hav	ve to file n country	6, 640
d e f g 552 554 555 66 Par 57	Foreign organizations Tax paid or withheld at source (see instructions)	52 53 54 55 56 s) other ay have foreign	ve to file n country	6,640 Yes No
d e f g 552 554 555 56 Par 557	Foreign organizations Tax paid or withheld at source (see instructions)	52 53 54 55 56 s) other ay hav foreign	ve to file n country	Yes No
d e f g 52 53 54 55 67 Par 57	Foreign organizations Tax paid or withheld at source (see instructions)	52 53 54 55 56 s) other ay have foreign	ve to file n country st? my knowledge	Yes No
d e f g	Foreign organizations Tax paid or withheld at source (see instructions)	5/2 5/3 5/4 5/5 5/6 s) tother ay have foreign gn trus	ve to file n country st?  my knowledge IRS discuss preparer s	Yes No X X X and belief, it
d e f g	Foreign organizations Tax paid or withheld at source (see instructions)	5/2 5/3 5/4 5/5 5/6 s) tother ay have foreign gn trus	ve to file n country st? my knowledge IRS discuss preparer s preparer s prons)? X Y	Yes No
d e f g 33 34 55 69 Par 37	Foreign organizations Tax paid or withheld at source (see instructions)	5/2 5/3 5/4 5/5 5/6 s) 0 other ay have foreign again trus	ve to file n country st? my knowledge IRS discuss preparer s sions)?[X] Y	Yes No X X X and belief, it
d e f g 53 54 55 66 Par 57	Foreign organizations Tax paid or withheld at source (see instructions)	52 53 54 55 56 s) other ay have foreign gn trus	n country  st?  IRS discuss preparer success? X Y  f PTIN 1 P019	Yes No X X X X and belief, it shar return hown below les No 959812
d e f g 552 554 555 567 Par 577 Sigr Her	Foreign organizations Tax paid or withheld at source (see instructions).  Backup withholding (see instructions).  Credit for small employer health insurance premiums (attach Form 8941).  Stiff  Other credits, adjustments, and payments Form 2439  Form 4136  Total payments Add lines 51a through 51g.  Estimated tax penalty (see instructions) Check if Form 2220 is attached.  Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed.  Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid.  Enter the amount of line 55 you want Credited to 2020 estimated tax ▶ 6, 640.  Refunded ▶  Statements Regarding Certain Activities and Other Information (see instruction At any time during the 2019 calendar year, did the organization have an interest in or a signature or 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 here ▶  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign fire 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, corlect and complete Declarition of prepare (other than taxpayer) is based on all information of which preparer has any knowledge  Print/Type preparer's name  Prin	52 53 54 55 56 s) sother ay have foreign graph trus agn trus agn trus agn trus agn trus agn trus agn trus agn trus	representation of the property	Yes No X X X and belief, it is this return hown below (es No 059812
d e f g 552 554 555 567 Par 577 Sigr Her	Foreign organizations Tax paid or withheld at source (see instructions)	sign trus  sest of n  in the einstruct  k mployec  EIN	n country  st?  IRS discuss preparer success? X Y  f PTIN 1 P019	Yes No X X X and belief, it is this return hown below (es No 059812

