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1.352722146. G. Check organization type. ▶ X. 501(c) corporation. 501(c) Irust. 401(a) Irust. Other trust. Enter the number of the organization's unrelated trade or businesses. ▶ 2					_			
HE Enter the number of the organization's unrelated trades or businesses № 2 Describe the only for first) unrelated trade or business here № SECIAL EVENT PARKING 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. If only one, complete Parts II.V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts II.V. If only one, complete Parts II.V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts II.V. If only one, complete Parts II.V. If more than one, describe the first in the blank space at the end of the previous sentence previous parts. If the previous parts in the blank space at the end of the previous sentence previous parts. If the previous parts in the blank space at the end of the previous sentence previous parts. If the previous parts in the blank space at the end of the previous sentence parts in the blank space at the end of the previous sentence parts. If the previous parts in the blank space at the end of the previous sentence parts in the blank space at the end of the previous sentence parts in the blank space at the end of the previous sentence parts in the blank space at the end of the previous space parts in the previous spac	1352722146				501(c)	truet	401(a) 1	rust Other trust
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1					ephone	number ▶ 612	2-813-	6000
1	Part I Unrelate	d Trade or Business Income		(A) Income		(B) Expens	es	(C) Net
b Less mitums and allowances 2 Cost of goods sold (Schedule A, line 7). 2 Cost of goods sold (Schedule A, line 7). 3 Gross profit Subtract line 2 from line 1c. 3 3 371, 842. 37			T	<u> </u>				
2 Cost of goods sold (Schedule A, line 7). 2 3 371,842. 371,842. 371,842. 371,842. 4 Capital gain net income (Statch Schedule D). 4 4 4 5 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•		. ▶ 1c	371,8	42.			Ì
3 Gross profit Subtract line 2 from line 1c	•	·						i
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5 Income (loss) from a partnership or an S corporation (attach statement) 5 1, 394, 406 ATCH 1 1, 394, 406 6 Rent Income (Schedule C) 7		• • • • • • • • • • • • • • • • • • • •						
6 Rent income (Schedule C)				1,394,4	06.	ATCH 1		1,394,406.
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9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12. 13 Total. Combine lines 3 through 12. 14 Compensation of officers, directors, and trustees (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business-income.) 14 Compensation of officers, directors, and trustees (Schedule K). RECEIVED. 15 Salaries and wages 16 Repairs and maintenance 16 Repairs and maintenance 17 Bad debts. 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 19 Taxes and licenses 20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562). 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Depletion 23 Depletion 24 Contributions to deferred compensation plans 24 Excess exempl expenses (Schedule J). 25 Employee benefit programs 26 Excess exemple expenses (Schedule J). 27 Contributions Add lines 14 through 28. 29 Total deductions Add lines 14 through 28. 20 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 30 1, 449, 521. 30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 30 1, 449, 521. 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 32 Unrelated business taxable income Subtract line 31 from line 30 5 From 990-T (2018)								
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12 Other income (See instructions, attach schedule) 12	10 Exploited exem	pt activity income (Schedule I)	. 10					
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For Paperwork Reduction Act Notice, see instructions.			-	-				1 440 531
			ne 30	· · · · · · · · · · · · · · · · · · ·		<u> </u>	. 32	
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Form	990-T (20	18)				Page Z
Par	t III	Total Unrelated Business Taxable Income				
33	Total o	of unrelated business taxable income computed from all unrelated trades or businesses (se	e			
		ions)		1,4	49,	521.
34		s paid for disallowed fringes		1,1	29,	120.
35		on for net operating loss arising in tax years beginning before January 1, 2018 (se		 		
33				2.5	78.6	641.
		ions)				
36		f unrelated business taxable income before specific deduction. Subtract line 35 from the sur		I		
		33 and 34				
37	•	deduction (Generally \$1,000, but see line 37 instructions for exceptions)			Ι,	000.
38		ed business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36		I		
	enter th	e smaller of zero or line 36	- 38			0.
Par	t IV	Tax Computation				
39	Organiz	ations Taxable as Corporations Multiply line 38 by 21% (0 21)	▶ 39			
40	Trusts	Taxable at Trust Rates. See instructions for tax computation income tax or	اا			
	the amo	ount on line 38 from Tax rate schedule or Schedule D (Form 1041)	▶ 40			
` 41		ax. See instructions				
42		ive minimum tax (trusts only).	-			
	Tayon	Noncompliant Facility Income. See instructions	. 43			
		dd lines 41, 42, and 43 to line 39 or 40, whichever applies				
		Tax and Payments	.			
			1			
		tax credit (corporations attach Form 1118, trusts attach Form 1116)				
		redits (see instructions)				
С	Genera	business credit Attach Form 3800 (see instructions)				
		or prior year minimum tax (attach Form 8801 or 8827)				
е	Total cr	edits. Add lines 45a through 45d				
46		t line 45e from line 44				
47		tes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule				
48	Total ta	x. Add lines 46 and 47 (see instructions)	. 48			0.
49	2018 ne	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	. 49			
50 a	Paymer	its. A 2017 overpayment credited to 2018				
b	2018 es	stimated tax payments				
С	Tax dep	osited with Form 8868				
		organizations Tax paid or withheld at source (see instructions)				
		withholding (see instructions)				
		or small employer health insurance premiums (attach Form 8941) 50f				
		edits, adjustments, and payments Form 2439	\neg			
3		orm 4136 Other Total ▶ 50g				
51		ayments. Add lines 50a through 50g	. 51			
		ed tax penalty (see instructions) Check if Form 2220 is attached	52			
53		If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	▶ 53			
54		yment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54		-	
	•					
55		e amount of line 54 you want				
Par				authoriti. T	Yes	No
	•	time during the 2018 calendar year, did the organization have an interest in or a signature financial account (bank, securities, or other) in a foreign country? If "Yes," the organization		-	. 55	
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	-			.
			e loreigi	- 1 Country	<u></u>	
	_	CAYMAN ISLANDS			v	
57		he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fo	reign trus	17		
	-	see instructions for other forms the organization may have to file			1]
<u>58</u>		e amount of tax-exempt interest received or accrued during the tax year ▶ \$		au kacula tu		
	l to	der penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the e, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	e best of m	iy knowledge ar	na belii	∌ī, It IS
Sign	1 K	11	May the	IRS discuss	this r	etum
Here	·	RENDA MCCORMICK 11/11/2*17 VP & CFO	with the	preparer sho		
	Sı	D/4 /1.0000	(see instructi	المستخب المراجعة		No
		Print/Type preparer's name Prenarer's signature Date 11/4/2019 Cr	ieck LLL if	f PTIN		
Paid		111-12010	lf-employed	P0141	323	7
Prep			m's EIN 🕨	13-5565		
Use	Only	Firm's address ▶ 4200 WELLS FARGO CTR, 90 S 7TH, MINNEAPOLIS, MN 55402 Ph	one no 63	12 - 305-5	000	
					ΩТ	

