Exempt Organization Business Income Tax Retu OMB No 1545-0047 990-T (and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning $\underline{07/01}$, 2019, and ending $\underline{06/30}$, 20 $\underline{2}$ $\underline{0}$ 2019 ► Go to www.irs gov/Form990T for instructions and the latest information Department of the Treasury Internal Revenue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) D Employer Identification number Check box if address changed (Employees' trust, see instructions) CHILDREN'S HOSPITAL AT MISSION B Exempt under section Print Number, street, and room or suite no. If a P.O. box, see instructions 33-0528802 501(C) 3) or E Unrelated business activity code 408(e) 220(e) Type 1201 WEST LA VETA AVENUE 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) ORANGE, CA 92868 485000 C Book value of all assets at end of year Group exemption number (See instructions) 40,292,163. G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust H Enter the number of the organization's unrelated trades or businesses ▶ 1 Describe the only (or first) unrelated trade or business here ► ATCH 1 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 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation Telephone number ▶ 714-509-4038 J The books are in care of ►MARY NGUYEN Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances 1c Cost of goods sold (Schedule A, line 7)..... 2 0 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 4c Income (loss) from a partnership or an S corporation (attach statement) Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule 1) 10 11 Advertising income (Schedule J) 12 Other income (See instructions, attach schedule) 12 0. 13 Total Combine lines 3 through 12. Deductions Not Taken Elsewhere (See in structions for limitations on deductions) (Deductions must be directly connected with the unrelated business income EVED Compensation of officers, directors, and trustees (Schedule K). 14 15 Salaries and wages 15 16 Repairs and maintenance 16 17 17 OGDEN. U.T. . . 18 Interest (attach schedule) (see instructions). 18 Taxes and licenses . . . 19 Depreciation (attach Form 4562). 20 Less depreciation claimed on Schedule A and elsewhere on return 21 21b 22 22 23 Contributions to deferred compensation plans 23 24 24 25 25 26 26 27 27 28 28 29 Inrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) . . . Unrelated business taxable income Subtract line 30 from line 29. For Paperwork Reduction Act Notice, see instructions. Form 990-T (2019)

