Form	990-T		(and p	roxy tax	cund	iness Income ler section 6033(é)) 19	12	OMB No 1545-0047
-	-	For cale	ndar year 2019 or other	tax year begin	ining	, 2019, and endi	ng, 2	²⁰ ——	2019
	tment of the Treasury					structions and the latest		}	Open to Public Inspection
Interna	al Revenue Service	▶ Do	1			y be made public if your org			Open to Public Inspection 501(c)(3) Organizations O over identification number
^ _	Check box if address changed		Name of organization (Cileck b	ox II nan	e changed and see instruction	15)		oyees trust, see instructions)
B Ev	empt under section		CHILDREN'S	неділи с	APF				
X	1 _	Print	Number, street, and ro			hox see instructions		41-1	754276
\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	408(e) 220(e)	_ or		J J. JJ					ated business activity co
\vdash	408(e) 220(e) 408A 530(a)	Туре	2525 CHICAGO) AVENUE	SOUT	гн			istructions)
\vdash	529(a)					P or foreign postal code			
C Bo	ok value of all assets		MINNEAPOLIS	, MN 554	04-18	344		52	
	end of year	F Gro	up exemption number						
	1501437326.		ck organization type	` , , ,) trust	401(a)	trust Other
H E	nter the number of		nization's unrelated tra						(or first) unrelated
			SS THROUGH INV						e than one, describe the
						Parts I and II, complete a S	•		
	ade or business, th		•						
ı D	uring the tax year,	was the	corporation a subsidia	ary in an affil	ated gr	oup or a parent-subsidiary	controlled group?		▶ Yes X
			identifying number of			n ▶			
JΤ	he books are in care	e of ▶BF	RENDA MCCORMIC	CK, SVP	& CFC) Telephor	ne number 🕨 61	2-813-	-6000
Pa	t I Unrelated	Trade o	or Business Inco	ne		(A) Income	(B) Expen	ses	(C) Net
1 a	Gross receipts or	sales		_					
þ	Less returns and allowa	nces		_ c Balance ▶	1c			12 /1-1	
2	Cost of goods so	ld (Sched	ule A, line 7)		2		RECE	INE	
3	•		2 from line 1c		3	1 100 000	2	- 000	1 1 1 2 2 2
4a			ttach Schedule D)		4a	1,103,969.	F NOV 2	5 202	1,103,9
b			Part II, line 17) (attach F		4b		6		
С			rusts		4c	F1 401	J.OGD:	<u>. </u>	51.4
5		-	r an S corporation (attach stat		1	-51,401.	AIT H		-51,4
6	•	•			6			_/	
7			come (Schedule E) .		7			/	 .
8	•		ents from a controlled organiza						
9			1(c)(7), (9), or (17) organiza		10				
10		-	ncome (Schedule I) .		11				
11	•		dule J)		12				
12	•		ough 12		13	1,052,568.	<u>r</u>		1,052,5
10 11 12 13 Pa	t II Deduction	ns Not	Taken Fisewhere	(See inst	ructio	ns for limitations on o	leductions) ([Deduction	ons must be direct
, LE	connecte	d with th	ne unrelated busin	ness incom	re.)	nis for filting for c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Jeddelii	ons must be an eo
14						<i>[</i>		14	
						<i>[</i>			
	Repairs and main	tenance						. 16	
15								. 17	
15 16	Bad debts						ATCH 2	18	36,4
15 16 17	Bad debts	chedule)	(see instructions)						1
15 16 17 18	Bad debts Interest (attach s	chedule) ((see instructions)					19	
15 16 17	Bad debts Interest (attach s Taxes and license	chedule) (s	(see instructions)	<i></i> .				19	
15 16 17 18 19	Bad debts Interest (attach s Taxes and license Depreciation (atta	chedule) (s ach Form	(see instructions)	./				19 21b	
15 16 17 18 19	Bad debts Interest (attach s Taxes and license Depreciation (atta Less depreciation	chedule) (s ach Form i claimed	(see instructions)	sewhere on re	 eturn .	20 21a		<u>19</u> <u>21b</u>	
15 16 17 18 19 20 21	Bad debts Interest (attach s Taxes and license Depreciation (atta Less depreciation Depletion	chedule) (s ach Form i claimed	(see instructions)	sewhere on re	eturn	20		19 21b 22	
15 16 17 18 19 20 21	Bad debts Interest (attach s Taxes and license Depreciation (atta Less depreciation Depletion Contributions to depreciation	chedule) (s ach Form claimed deferred ((see instructions)	sewhere on re	eturn	20 21a		19 21b 22 23	
15 16 17 18 19 20 21 22 23	Bad debts Interest (attach s Taxes and license Depreciation (atta Less depreciation Depletion Contributions to d Employee benefit	chedule) (s ach Form claimed deferred (programs	(see instructions)	sewhere on re	eturn .	20 21a		19 - 21b 22 23	
15 16 17 18 19 20 21 22 23 24	Bad debts Interest (attach s Taxes and license Depreciation (atta Less depreciation Depletion Contributions to a Employee benefit Excess exempt ex	chedule) of s ach Form claimed deferred of programs penses (\$1	(see instructions)	sewhere on re	eturn .	20 21a		19 - 21b 22 23 24	
15 16 17 18 19 20 21 22 23 24 25	Bad debts Interest (attach s Taxes and license Depreciation (atta Less depreciation Depletion Contributions to a Employee benefit Excess exempt ex Excess readership	chedule) s ach Form claimed deferred of programs penses (\$ costs (\$	(see instructions)	sewhere on ro	eturn .	20 21a		19 - 21b 22 23 24 25 26	
15 16 17 18 19 20 21 22 23 24 25 26	Bad debts Interest (attach s Taxes and license Depreciation (atta Less depreciation Depletion Contributions to c Employee benefit Excess exempt ex Excess readership Other deductions	chedule) s ach Form claimed deferred c programs penses (S) costs (S)	(see instructions)	sewhere on ro	eturn .	20 21a		19 21b 22 23 24 25 26 27	
15 16 17 18 19 20 21 22 23 24 25 26 27	Bad debts Interest (attach s Taxes and license Depreciation (attach s depreciation Depletion	chedule) s ach Form i claimed deferred of programs penses (S) attach s Add line	(see instructions)	sewhere on ro	eturn	20 21a		19	
15 16 17 18 19 20 21 22 23 24 25 26 27 28	Bad debts Interest (attach s Taxes and license Depreciation (atta Less depreciation Depletion Contributions to d Employee benefit Excess exempt ex Excess readership Other deductions Total deductions Unrelated busine	chedule) s ach Form a claimed deferred a programs spenses (S attach s Add line ss taxab	(see instructions)	sewhere on re	eturn .	20 21a	28 from line 1	21b 21b 22 23 24 25 26 27 28 3 29	36,4