Form 990-T (2018)									Page
Schedule A - Cost of G	oods Sold. Er	ter metho	d of inventory	valuation	► NA				
1 Inventory at beginning of	year 1		6	Inventory	at end of yea	ır	6		
2 Purchases	2		7			ld. Subtract line			
3 Cost of labor		·		6 from	line 5 En	ter here and in			
4a Additional section 263A of	· · · - - - - - - - - - 			Part I. line	2		7		
(attach schedule)	1 1		8			section 263A (w	th respect t	o Yes	No
b Other costs (attach sched						or acquired for	•		⇈
5 Total. Add lines 1 through									
Schedule C - Rent Incom		roperty a	nd Personal	Property	Leased V	ith Real Proper	tv)		
(see instructions)	(-37		
Description of property	<u> </u>		-						
(1)								_	
(2)						· -			
(3)									
(4)				_					
	2. Rent recei	ved or accru	ed		<u> </u>				
(a) From personal property (if the	· · ·		rom real and per	conal property	(if the	3(a) Deductions du	ectly connected	th the inco	-m-a
for personal property is more t			rom real and per age of rent for pe			3(a) Deductions dir in columns 2(a	a) and 2(b) (attach		me
more than 50%)	50% o	r if the rent is bas	ed on profit or	ıncome)				
	_								
(2)	<u> </u>	-							
(3)	 						-	_	
(4)							·		
Total		Total						-	
(c) Total income. Add totals of c	columns 2(a) and 2((b) Total deduction			
here and on page 1, Part I, line 6		•				Enter here and on Part I, line 6, colum			
Schedule E - Unrelated D			ee instructions	:)			(5)		
<u> </u>		1001110 (01			3 D	eductions directly con	nected with or alloc	able to	
1 Description of de	bt-financed property		2 Gross inco			debt-finance			
·			prope			t line depreciation ch schedule)	(b) Other de (attach scl		
					<u> </u>			,	
(2)				-					
(3)				_		-			
(4)			-						
4 Amount of average	5 Average adju	sted basis	 						
acquisition debt on or	of or alloca	ble to	6 Colt			ncome reportable	8 Allocable of (column 6 x total		
allocable to debt-financed property (attach schedule)	debt-financed (attach sche		by colu		(column	2 x column 6)	3(a) and		113
(1)	(3.1.2.1.2.1.2.1.2.1.2.1.2.1.2.1.2.1.2.1.		 	%		-			
				% %					
(3)			 	- %					
(4)			 	- /º %					
(7)	<u> </u>			70	Enter hore	e and on page 1,	Enter here and	t on naco	1
						e 7, column (A)	Part I, line 7, o		
_					•	` '	. ,	•	•
Totals									
Total dividends-received deduc	tions included in co	olumn 8	<u> </u>		<u> </u>	<u> ▶ </u>			