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Pai	t III Total Unrelated Business Taxab	ole Income					
32	Total of unrelated business taxable income co	omputed from all unrelated trade	es or businesses (see	:			
	instructions)			. 32			
33	Amounts paid for disallowed fringes						
34	Charitable contributions (see instructions for limitation						
35	Total unrelated business taxable income before			· —			-
33				1 1			0.
	34 from the sum of lines 32 and 33						
36	Deduction for net operating loss arising in	tax years beginning before Ja	anuary 1, 2018 (see	1 1			
	instructions)			36			
37	Total of unrelated business taxable income before sp	pecific deduction. Subtract line 36 fron	n line 35	. 37			
38	Specific deduction (Generally \$1,000, but see line 38	8 instructions for exceptions)		. 38			
39	Unrelated business taxable income Subtract line	ie 38 from line 37. If line 38 is	greater than line 37,	1 - (
	enter the smaller of zero or line 37		-				0.
Par	t IV Tax Computation						
40	Organizations Taxable as Corporations Multiply line	30 by 31% (0.31)		▶ 40			
	•						
41		nstructions for tax computatio		1 1			
	the amount on line 39 from Tax rate schedule of						
42	Proxy tax. See instructions			▶ 42			
43	Alternative minimum tax (trusts only)			. 43			
44 1	Tax on Noncompliant Facility Income See instruction	ns		. 44			
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whic	chever applies	<u></u> <u></u> <u></u>	. 45			
Par	t V Tax and Payments						
_	Foreign tax credit (corporations attach Form 1118, tru	usts attach Form 1116) 46	a				
	Other credits (see instructions)						
	General business credit Attach Form 3800 (see instru			-			
				⊣ 1			
	Credit for prior year minimum tax (attach Form 8801 o			ا ـ ـ ـ ا			
	Total credits Add lines 46a through 46d			$\overline{}$			
47	Subtract line 46e from line 45						
48	Other taxes Check if from Form 4255 Form 861	11 Form 8697 Form 8866 _	Other (attach schedule)	. 48			
49	Total tax Add lines 47 and 48 (see instructions)			. 49			0.
50	2019 net 965 tax liability paid from Form 965-A or Fo	orm 965-B, Part II, column (k), line 3.		. 50			
51 a	Payments A 2018 overpayment credited to 2019		a	_] _ [
b	Payments A 2018 overpayment credited to 2019 2019 estimated tax payments	5.11	7,500	.]			
	Tax deposited with Form 8868	▼ 1	1	7			
	Foreign organizations Tax paid or withheld at source (7			
	Backup withholding (see instructions)			┦ !			
				⊣ 1			
	Credit for small employer health insurance premiums		T	-			
g	Other credits, adjustments, and payments Form 2						
	Form 4136 Other	Total > 51	9	- _•			
52	Total payments. Add lines 51a through 51g			52		7,	500.
53	Estimated tax penalty (see instructions) Check if Form	m 2220 is attached	▶∟]			
54	Tax due If line 52 is less than the total of lines 49, 5	0, and 53, enter amount owed		-			
55	Overpayment If line 52 is larger than the total of line	es 49, 50, and 53, enter amount overp	ard , . \ [55		7,5	500.
56	Enter the amount of line 55 you want	stimated tax	Refunded)	► 56		7,5	500.
	t VI Statements Regarding Certain A						
57	At any time during the 2019 calendar year, did			_	authority	Yes	No
٠.	over a financial account (bank, securities, or ot	_				 	
	• • • • • • • • • • • • • • • • • • • •	, -		•			
	FinCEN Form 114, Report of Foreign Bank and	Financial Accounts it res, e	nter the name or the	roreign	Country	1 1	v
	here						X
58	During the tax year, did the organization receive a dis	stribution from, or was it the grantor	of, or transferor to, a for	eign trust	?	 	X
	If "Yes," see instructions for other forms the organization	on may have to file					1
59	Enter the amount of tax-exempt interest received or a						L
	Under penalties of begury, I declare that I have examined	this return, including accompanying schedule	es and statements, and to the	best of m	y knowledge	and belt	ef, it is
Sigr	true, correct, and complete Decidration of preparer (other than	taxpayer) is based on all information of which pro	F	10v +t- 1	DS district	this -	otu co
Her		5/13/2021 CFO/AS			IRS discuss preparer si		
	Signature of officer	Date Title		see instruction	·	es	No
	Print/Type preparer's name	Preparer's signature	Date		PTIN		
Paid		Shalini Saidha	5/4.0/0.004 Che	ck L if -employed		5981	2
Prep	arer TONG TYP	- Similar Samilar			13-556		
	Only Firm's name NEIG DDF	CHITTE 1500 TOC TAICETE		<u>'s EIN ▶</u>			
	Firm's address ▶ 550 S. HOPE ST.,	POTTE TOOM, POS WINGETE	3, CM 300/1 Pho	neno ∠⊥	.3-972-	7000	