9x2740 7000 8931IM 7383

Form	990-T (20	OHILDREN'S HEALTH CARE	41-175427	6 Page 2
Par	ŧ III ~	Total Unrelated Business Taxable Income	-	* .
32		unrelated business taxable income computed from all unrelated trades or businesses (see)		
		(volume in the contract of the	32 1	,159,795.
33		s paid for disallowed fringes		
34		ble contributions (see instructions for limitation rules)	3/4	
35		inrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line		
33			35 1	,159,795.
20		the sum of lines 32 and 33	35 -	, 100, 100.
36		on for net operating loss arising in tax years beginning before January 1, 2018 (see		,159,795.
	instruct	ons)	36 -	, 139, 193.
37	Total of	unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	1 000
38		deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39		ed business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,		•
		e smaller of zero or line 37	39	0.
		Tax Computation		
40	-	tations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40	
41		Taxable at Trust Rates. See instructions for tax computation Income tax on		
	the amo	ount on line 39 from Tax rate schedule or Schedule D (Form 1041)	41	
42	Proxy ta	ax See instructions	42	
43	Alternat	ive minimum tax (trusts only)	43	
44		Noncompliant Facility Income. See instructions	44	
45		dd lines 42, 43, and 44 to line 40 or 41, whichever applies	45	
Par		Tax and Payments	,	
46 a	Foreign	tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a		
b	Other c	redits (see instructions)]	
С	Genera	business credit Attach Form 3800 (see instructions)]	
d	Credit f	or prior year minimum tax (attach Form 8801 or 8827)	J i	
е	Total cr	edits. Add lines 46a through 46d	46e	
47	Subtrac	t line 46e from <u>line 45 </u>	47	
48	Other tax	xes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	48	
49		x Add lines 47 and 48 (see instructions)	49	0.
50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
51 a		its. A 2018 overpayment credited to 2019		•
b	-	stimated tax payments	1	
		osited with Form 8868	1	
		organizations Tax paid or withheld at source (see instructions)		
	-	withholding (see instructions)	1	
	•	or small employer health insurance premiums (attach Form 8941) 51f	1	
		edits, adjustments, and payments Form 2439	1	
9		orm 4136 Other Total ▶ 51g		
52		ayments Add lines 51a through 51g	52	
53		ed tax penalty (see instructions) Check if Form 2220 is attached.	53	
54		s. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55		yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	•	e amount of line 55 you want Credited to 2020 estimated tax Refunded Refunded	56	
Par		Statements Regarding Certain Activities and Other Information (see instructions		
57		time during the 2019 calendar year, did the organization have an interest in or a signature or	•	Yes No
31	•	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	•	
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	-	
		CAYMAN ISLANDS	Toreign country	'
50			on toust?	
58		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign and the company to a state of	girtiust'	•
		see instructions for other forms the organization may have to file		
<u>59</u>		le amount of tax-exempt interest received or accrued during the tax year ▶ \$ Index penalties of peηury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of my knowlede	e and heliof it "
e:	1 to	ider penalities of perjury, i declare that I have examined this return, including accompanying schedules and statements, and to the billie, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	COLUMN Knowledg	cano pener, it is
Sigr		Burda Me Course 11/12/2020 SVP & CFO	y the IRS discu	
Her			h the preparer	
	Si			Yes No
Paid		Print/Type preparer's name Date 10/28/2020 Check	1 201	41222
Prep		Self-e	22 55	413237
•	Only		EIN ► 13-55	
	J	Firm's address ▶ 4200 WELLS FARGO CTR, 90 S.7TH, MINNEAPOLIS, MN 55402 Phone	eno 612-305	-5000