	CHILDR	EN'S HEA	ALTHCARE OF CALI	FORNIA		33-	0265266	,
Form 990-T (2019)								
Schedule A - Cost of C	Soods Sold. E	nter method	of inventory valuation	<b>&gt;</b>				_
1 Inventory at beginning of	fyear . 1		6 Inventory	at end of ye	ar	. 6_		
2 Purchases	2				old Subtract line	1 1		
3 Cost of labor			6 from li	ne 5 Enter	here and in Part			
4a Additional section 263A	costs	_	I, line 2.			. 7		
(attach schedule)	4a		<b>8</b> Do the	rules of	section 263A (	with re	spect to	L
b Other costs (attach sched	dule) . 4b				or acquired fo			
5 Total Add lines 1 throug			to the org	anization?.	<u> </u>	<u></u> .	<u></u>	ļ
Schedule C - Rent Incom (see instructions)	ne (From Real P	Property a	nd Personal Property	Leased V	Vith Real Prope	erty)		
Description of property								
(1)								
(2)								
(3)								
(4)								
	2 Rent recei	ived or accrue	ed					
for personal property is more than 50%			age of rent for personal propert If the rent is based on profit or					_
(2)						<u> </u>		
(3)		<u> </u>						
(4)		ļ			<del></del>			_
Total		Total			(b) Total deduction	ons		
(c) Total income Add totals of					Enter here and or	n page 1,		
	6, column (A)				Part I, line 6, colu	mn (B)	<u> </u>	
	Jeor-Fillanceo i	ncome (se		3 [	Deductions directly co	nnected v	with or allocab	 ile
				1	debt-financ	ced proper	rty	
Schedule E - Unrelated E			2 Gross income from or allocable to debt-financed	<u> </u>			) Other dedu	
Schedule E - Unrelated E	ebt-financed property		2 Gross income from or allocable to debt-financed property		nt line depreciation			
Schedule E - Unrelated E  1 Description of de			allocable to debt-financed				(attach sched	
Schedule E - Unrelated E  1 Description of de			allocable to debt-financed		nt line depreciation			_
1 Description of de  (1) ATCH 3  (2)			allocable to debt-financed		nt line depreciation			_
1 Description of desc			allocable to debt-financed		nt line depreciation			_
1 Description of desc		sted basis	allocable to debt-financed property		nt line depreciation		(attach sched	
1 Description of desc	ebt-financed property	ble to property	allocable to debt-financed	(atta	nt line depreciation	8 /		du
1 Description of description description description of allocable to debt-financed property (attach schedule)	5 Average adjured of or allocated debt-financed	ble to property	allocable to debt-financed property  6 Column 4 divided	(atta	nt line depreciation ch schedule)	8 /	Allocable dec	du
1 Description of description description description of allocable to debt-financed property (attach schedule)	5 Average adjured of or allocated debt-financed	ble to property	allocable to debt-financed property  6 Column 4 divided by column 5	(atta	nt line depreciation ch schedule)	8 /	Allocable dec	du
1 Description of de  (1) ATCH 3  (2)  (3)  (4)  4 Amount of average acquisition debt on or allocable to debt-financed	5 Average adjured of or allocated debt-financed	ble to property	allocable to debt-financed property  6 Column 4 divided by column 5	(atta	nt line depreciation ch schedule)	8 /	Allocable dec	du
1 Description of description d	5 Average adjured of or allocated debt-financed	ble to property	6 Column 4 divided by column 5	(atta	nt line depreciation ch schedule)	8 /	Allocable dec	du
1 Description of de  (1) ATCH 3  (2)  (3)  (4)  4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  (1)  (2)  (3)	5 Average adjured of or allocated debt-financed	ble to property	6 Column 4 divided by column 5	7 Gross (column	nt line depreciation ch schedule)	8 / (colum	Allocable dec	du of b)

Form 990-T (2019)

Schedule F - Interest, Ann	iuities, Royaltie			ntrolled Or			Zations (S	see mstructi	ons)	<del>-</del> -	
1 Name of controlled organization	2 Employer	ber 3 Ne	t unrel	ated income instructions)	4 Total		ified include	5 Part of column 4 that included in the controlli organization's gross inco		6 Deductions directly connected with income in column 5	
(1)											
(2)											
(3)					<u> </u>						
(4)					<u> </u>					<u></u>	
Nonexempt Controlled Organi	zations			,		,				<u> </u>	
7 Taxable Income	8 Net unrelated a (loss) (see instruc			Total of specifi ayments made		ind	Part of colum cluded in the anization's gr	controlling		Deductions directly nnected with income in column 10	
(1)											
(2)											
(3)											
(4)									<u></u>		
Totals	ncome of a Sec		 :)(7),	(9), or (17		En Pa	dd columns s ater here and c art 1, line 8, co	on page 1, slumn (A)	En	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)	
1 Description of income	2 Amount of	f income		3 Deduction of the directly contact (attach sch	nected	_		4 Set-asides (attach schedule)		5 Total deductions and set-asides (col 3 plus col 4)	
(1)		·									
(2)											
(3)	ļ								$\dashv$	<u> </u>	
(4)	Enter here and									Enter here and on page 1	
Totals ▶ Schedule I-Exploited Exe	Part I, line 9, c		er Th	an Advert	ising Ir	come	e (see insti	ructions)		Part I, line 9, column (B)	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expense directly connected production unrelated business inc	with i of i	4 Net incor from unrelat or business 2 minus col If a gain, co cols 5 thro	ed tradé (column umn 3) ompute	from	Gross income a activity that of unrelated iness income	6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)				<del> </del>	_						
(2)		-						<del>-</del>			
(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,		_					Enter here and on page 1, Part II, line 25	
Totals											
Schedule J-Advertising In				-1-4-15							
Part I Income From Per	iodicals Report	ed on a Co	nsoli	dated Bas	SIS			<del></del>		<del></del>	
1 Name of periodical	2 Gross advertising advertising costs advertising costs according to the cost of through 7 and thr		-	7 Excess readership costs (column 6 minus column 5, but not more than column 4)							
(1)	<del>                                     </del>		-					<del> </del>			
(2)								+			
(3)								<del>                                     </del>		<u> </u>	
(4)								+		<del>  -                                    </del>	
. ,	<del>  -                                   </del>	<del></del>		-				<del>                                     </del>			
Totals (carry to Part II, line (5))										Form 990-T (2019)	