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Schedule A - Cost of G	oods Sold. Er	ter metho	d of invent				 _
1 Inventory at beginning of	year . 1			6 Inventory	at end of ye	ar	6
2 Purchases	2			7 Cost of	goods so	old Subtract line	
3 Cost of labor	3			6 from li	ne 5 Enter	here and in Part	
4a Additional section 263A c	osts			I, line 2 .			7
(attach schedule)	4a			8 Do the	rules of	section 263A (v	vith respect to Yes No
b Other costs (attach sched	ule) . 4b					or acquired for	
5 Total Add lines 1 through				to the org	anization? .	<u> </u>	X
Schedule C - Rent Incom	e (From Real P	roperty a	nd Perso	nal Property	Leased V	Vith Real Prope	rty)
(see instructions)							
1 Description of property							
(1)							
(2)							
(3)							
(4)				·			
	2 Rent recei	ved or accru	ed				
(a) From personal property (if the for personal property is more th more than 50%	nan 10% but not	percent	age of rent fo	personal property r personal property based on profit or	y exceeds		rectly connected with the income (a) and 2(b) (attach schedule)
(1)							
(2)							
(3)							
(4)							
Total		Total					
(c) Total income. Add totals of c	olumns 2(a) and 2(b) Enter				(b) Total deduction Enter here and on	
here and on page 1, Part I, line 6						Part I, line 6, colur	nn (B) 🕨
Schedule E - Unrelated D	ebt-Financed I	ncome (se	e instruction	ons)			
1 Description of del	bt-financed property			ncome from or o debt-financed		debt-financ	
			pr	operty		nt line depreciation ch 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 adjust of or allocal debt-financed (attach sche	ble to property	4 (Column divided column 5		income reportable n 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%			
(2)				%			
(3)				%			
(4)				%			
		-				e and on page 1, le 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals							

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chedule F – Interest, Anr	uities, Royaltie						ions (se	e instruct	ions)	<u>-</u> -
		Ex	empt Co	ontrolled Or	ganızatı	ons				
Name of controlled organization	2 Employer identification num	nei i		lated income instructions)	1	of specified ints made	included	of column 4 to in the contration's gross in	olling	6 Deductions direct connected with inco
)										
)										
)							-			
)	 _				<u> </u>					
onexempt Controlled Organi	zations						·		_	·
7 Taxable Income	8 Net unrelated i			Total of specific payments made		includ	t of column ed in the co ation's gros	ontrolling		Deductions directly inected with income i column 10
)							<u> </u>			
)									_	
					-	-				
<u>) </u>						<u> </u>				
)			_			Add (olumns 5 a	and 10	Δ.	Id columns 6 and 11
						Enter I Part I	nere and on line 8, colu	page 1, mn (A)	Ent	er here and on page rt I, line 8, column (B
chedule G-Investment I	ncome of a Sec	ction 50	1/0/(7)	(9) or (17	►	nization	(coo inc	tructions)		
1 Description of income	2 Amount o	_	1(0)(7),	3 Deduction of the contraction o	tions nected	ilization	4 Se	a-asides schedule)		5 Total deduction and set-asides (col plus col 4)
)	 		_	(Gildon 30)						p.03 001 4)
))	 					— -				-
	 					- -				
)	 									
otals	Enter here and Part I, line 9, c	olumn (A)								Enter here and on pa Part I, line 9, column
chedule I – Exploited Exe	empt Activity In	come, O	ther Th	<u>ıan Adverti</u>	sing In	come (s	ee instru	ictions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expe direct connect product unrel business	ctly ed with tion of ated	4 Net incom from unrelat or business 2 minus col If a gain, co cols 5 thro	ed trade (column umn 3) ompute	from act	s income ivity that nrelated s income	6 Expe attributa colum	ble to	7 Excess exem expenses (column 6 minu column 5, but n more than column 4)
· · · · · · · · · · · · · · · · · · ·									-	+
)	 	-		+		-		 		
)	 			 						
)	 -			 -				 		-
)	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, line 10, c	Part I,	-			_	J.,		Enter here and on page 1, Part II, line 25
otals ▶ chedule J– Advertising Ir	Come (see instr	uctions)		<u>. </u>						
art I Income From Per	<u>_</u>		Consol	idated Bas	is					
										T
1 Name of periodical	2 Gross advertising income	3 Dii advertisin		4 Advert gain or (los 2 minus co a gain, cor cols 5 thro	s) (col of 3) If mpute	5 Circ		6 Reade cost		7 Excess reader costs (column minus column 5, not more than column 4)
	1			1						
								İ		
)					-					
)					-					
										

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 ▶			`			
	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 - 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) ATCH 2		%	-
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line	4	. •	

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