Form 990-T (2019)							-		F	Page 3
Schedule A - Cost of Go	- 1	ter method					T = 1			
1 Inventory at beginning of y	-		6			ar	6			
2 Purchases		_	⁷		•	ld Subtract line				
3 Cost of labor	· · · · · · · · · · · · · · · · · · ·					here and in Part				
4a Additional section 263A co	1 1								T	
(attach schedule)	_		8			section 263A (w		•	Yes	No
b Other costs (attach schedu						or acquired for				
5 Total. Add lines 1 through				to the orga	anization?	<u> </u>	<u></u>			<u> </u>
Schedule C - Rent Income	e (From Real P	roperty a	nd Persona	I Property	Leased V	Vith Real Proper	ty)			
(see instructions)										
1 Description of property							_		_	
(1)										
(2)										
(3)										
(4)										
	2. Rent receiv	ved or accrue	ed							
for personal property is more than 10% but not percentage of rent f				personal property (if the pressonal property exceeds based on profit or income) 3(a) Deductions directly connected with in columns 2(a) and 2(b) (attach in columns 2).						ome
(1)								-		
(2)									-	
(3)				·						
(4)										
Total		Total								
(c) Total income. Add totals of co	olumns 2(a) and 2(b) Enter				(b) Total deduction Enter here and on				
here and on page 1, Part I, line 6,	, column (A)	▶				Part I, line 6, colum				
Schedule E - Unrelated De	ebt-Financed li	ncome (se	e instruction	ıs)						
1 Description of deb	nt-financed property		2 Gross inc			debt-finance	connected with or allocable to nced property			
	, , , , , , , , , , , , , , , , , , , ,		prop			nt line depreciation ch schedule)	(b) Other deductions (attach schedule)			
(1)						<u> </u>				
(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	6 Co 4 div by coli	/ided		income reportable n 2 x column 6)		Allocable ded mn 6 x total (3(a) and 3(of colum	
(1)		· <u>-</u> ·		%						
(2)				%		İ				
(3)				%						
(4)				%						
Totals						e and on page 1, e 7, column (A)		r here and o I, line 7, col		
Total dividends-received deducti	ions included in co	olumn 8		<u> </u>	<u></u> .	<u> ▶ </u>				

Form **990-T** (2019)

Page 4

Schedule F - Interest, Ann	unics, regulation		pt Controlled (C mondon	01107	-
1 Name of controlled organization	2 Employer identification numb	er	t unrelated income () (see instructions)		of speci	fied included	f column 4 th in the contro ion's gross in	olling	6 Deductions directly connected with income in column 5
(1)					_				
(2)									
(3)									
(4)				į		<u> </u>			
Nonexempt Controlled Organiz	zations				1 40	5	<u> </u>		
7 Taxable Income	8 Net unrelated in (loss) (see instruct		9 Total of spe payments ma		inc	Part of column luded in the co inization's gros	ntrolling		Deductions directly inected with income in column 10
(1)									
(2)									
(4)									
Totals	ncome of a Sec	:tion 501(c	:)(7), (9), or (En Pa	dd columns 5 a ter here and on rt I, 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	ıncome	directly	ductions connected schedule)			t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)		~ ~~~	<u> </u>						
(2)									
(3)									
(4)			_						
Totals	Enter here and of Part I, line 9, co	olumn (A)							Enter here and on page Part I, line 9, column (B
Schedule I-Exploited Exe	empt Activity in	come, Oth	er Than Adve	rtising li	ncome	(see instru	ictions)		
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expense directly connected production unrelated business inc	with from unrough	come (loss) elated trade ss (column column 3) , compute hrough 7	from is n	ross income activity that ot unrelated ness income	6 Expe attributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)									
(2)									
(3)									
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Par line 10, col	rt I,		J		J		Enter here and on page 1, Part II, line 25
Totals ▶ Schedule J- Advertising Ir	come (see instri	uctions)					_		
			neolidated B	aeie					
Part I Income From Per	iouicais Report	eu on a CC	inscriuateu E	a313	T				
1 Name of periodical	2 Gross advertising income	3 Direct advertising of	gain or costs 2 minus a gain,	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		5 Circulation 6 Readership income costs			7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)									
(2)						=.0			
(3)									
(4)			·						
		•							
Totals (carry to Part II, line (5))									Form 990-T (201)

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	n of Officers D	irectors and Tr	rustaas (see instr	uctions)		

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 D (Form 1120)

Capital Gains and Losses

OMB No. 1545-0123

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T

Department of the Treasury ► Go to www irs gov/Form1120 for instructions and the latest information Internal Revenue Service Employer identification number CHILDREN'S HEALTH CARE 41-1754276 Yes X No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss Short-Term Capital Gains and Losses (See instructions) Part I See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) the lines below or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) column (g) the result with column (g) whole dollars 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). Howe if you choose to report all these transactions on Form 8949 leave this line blank and go to line 1b . . . 1b Totals for all transactions reported on Form(s) 8949 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 192,144. 192,144. 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 6 192,144. Part | Long-Term Capital Gains and Losses (See instructions) See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (e) the lines below or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) column (g) the result with column (g) whole dollars 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However if you choose to report all these transactions on Form 8949 leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 911,826. 911,826. 11 Enter gain from Form 4797, line 7 or 9 11 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Capital gain distributions (see instructions) 14 15 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h 911,826. 15 Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 192,144. 16 911,826. 17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7).... 17

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Note: If losses exceed gains, see Capital Losses in the instructions

Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns

Schedule D (Form 1120) 2019

1,103,970.

9E1801 1 000

8931IM 7383

Sales and Other Dispositions of Capital Assets

▶ Go to www irs gov/Form8949 for instructions and the latest information.