Page 4

organization dentification number (loss) (see instructions) (1) (2) (3) (4) (5) (5) (6) (6) (7) (7) (7) (7) (7) (7) (8) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	Schedule F—Interest, Anni	, , .		pt Controlled Or			<u> </u>				
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(2) (3) (4)	(1)	<u> </u>					_				
(3) (4)											
(4)						<u> </u>				7	
		†								7 .	
Totals (carry to Part II, line (5)) ▶	7.7					-	 .			-	
- 000 T/o	Totals (carry to Part II, line (5))									Form 990-T (2018	

(4)

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.)

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 27	
Totals, Part II (lines 1-5) ▶					,		
Schedule K - Compensatio		irectors, and Tr	rustees (see instr	uctions)			
1 Name			Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business		
(1)			•	%			
(2)				%			
(3)				%			

Form 990-T (2018)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

12/31 ,20 18

OMB No 1545-0687

Department of the Treasury Internal Revenue Service

► 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).

Name of	organization	
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CHILDREN'S HEALTH CARE

Employer identification number

41-1754276 Unrelated business activity code (see instructions) ▶ 541380

Describe the unrelated trade or business ▶ LAB REVENUE

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
	Gross receipts or sales 505, 339.			<u> </u>		
ь		1c	505,339	.		
2	Cost of goods sold (Schedule A, line 7)	2				<u>-</u>
3	Gross profit Subtract line 2 from line 1c	3	505,339			505,339.
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				
10	Exploited exempt activity income (Schedule I)	10_				
11	Advertising income (Schedule J)	11			_	
12	Other income (See instructions, attach schedule)	12			_	
<u>13</u>	Total Combine lines 3 through 12	13	505,339.			505,339.
Pai	Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the unre			ens.) (Except for co	ontribu	itions,
14	Compensation of officers, directors, and trustees (Schedule K).				$\overline{}$	
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	Depreciation (attach Form 4562)				ļ	
22	Less depreciation claimed on Schedule A and elsewhere on retu	ırn			22b	
23	Depletion					
24	Contributions to deferred compensation plans				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	807,400.
29	Total deductions. Add lines 14 through 28,				29	807,400.
30	Unrelated business taxable income before net operating lo	oss (deduction Subtract line	29 from line 13	30	-302,061.

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Unrelated business taxable income Subtract line 31 from line 30

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

-302,061.