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis) 7 Excess readership 4 Advertising gain or (loss) (col costs (column 6 2 Gross 3 Direct 5 Circulation 6 Readership 2 minus col 3) If minus column 5, but 1 Name of periodical advertising advertising costs ıncome costs a gain, compute not more than ıncome cols 5 through 7 column 4) (2) (3) (4) Totals from Part I. Enter here and Enter here and on Enter here and on page 1, Part I, page 1, Part I, on page 1, line 11, col (A) line 11, col (B) Part II, line 26 Totals, Part II (lines 1-5) . . . . ▶ Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 4 Compensation attributable to 2 Title time devoted to 1 Name unrelated business business

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.

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  $\underline{-07/01}$  , 2019, and ending  $\underline{-06/30}$ 

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

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

(C) Net

Name of the organization

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

Employer identification number 33-0265266

(B) Expenses

CHILDREN'S HEALTHCARE OF CALIFORNIA

Part I Unrelated Trade or Business Income

Unrelated Business Activity Code (see instructions) ► 525990

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

(A) Income

1 a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Schedule A, line 7)	2				1
3	Gross profit Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement) ATCH 4 .	5	-507,974.			-507,974.
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		<del>_</del>		
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	-507,974.			-507,974.
14	connected with the unrelated business income )  Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages					
16	Repairs and maintenance					
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	<u> </u>
19	Taxes and licenses				19	
20	Depreciation (attach Form 4562)		20			
21	Less depreciation claimed on Schedule A and elsewhere on re		, ,		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_	
28	Total deductions Add lines 14 through 27		<i></i>		28	
29	Unrelated business taxable income before net operating				29_	-507,974.
30	Deduction for net operating loss arising in tax years	begin	ning on or after Januar	y 1, 2018 (see		
	instructions)				30	507.00:
31	Unrelated business taxable income Subtract line 30 from line	29 .	<u> </u>	<u></u>	31_	-507,974.
C D	ananyork Paduction Act Notice see instructions				6.	hedule M (Form 990-T) 2019

ATTACHMENT 1

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

TAX PREP FEES

3,352.

3,352.

PART II - LINE 27 - OTHER DEDUCTIONS

ATTAC	HMENT	2	

## FORM 990T - PART III LINE 34 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME  UNRELATED TRADE OR BUSINESS INCOME (SCHEDULES M)  ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION  LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD  CHARITABLE CONTRIBUTION LIMITATION (10%)	173,483. -507,974. 0. 3,352. * 10% 17,013.
CHARITABLE CONTRIBUTION	17,013.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	<u> </u>

49594I 1639

1971894

33-0265266 ATTACHMENT 4

UNRELATED BUSINESS INCOME FROM K-1S

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

INNOVATION INSTITUTE, LLC EIN: 90-0745066

-507,974.

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

-507,974.

49594I 1639 1971894

ATTACHMENT 5

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

YEAR ENDING	AMOUNT GENERATED	AMOUNT UTILIZED	YEAR UTILIZED	CARRYOVER
6/30/2016	14,337,000	9,598	6/30/2016	14,327,402
6/30/2017	-			14,327,402
6/30/2018	=	18,699	6/30/2018	14,308,703
6/30/2019	-	16,744	6/30/2019	14,291,959
6/30/2020	-	17,013	6/30/2020	14,274,946
NET OPERATING LOSS	CARRYOVER TO 6/30	/2020		14,274,946

ATTACHMENT 6

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

ENDING GENE	RATED	UTILIZED	UTILIZED	CARRIVOURD
		<u> </u>	OTTHIZED	CARRYOVER
6/30/2017	269,390	-		269,390
6/30/2018	-	170,132	6/30/2018	99,258
6/30/2019	-	101,098	6/30/2019	-
6/30/2020	-	-		-

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ATTACHMENT 7

## FORM 990-T, PAGE 1, PART II, NET OPERATING LOSS - K-1 UBI

YEAR ENDING	AMOUNT GENERATED	AMOUNT UTILIZED	YEAR UTILIZED	CARRYOVER
6/30/2019	319,370			319,370
6/30/2020	507,974			827,344
NET OPERATING LOSS	CARRYOVER TO 6/30	0/2021		827,344

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