OMB No 1545-0074

Department of the Treasury Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment Sequence No 12A

Name(s) shown on return CHILDREN'S HEALTH CARE				Social security number or taxpayer identific						
Before you check Box A, B, or C below, statement will have the same informat broker and may even tell you which bo	ion as Form 10		• • •							
Part I Short-Term. Transactinstructions) For long				1 year or les	s are genera	lly short-term (see			
Note: You may aggree reported to the IRS and Schedule D, line 1a	and for whic	h no adjustr	ments or codes	are required	Enter the t	otals directly or	1			
You must check Box A, B, or C be complete a separate Form 8949, for one or more of the boxes, com	page 1, for e	ach applicab	le box If you ha	ve more shor	t-term transac					
(A) Short-term transactions (B) Short-term transactions X (C) Short-term transactions	reported on F	orm(s) 1099	-B showing basis	•	•	•				
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	If you enter an enter a co See the sep	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f) See the separate instructions				
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of (Mo , day, yr)	(sales price) (see instructions)	and see Column (e in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)			
PASS THROUGH INVESTMENT			192,144				192,144			
	L	L			 					

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

192,144

For Paperwork Reduction Act Notice, see your tax return instructions.

2 Totals Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked)

Form 8949 (2019)

192,144

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

	(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
_	(E) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS
X	(F) Long-term transactions not reported to you on Form 1099-B

(a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e)	If you enter an enter a co	(h) Gain or (loss) Subtract column (e) from column (d) and	
(Example 100 sh XYZ Co)	(Mo , day, yr)	(Mo , day, yr)	(see instructions)	in the separate	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
PASS THROUGH INVESTMENT			911,826				911,826
					_		
					-		
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 8b (if Box D above	here and inclusion checked), line	ude on your 9 (if Box E	911,826				911,826
above is checked), or line 10 (if Bo:	k Fabove is ch	ecked) 📂	,020			i	

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2019)

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

Attach to your tax return ▶ Go to www.irs.gov/Form4562 for instructions and the latest information

Attachment Sequence No 179

Identifying number Name(s) shown on return CHILDREN'S HEALTH CARE 41-1754276 Business or activity to which this form relates GENERAL DEPRECIATION Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I Maximum amount (see instructions). Total cost of section 179 property placed in service (see instructions). Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If mamed filing separately, see instructions 6 (a) Description of property Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 Tentative deduction Enter the smaller of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 10 Business income limitation Enter the smaller of business income (not less than zero) or line 5. See instructions 11 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 . . Carryover of disallowed deduction to 2020 Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V Part | Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 Property subject to section 168(f)(1) election 15 59,777 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (g) Depreciation deduction релюф only - see instructions) 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs S/L g 25-year property 27 5 yrs мм S/L h Residential rental ММ S/L 27 5 yrs property мм S/I 39 yrs Nonresidential real ММ S/L property Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year S/L c 30-year 30 yrs ММ S/L 40 yrs ММ S/L d 40-year Part IV Summary (See instructions) 21

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 here and on the appropriate lines of your return. Partnerships and S corporations - see instructions

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

59,777.

Forn	n 4562	(2019)																Page Z
Pa	rt V					automo r amusem		certai	n oth	er ve	hicles	s, certa	ain air	craft,	and	proper	ty us	ed fo
						nich you ar	•	n the s	tandar	d milea	ne rat	e or dea	ducting	lease	exnens	e comr	olete o	nlv 24a
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						Other Info					_			passe	nger au	utomobil	es)	
24a	Do yo					siness/investr						24b If "					Yes	X No
		(a)			(b)	(c)				(e)		(f)	(g)		(h)		 (i)
	Type of	property (I	ıst	Date	e placed	Business/ investment u	co Cost	(d) t or other b		isis for depi		Recovery		hod/	Depr	eciation	Elected	section 179
	veh	ıcles first)		ın	service	percentage	~~	0, 0,,,0,	00.0	use only		period	Conv	ention	ded	luction	٩	ost
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						through 27									1		<u> </u>	
<u>29</u>	Add a	amounts	ın colu	ımn (ı)	, line 26 E	Enter here a	and on	line 7, p	age 1 .	<u></u>		<u></u>				. 29		
						Section	on B -	Inform	ation (on Use	of Ve	ehicles						
						a sole pro											rovided	vehicles
to y	our em	ployees, fi	irst ansv	wer the	questions ii	n Section C t	o see if	you mee	t an exc	eption to	comp	leting this	section	for thos	e vehicle	:S		
								(a)		(b)		(c)		d)		(e)		(f)
30	Total	busines	s/inves	tment	miles driv	en during	Vei	nicle 1	Vei	hicle 2) v	ehicle 3	Ven	ıcle 4	Ver	hicle 5	Ven	ucle 6
	the y	ear (don '	't inclu	de con	nmuting m	niles)		_										
31	Total	commut	ting mil	les driv	en during	the year .		_										
32	Total	other	. pe	rsonal	(nonco	mmuting)												
	miles	driven			· · · · · ·												}	
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						you meet See instruc		eption	to com	ipieting	Section	on B for	venicie	s usea	by em	pioyees	wno a	rent
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37						statement								ding co	mmutii	ng, by	Yes	No
	your	employe	es?				41-4											
38						statement												
						vehicles us				ers, aire	ctors,	or 1% or	more o	wners				
						nployees as											-	
40						hicles to y			s, obta	ain into	rmatic	on from	your er	nploye	es abo	ut the		1
	use o	of the ver	ncies, a	and ret	ain the inf	ormation re erning quali	eceived	"										
41	Do yo	ou meet t	the req	uireme	ents conce	erning quali	fied au	tomobile	e demo	onstratio	n use	? See ins	truction	s				<u> </u>
					, 38, 39, 4	10, or 41 is	"Yes,"	don't co	mplete	Sectio	n B foi	r the cove	ered vel	nicles			<u> </u>	
Pa	rt VI	_Amor	<u>tizatic</u>	n		,												
			1- \			(b)			(0)			(4)		(6			(f)	
		Descri	(a) ption of	costs		Date amor		Ar	(c) nortizabl	e amount		(d) Code se		Amort	od or	Amortiz	ation for t	hıs vear
_						begir	is								ntage			
42	Amor	rtization	of cost	s that b	oegins dur	ing your 20	19 tax	year (se	e instr	uctions								
43	Amor	tization	of cost	s that I	began bef	ore your 20	19 tax	year							43			
						ee the instr			ere to r	eport					44			
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JSA																		,