31

ATTACHMENT 1

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

ANDEAVOR LOGISTICS LP	-42,924.
ANTERO MIDSTREAM PARTNERS LP	-9,025.
AGRONAUT PRIVATE EQUITY III, LP	201,706.
BP MIDSTREAM PARTNERS LP	-3,521.
BUCKEYE PARTNERS, L.P.	-28,730.
DOMINION ENERGY MIDSTREAM PARTNERS, LP	-8,941.
ENERGY TRANSFER LP	-51,192.
ENERGY TRANSFER OPERATING L.P.	-70,049.
ENLINK MIDSTREAM PARTNERS, LP	-3,226.
ENTERPRISE PRODUCTS PARTNERS L.P.	-60,078.
EOGP HOLDINGS, LP	-2,210.
EOM MIDSTREAM PARTNERS, LP	-26,810.
FIRST LIGHT FOCUS FUND LP	15,716.
GENESIS ENERGY, L.P.	-7,934.
GSO ENERGY SELECT OPPORTUNITIES FUND AIV-2 LP	-146,754.
GSO ENERGY SELECT OPPORTUNITIES FUND AIV-5 LP	19,195.
HARVEST PARTNERS STRUCTURED CAPITAL FUND, LP	355,603.
MAGELLAN MIDSTREAM PARTNERS LP	-19,781.
MCGINTY ROAD FUND I WAREHOUSE, LLC	384,205.
MPLX LP	-48,750.
NOBLE MIDSTREAM PARTNERS LP	214.
PHILLIPS 66 PARTNERS, LP	-22,637.
PLAINS ALL AMERICAN PIPELINE, L.P.	-38,905.
PROVIDENCE STRATEGIC GROWTH II LP	1,277,873.
PROVIDENCE STRATEGIC GROWTH III L.P.	-38,627.
SHELL MIDSTREAM PARTNERS, L.P.	-30,132.
SPECTRA ENERGY PARTNERS, LP	-3,170.
TALLGRASS ENERGY PARTNERS, LP	-865.
VALERO ENERGY PARTNERS LP	-6,396.
WESTERN GAS EQUITY PARTNERS, LP	-4,325.
WESTERN GAS PARTNERS, LP	-94,445.
WHITEBOX MULTI-STRATEGY FUND, LP	4,069.
WILLIAMS PARTNERS L.P.	-94,748.
The state of the s	2 = , . 2 = .
INCOME (LOSS) FROM PARTNERSHIPS	1,394,406.

λ TO λ COMENT	_ ر
ATTACHMENT	~

FORM 990T - PART II - LINE 18 - INTEREST

INTEREST EXPENSE

29,065.

PART II - LINE 18 - INTEREST

29,065.

ATTACHMENT 3

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

DIRECT EXPENSES 170,227. INDIRECT EXPENSES 1,690. OTHER EXPENSES 3,407. TAX PREPARATION FEES 892.

PART II - LINE 28 - OTHER DEDUCTIONS

176,216.

41-1754276

ATTACHMENT 4

SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

DIRECT EXPENSES
INDIRECT EXPENSES
TAX PREPARATION FEES

569,112. 237,075. \ 1,213.

PART II - LINE 28 - OTHER DEDUCTIONS

807,400.

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information

OMB No 1545-0172

Attachment Sequence No 179

Form 4562 (2018)