General Business Credit

▶ Go to www.irs gov/Form3800 for instructions and the latest information.

OMB No 1545-0895

411754276

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

CHILDREN'S HEALTH CARE

▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

Attachment Sequence No 22 ldentifying number

Part I	Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT (See instructions and complete Part(s) III before Parts I and II)	")	
1	General business credit from line 2 of all Parts III with box A checked	1	2,258
2	Passive activity credits from line 2 of all Parts III with box B checked 2		· ·
3	Enter the applicable passive activity credits allowed for 2019 See instructions	3	
4	Carryforward of general business credit to 2019 Enter the amount from line 2 of Part III with		-
	box C checked See instructions for statement to attach	4	
5	Carryback of general business credit from 2020. Enter the amount from line 2 of Part III with		
	box D checked See instructions	5	
6	Add lines 1, 3, 4, and 5	6	2,258
Part II			
7	Regular tax before credits		
8	 Individuals Enter the sum of the amounts from Form 1040 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2, or the sum of the amounts from Form 1040-NR, lines 42 and 44. Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the applicable line of your return. Estates and trusts Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, or the amount from the applicable line of your return. Alternative minimum tax Individuals Enter the amount from Form 6251, line 11. Corporations Enter -0- Estates and trusts Enter the amount from Schedule I (Form 1041), line 54. 	7	
9	Add lines 7 and 8	9	
b	Foreign tax credit	10c	
11	Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16	11	
12	Net regular tax Subtract line 10c from line 7 If zero or less, enter -0-	-	
13	Enter 25% (0 25) of the excess, if any, of line 12 over \$25,000 See Instructions	_	
14	Tentative minimum tax Individuals Enter the amount from Form 6251, line 9 Corporations Enter -0	-	
15	Enter the greater of line 13 or line 14	15	
16	Subtract line 15 from line 11 If zero or less, enter -0	16	
17	Enter the smaller of line 6 or line 16 · · · · · · · · · · · · · · · · · ·	17	
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition,		

Part			
Note:	If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and ent	er -0-	on line 26
18	Multiply line 14 by 75% (0 75) See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11 If zero or less, enter -0	20	
21	Subtract line 17 from line 20 If zero or less, enter -0	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked 23		
24	Enter the applicable passive activity credit allowed for 2019 See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed Enter the smaller of line 21 or line 25	26	
27	Subtract line 13 from line 11 If zero or less, enter -0	27	
28	Add lines 17 and 26	28	
29	Subtract line 28 from line 27 If zero or less, enter -0	29	
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	12,443
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked 32		
33	Enter the applicable passive activity credits allowed for 2019 See instructions	33	
34	Carryforward of business credit to 2019 Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked See instructions for statement to attach	34	
35	Carryback of business credit from 2020 Enter the amount from line 5 of Part III with box D checked See instructions	35	
36	Add lines 30, 33, 34, and 35	36	12,443
37	Enter the smaller of line 29 or line 36	37	
38	Credit allowed for the current year. Add lines 28 and 37 Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return Individuals Schedule 3 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 51 Corporations Form 1120, Schedule J, Part I, line 5c	38	5 3900 (ooto)

Form 3800 (2019)

ame(s	s) shown on return	_	Identifying number	Pa
ЭНТТ	JDREN'S HEALTH CARE		411754276	•
art		tructio		
	olete a separate Part III for each box checked below. See instructions			
Λ	General Business Credit From a Non-Passive Activity E Reserved			
	General Business Credit From a Passive Activity F Reserved			
		Busin	ess Credit Carryforwa	rds
,	General Business Credit Carrybacks H Reserved	Dusii	iess Orean Carrylorwa	
_	you are filing more than one Part III with box A or B checked, complete and attach first an a	addition	al Part III combining am	ounte from all P
	I with box A or B checked. Check here if this is the consolidated Part III.			
- -	(a) Description of credit	· · · · · ·	(b)	(c)
	, ,		If claiming the credit	Enter the
	On any line where the credit is from more than one source, a separate Part III is needed for e hrough entity	eacn	from a pass-through entity, enter the EIN	appropriate amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a	chary, enter the Env	amount
	Reserved	1b		·
c	Increasing research activities (Form 6765)	1c		2,2
d	Low-income housing (Form 8586, Part I only)	1d		2,2.
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
_	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
;	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1i		
ј k	Employer-provided child care facilities and services (Form 8882) (see	'-		•
^	instructions for limitation)	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
	Low sulfur diesel fuel production (Form 8896)	1m		
		1n		
n	Distilled spirits (Form 8906)	10		 .
	Nonconventional source fuel (carryforward only)			
	Energy efficient home (Form 8908)	1p		·
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
	Mine rescue team training (Form 8923)	1u		
	Agricultural chemicals security (carryforward only)	1v		
	Employer differential wage payments (Form 8932)	1w		
X	Carbon oxide sequestration (Form 8933).	1x		
	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
	Qualified plug-in electric vehicle (carryforward only)	1z		
	Employee retention (Form 5884-A)	1aa		
	General credits from an electing large partnership (carryforward only)	1bb		
ZZ	Other Oil and gas production from marginal wells (Form 8904) and certain	.		
_	other credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		2,2
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		2,7
C	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		9,6
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	41		
j	Employer credit for paid family and medical leave (Form 8994)	4j		
Z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		12,44
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		14,70

Form 3	900 (2010)			Poor 3
	800 (2019) s) shown on return		Identifying number	Page 3
•	DREN'S HEALTH CARL		411754276	
Part		structi		
	plete a separate Part III for each box checked below. See instructions	Siluci	0115)	-
	_ ·			
	General Business Credit From a Non-Passive Activity E Reserved			
В	General Business Credit From a Passive Activity F Reserved			_4_
c		Busi	ness Credit Carryforwa	iros
D L	General Business Credit Carrybacks H Reserved			
	you are filing more than one Part III with box A or B checked, complete and attach first an a with box A or B checked. Check here if this is the consolidated Part III		<u> </u>	
	(a) Description of credit		(b)	(c) Enter the
	On any line where the credit is from more than one source, a separate Part III is needed for θ	each	If claiming the credit from a pass-through entity, enter the EIN	appropriate amount
1 a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c	82-2316855	48.
	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see			
	Instructions for limitation)	1k		
ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
٧	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon oxide sequestration (Form 8933)	1x		
	Qualified plug-in electric drive motor vehicle (Form 8936)	<u>1y</u>		
	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	Employee retention (Form 5884-A)	1aa		
bb	General credits from an electing large partnership (carryforward only)	1bb		
ZZ	Other Oil and gas production from marginal wells (Form 8904) and certain			
	other credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		48.
3	Enter the amount from Form 8844 here and on the applicable line of Part II \dots	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b	61-1793391	17.
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
_	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	47-2070182 _	9,658.

6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II 6 9,723.

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4g

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4j

4z

5

9,675.

Add lines 4a through 4z and enter here and on the applicable line of Part II

h Small employer health insurance premiums (Form 8941)
i Increasing research activities (Form 6765)

Employer credit for paid family and medical leave (Form 8994).....

Form	3800 (2019)			Page 3
Name	s) shown on return	-	Identifying number	
	LDREN'S HEALTH CARE		411754276	
Par	General Business Credits or Eligible Small Business Credits (see ins	tructi	ons)	
Com	plete a separate Part III for each box checked below. See instructions			
Α	General Business Credit From a Non-Passive Activity E Reserved			
в	General Business Credit From a Passive Activity F Reserved			
c	General Business Credit Carryforwards G Eligible Small	Busi	ness Credit Carryforw	ards
D	General Business Credit Carrybacks H Reserved			
	f you are filing more than one Part III with box A or B checked, complete and attach first an a			
	Il with box A or B checked Check here if this is the consolidated Part III			
	(a) Description of credit		(b)	(c)
	On any line where the credit is from more than one source, a separate Part III is needed for e	each	If claiming the credit from a pass-through	Enter the appropriate
	through entity		entity, enter the EIN	amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
	Reserved	1b	61 1700001	
C	Increasing research activities (Form 6765)	1c	61-1793391	899.
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	<u> 1i</u>		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	_1j_		
k	, , ,			
	instructions for limitation)	1k		
ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
S	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
٧	Agricultural chemicals security (carryforward only)	1v		
	Employer differential wage payments (Form 8932)	1w		
x	Carbon oxide sequestration (Form 8933)	1x		·
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
	Qualified plug-in electric vehicle (carryforward only)	1z		
a	Employee retention (Form 5884-A)	1aa		
	General credits from an electing large partnership (carryforward only)	1bb		
Z2	Other Oil and gas production from marginal wells (Form 8904) and certain			
	other credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		899.
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		0.760
b	Work opportunity (Form 5884)	4b	47-2070182	2,768.
C	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		
9	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
J	Employer credit for paid family and medical leave (Form 8994)	4j		
z	Other	4z		2.760
5 6	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		2,768. 3,667