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

CHILDREN'S HEALTH CARE

Identifying number

$_{C}$	HILDREN'S HEALTH C	ARE							41-1754276
Busi	ness or activity to which this form relates								
G	ENERAL DEPRECIATION	N							
Рa	rt I Election To Expense C	ertain Property	Under Sect	ion 179					
	Note: If you have any lis				you com	olete Part I.			
1	Maximum amount (see instructions).							1	
2	Total cost of section 179 property pl	aced in service (see in	nstructions)					2	
3	Threshold cost of section 179 prope							3	
4	Reduction in limitation Subtract line	3 from line 2 If zero o	or less, enter -()				4	
5	Dollar limitation for tax year Subtract line 4 from separately, see instructions	n line 1 If zero or less, enter	-0- If marned filing					5	
6	(a) Description				usiness use onl	y) (c) Elect	ed cost	•	
			-						1
			_						1
7	Listed property Enter the amount fro	om line 29			7				-
8	Total elected cost of section 179 pro						-	8	
9	Tentative deduction Enter the smaller							9	
10	Carryover of disallowed deduction fr							10	
11	Business income limitation Enter th							11	
12	Section 179 expense deduction Add							12	
13	Carryover of disallowed deduction to						• • •	12	
	: Don't use Part II or Part III below for					<u> </u>			<u> </u>
_	rt II Special Depreciation A				on't include	listed proper	tv Se	e inst	ructions)
14	Special depreciation allowance for							T	i dollorio j
1-4									
1.5	during the tax year. See instructions.							14	
	Property subject to section 168(f)(1) Other depreciation (including ACPS)							15	79,964
100	Other depreciation (including ACRS) rt III MACRS Depreciation (I	Danit include listed	proporty S	oo inetrue	tions)	· · · · · · · · · · · · · · · · · · ·	<u></u>	16	73,301
ra	MACKS Depreciation (Don't include listed		tion A	ilons j	-			
	MACRO deductions for example			-		_ _		47	
17	MACRS deductions for assets place	=	•					17	
18	If you are electing to group any a	•	-				aı —		
	asset accounts, check here Section B - Assets							ion C	
	Section B - Assets	(b) Month and year		_	T	General Dep	Tecial	1011 3	ystem
	(a) Classification of property	placed in	(business/inve	estment use		(e) Convention	(f) M	ethod	(g) Depreciation deduction
100	3-year property	service	only - see in	structions)	F *****		 	_	
	5-year property					 -	├─-		
							├─-		
	7-year property 10-year property						├─-		
		 			 		├		
	15-year property	 -	<u> </u>		<u> </u>		 -		-
	20-year property	 _			25		_	/1	
_ <u> </u>	25-year property	-			25 yrs	1414	S.		
h	Residential rental			·	27 5 yrs	MM	+	/L	
	property	<u> </u>			27 5 yrs	MM	S.		
1	Nonresidential real				39 yrs	MM	S.		
	property	<u> </u>			<u>L</u>	MM	S		<u> </u>
	Section C - Assets F	Placed in Service D	ouring 2018	Tax Year	Using the	Alternative De			System
20a	Class life	<u> </u>				. _	S.		
	12-year			_	12 yrs		S.	/L	<u></u>
c	30-year				30 yrs	ММ	S	/L	
	40-year				40 yrs	MM	S	/L	L
Pa	rt IV Summary (See instructi	ons.)							·
21	Listed property Enter amount from III	ne 28				· • • • • • • •		21	<u>_</u>
	Total Add amounts from line 12,								
20	here and on the appropriate lines of y	our return Partnershi	ps and S corpo	orations - s	ee instruction	ns	<u></u> .	22	79,964
23	For assets shown above and place portion of the basis attributable to se	eq in service during ction 263A costs	the current	year, ent	er the 23				