Page 3

Name(s) shown on return Identifying number 411754276 CHILDREN'S HEALTH CARE General Business Credits or Eligible Small Business Credits (see instructions) Complete a separate Part III for each box checked below See instructions Α General Business Credit From a Non-Passive Activity Reserved R F General Business Credit From a Passive Activity Reserved C General Business Credit Carryforwards G Eligible Small Business Credit Carryforwards n General Business Credit Carrybacks н Reserved If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked Check here if this is the consolidated Part III (a) Description of credit (b) If claiming the credit Enter the Note: On any line where the credit is from more than one source, a separate Part III is needed for each from a pass-through entity, enter the EIN appropriate pass-through entity amount 1a Investment (Form 3468, Part II only) (attach Form 3468) 1b Increasing research activities (Form 6765)........ 1c 47-2070182 231 d Low-income housing (Form 8586, Part I only) 1d Disabled access (Form 8826) (see instructions for limitation) 1e Renewable electricity, refined coal, and Indian coal production (Form 8835) 1f Indian employment (Form 8845) 1g 1h h New markets (Form 8874) 1i Small employer pension plan startup costs (Form 8881) (see instructions for limitation) 1j k Employer-provided child care facilities and services (Form 8882) (see 1k Biodiesel and renewable diesel fuels (attach Form 8864) 11 Low sulfur diesel fuel production (Form 8896)....... 1m Distilled spirits (Form 8906)..... 1n Nonconventional source fuel (carryforward only)...... 10 Energy efficient home (Form 8908)..... 1p 1q q Alternative motor vehicle (Form 8910) 1r 1t Mine rescue team training (Form 8923) 111 Agricultural chemicals security (carryforward only) 1v Carbon oxide sequestration (Form 8933)...... 1x Qualified plug-in electric drive motor vehicle (Form 8936)...... 1y Qualified plug-in electric vehicle (carryforward only) 1z 1aa **bb** General credits from an electing large partnership (carryforward only) 1bb zz Other Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) Add lines 1a through 1zz and enter here and on the applicable line of Part I 231 2 2 Enter the amount from Form 8844 here and on the applicable line of Part II 3 3 Investment (Form 3468, Part III) (attach Form 3468) 4a Work opportunity (Form 5884) 4c Low-income housing (Form 8586, Part II) 4d Renewable electricity, refined coal, and Indian coal production (Form 8835) 4e Employer social security and Medicare taxes paid on certain employee tips (Form 8846), . . . 4f Qualified railroad track maintenance (Form 8900) 4g 4h Increasing research activities (Form 6765)............. Employer credit for paid family and medical leave (Form 8994)...... 4j j Other _____ 4z Add lines 4a through 4z and enter here and on the applicable line of Part II 231. 6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

	00 (2019)		Identifying number	Page
	DREN'S HEALTH CARE		411754276	
Part		structio	ons)	
<u> </u>	lete a separate Part III for each box checked below. See instructions			
A X	General Business Credit From a Non-Passive Activity E Reserved			
³	General Business Credit From a Passive Activity F Reserved			
`	¬ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	l Busir	ness Credit Carryforwa	ırds
> ∟	General Business Credit Carrybacks H Reserved			
	you are filing more than one Part III with box A or B checked, complete and attach first an a			
- 111	with box A or B checked Check here if this is the consolidated Part III	• • • •		
	(a) Description of credit		(b) If claiming the credit	(c) Enter the
	On any line where the credit is from more than one source, a separate Part III is needed for or	each	from a pass-through	appropriate
	rough entity	4-	entity, enter the EIN	amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b i	Reserved	1b	02 1200000	1 00/
	Increasing research activities (Form 6765)	1c	83-1289800	1,080
	Low-income housing (Form 8586, Part I only)	1d		
	Disabled access (Form 8826) (see instructions for limitation)	1e		
	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
	Indian employment (Form 8845)	1g		
	Orphan drug (Form 8820)	1h		
	New markets (Form 8874)	1i		
•	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	<u> 1j</u>		
	Employer-provided child care facilities and services (Form 8882) (see			
	instructions for limitation)	1k		
	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
	Low sulfur diesel fuel production (Form 8896)	1m		
	Distilled spirits (Form 8906)	1n		
	Nonconventional source fuel (carryforward only)	10		
рΙ	Energy efficient home (Form 8908)	1p		
	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
S	Alternative fuel vehicle refueling property (Form 8911)	1s		
	Enhanced oil recovery credit (Form 8830)	1t		_
	Mine rescue team training (Form 8923)	1u		
V	Agricultural chemicals security (carryforward only)	1v		
	Employer differential wage payments (Form 8932)	1w		
X (Carbon oxide sequestration (Form 8933)	1x		
у	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	Employee retention (Form 5884-A)	1aa		
bb (General credits from an electing large partnership (carryforward only)	1bb		
ZZ	Other Oil and gas production from marginal wells (Form 8904) and certain			
(other credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		1,080
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
	Work opportunity (Form 5884)	4b		
c I	Biofuel producer (Form 6478)	4c		
d I	Low-income housing (Form 8586, Part II)	4d		
	Renewable electricity, refined coal, and Indian coal production (Form 8835).	4e		
	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		
	Qualified railroad track maintenance (Form 8900)	4g		
	Small employer health insurance premiums (Form 8941)	4h		
	Increasing research activities (Form 6765)	4i		
i	Employer credit for paid family and medical leave (Form 8994)	4j		
		4z		
5	Other	5		
	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		1,080
- 1	tee miles 2, of and o and enter nere and on the applicable line of falt if + + + + +			

LINE 1C - CARRYFORWARD OF CREDIT FOR INCREASING RESEARCH

TAX YEAR	AVAILABLE	UTILIZED	CARRYFORWARD
12/31/2018 12/31/2019	NONE 2,258.		NONE 2,258.
TOTALS	2,258.	=======================================	2,258.

TOTAL CARRIED FORWARD FROM PRIOR YEARS

NONE

2.2

LINE 4B - CARRYFORWARD OF POST-2006 WORK OPPORTUNITY CREDIT

TAX YEAR	AVAILABLE	UTILIZED	CARRYFORWARD
12/31/2018 12/31/2019	NONE 2,785.		NONE 2,785.
TOTALS	2,785.	=======================================	2,785.

TOTAL CARRIED FORWARD FROM PRIOR YEARS

NONE

LINE 4F - CARRYFORWARD OF POST-2006 FICA CREDIT

	=========	=========	==========
TOTALS	9,658.		9,658.
12/31/2018 12/31/2019	NONE 9,658.		NONE 9,658.
TAX YEAR	AVAILABLE	UTILIZED	CARRYFORWARD

TOTAL CARRIED FORWARD FROM PRIOR YEARS

NONE

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an **Unrelated Trade or Business**

OMB No	1545-0043

Department of the Treasury Internal Revenue Service Name of the organization

CHILDREN'S HEALTH CARE

__ , 2019, and ending For calendar year 2019 or other tax year beginning ► 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)

Unrelated Business Activity Code (see instructions) 54

41-1754276

Employer identification number

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 151, 865.	-			
ь	Less returns and allowances	1c	151,865.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	151,865.		151,865
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)	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			
0	Exploited exempt activity income (Schedule I)	10			
1	Advertising income (Schedule J)	11			
2	Other income (See instructions, attach schedule)	12			<u> </u>
3	Total. Combine lines 3 through 12	13	151,865.		151,865

connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	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	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	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)		
27	Other deductions (attach schedule)	27	75,379.
28	Total deductions Add lines 14 through 27	28	75,379.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	76,486.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions),		
31	Unrelated business taxable income Subtract line 30 from line 29		76,486.

For Paperwork Reduction Act Notice, see instructions

Schedule M (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 _______, 2019, and ending ______

• 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)

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

Name of the organization
CHILDREN'S HEALTH CARE

Employer identification number 41-1754276

Unrelated Business Activity Code (see instructions) ▶ 82

Describe the unrelated trade or business ▶ SPECIAL EVENTS PARKING

Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 339,580. Gross receipts or sales 339,580 Less returns and allowances 1c Cost of goods sold (Schedule A, line 7)...... 2 Gross profit Subtract line 2 from line 1c 339,580. 339,580 3 Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . 4c Income (loss) from a partnership or an S corporation (attach 5 6 Unrelated debt-financed income (Schedule E). 7 Interest, annuities, royalties, and rents from a controlled 8 Investment income of a section 501(c)(7), (9), or (17) 10 10 Exploited exempt activity income (Schedule I) Advertising income (Schedule J)...... 12 Other income (See instructions, attach schedule) 12 339,580. 339,580. Total. Combine lines 3 through 12......

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income)

Compensation of officers, directors, and trustees (Schedule K)	14	
Salaries and wages	15	
	1	
Bad debts	17	
Interest (attach schedule) (see instructions)	18	24,282.
Taxes and licenses	19	16,257.
Depreciation (attach Form 4562)		
Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	59,777.
Depletion	22	
Contributions to deferred compensation plans	23	
Employee benefit programs	24	
Excess exempt expenses (Schedule I)	25	
Excess readership costs (Schedule J)	26	
Other deductions (attach schedule)	27	172,116.
Total deductions. Add lines 14 through 27	28	272,432.
Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	67,148.
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
instructions),	30	
Unrelated business taxable income Subtract line 30 from line 29	31	67,148.
	Salaries and wages Repairs and maintenance Bad debts. Interest (attach schedule) (see instructions). Taxes and licenses Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on return Depletion. Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J). Other deductions (attach schedule) Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions).	Salaries and wages

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

184,791.

MRP VALUE FUND I, LP

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORP	ORATIONS
ONE ROCK CAPITAL PARTNERS II, LP	-37,810.
PROVIDENCE STRATEGIC GROWTH IV LP	-13,936.
PROVIDENCE STRATEGIC GROWTH III LP	-93,594.
AGRONAUT PRIVATE EQUITY III LP	179.
HARVEST PARTNERS STRUCTURED CAPITAL FUND LP	-89,685.
GSO ENERGY SELECT OPPORTUNITIES FUND AIV-2, LP	304,618.
PROVIDENCE STRATEGIC GROWTH II, LP	-166,305.
WHITEBOX MULTI-STRATEGY FUND, LP	-215.
GSO ENERGY SELECT OPPORTUNITIES FUND AIV-5, LP	11,066.
GSO ENERGY SELECT OPPORTUNITIES FUND AIV-3, LP	-739.
AGRONAUT PRIVATE EQUITY IV, LP	-149,771.
	104 701

-51,401. INCOME (LOSS) FROM PARTNERSHIPS

ATTACHMENT	2

FORM 990T - PART II - LINE 18 - INTEREST

INTEREST EXPENSE

36,407.

PART II - LINE 18 - INTEREST

36,407.

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, 2014	\$ 138,918	\$ 138,918	\$ -	
NOL Generated in FYE December 31, 2015	\$ 1,310,315	\$ 1,020,877	\$ 289,438	
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	\$ 3,813,743	\$ 1,159,795	\$ 2,653,948	

ATTACHI	MENT	4		_
<u> </u>	J	T.a.	-	_
			41,095.	
			32,179.	

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

DIRECT EXPENSES INDIRECT EXPENSES TAX PREPARATION FEES

2,105.

PART II - LINE 28 - OTHER DEDUCTIONS

75,379.

8931IM 7383

				ATTACHMENT 5		
SCHEDULE M - INTEREST DEDUCTI	DEDUCTION	-	=		•	
INTEREST	EXPENSE				24,282.	
			TOTAL		24,282.	

8931IM 7383 3084910

ATTACH	MENT 6	
=	· · · · · · ·	•
		
	156.393.	

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

DIRECT EXPENSES
INDIRECT EXPENSES
OTHER EXPENSES

156,393. 12,917. 2,806.

PART II - LINE 28 - OTHER DEDUCTIONS

172,116.

8931IM 7383