Form	n 4562 ((2018)															Page 4
Pa	irt V	Listed Pro					certai	n oth	ner ve	hicles	s, certa	ain air	craft,	and	prope	rty us	ed fo
		Note: For a											lease	expense	e, comp	plete o r	nly 24a
		24b, column															_
		Section A -														es)	
24a	Do yo	u have evidenc	e to supp	ort the bus	siness/investn	nent use	e claimed	12 1	res X	No	24b If "	Yes," is t	he evide	nce writ	ten?	Yes	X No
		(a)		(b)	(c)		(4)		(e)		(f)	1 (g)	1	(h)		(i)
		property (list		placed	Business/	Cos	(d) t or other t		asis for dep usiness/inv		Recovery		hod/		eciation		section 179
	vehi	icles first)	l in s	service	percentage	~		,,,	use onl		period	Conv	ention	ded	uction	°	ost
 25	Spec	al depreciation	n allow	ance for	qualified lis	sted p	roperty	placed	ın ser	vice d	urina						
_		ax year and us											. 25				
26		erty used mor									<u></u>	· · · · ·	. ,				
<u></u>		,				%					l	Ι				T	
					+	/ 9						 		 		+	
						%					ļ. <u> </u>	 		+		+	
27	Dron	orth wood E09	0.1000	un o qualif							l	<u> </u>					
<u> 27</u>	Flobe	erty used 50%	or less	ın a quallı							<u></u> -	To#				т	.
						%						S/L -				-	
			_			%		_				S/L -				4	
			L			%			_		_	S/L -				_	
		amounts in co															
29	Add a	amounts in co	lumn (ı),	line 26 E	Inter here a	nd on	line 7, p	age 1 <u>.</u>		<u></u>	<u></u>	<u></u>	<u>, , , , , , , , , , , , , , , , , , , </u>	<u></u>	. 29	<u> </u>	
					Section	nB-	Inform	ation	on Use	of Ve	hicles						
Con	nplete 1	this section fo	r vehicles	s used by	a sole prop	rietor,	partner,	or oth	er "more	than	5% owne	er," or re	elated p	person	If you p	rovided	vehicle
to y	our emp	ployees, first an	swer the (questions ir	n Section C to	see If	you mee	t an exc	eption to	comp	leting this	section f	or those	e vehicle	S		
				,	_		(a)		(b)		(c)		1)	1	(e)		(f)
30	Total	business/inve	stment	miles driv	en durina	Vet	nicle 1	Vel	nicle 2	V	ehicle 3	Vehi	cle 4	Veh	ncle 5	Veh	icle 6
-•		ear (don't incl															
31		commuting m															
	Total	•			mmuting)												_
_		driven		•	٠, ١			:									
33		miles drive					-	†						<u> </u>		1	
0,5		30 through 32						ľ									
24		the vehicle				Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
J 4					•		+	1.03	110	1.03	1.0	105		1.05	 ""	103	110
25		uring off-duty					 		 	 	 -			 	<u> </u>	 	
J)		the vehicle															
^^		5% owner or r	-				+	 	1	 	 -			1	 	 	
36		nother vehicl			•										ĺ		
	use7.	<u> </u>					<u> </u>	<u>!</u>		 _	J	L					
					ons for Em							•					
		nese question					eption 1	to com	pleting	Section	on B for	vehicles	used	by em	ployees	who a	ren't
mor	e than	5% owners o	r related	persons	See instruc	tions.										т	·
37	Do yo	ou maintain a	writter	n policy s	statement t	hat pr	ohibits	all per	sonal u	ise of	vehicles	, includ	ing co	mmutin	ng, by	Yes	No
		employees?.															_
38	Do yo	ou maintain a	a writtei	n policy s	statement t	hat pr	ohibits	persor	nal use	of ve	hicles, e	xcept c	ommu	ting, by	your		
	emplo	yees? See th	e instruc	ctions for v	vehicles use	ed by c	orporate	e office	rs, dire	ctors, o	or 1% or i	more ov	vners				
39	Do yo	u treat all use	of vehic	cles by em	ployees as	person	al use?										
		ou provide m						s. obta	in info	rmatio	n from v	your en	nplovee	s abou	ut the		
		f the vehicles,						•									
41		u meet the re						demo	nstratio	n use?	 See inst	ructions			• • • •		
•		If your answ															l
Pa		Amortizati				,											
u		Amortizati	<u> </u>				Τ						(e	<u>, </u>			
		(a)			(b)		1	(c)			(d)	ĺ	Amorti			(f)	
		Description of	costs		Date amort begins		Am	ortizable	e amount		Code se	ction	peno		Amortiza	ation for th	ns year
12	Amad	tization of occ	te that h	eans du			Veer (co	o inct-	uctions)				percer	nage			
+4	MIIION	tization of cos	is ilidi D	egins auri	ing your 20	io lax	year (SE	e mstr	uctions)	<u>' </u>		т		- ,			
				-			 				_						
					<u> </u>		Ц							+			
13	Amort	ization of cos	ts that b	egan befo	ore your 20	18 tax	year.							43			
+4	ı otal.	Add amount	s in colu	mn(f) Se	e the instru	ıctions	Tor whe	ere to re	eport .	<u></u>	· · · · ·	<u></u>	· · ·	44			
SA															Fo	m 456	2 (2018)

Children's Health Care EIN: 41-1754276

31 Dec 19

NET OPERATING LOSS CARRYFORWARD FORM 990-T, PART III, LINE 35

NOL	Generated	Utilized	Carryforward		
NOL Generated in FYE December 31, 2013	\$ 219,397	\$ 219,397	\$ -		
NOL Generated in FYE December 31, 2014	\$ 1,369,042	\$1,369,042	\$ -		
NOL Generated in FYE December 31, 2015	\$ 1,310,315	\$ 990,202	\$ 320,113		
NOL Generated in FYE December 31, 2016	\$ 1,120,021	\$ -	\$ 1,120,021		
NOL Generated in FYE December 31, 2017	\$ 1,244,489	\$ -	\$ 1,244,489		
NOL Carryforward in FYE December 31, 2018	\$ 5,263,264	\$ 2,578,641	\$ 2,684,623		