

Form 990-T

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

For calendar year 2019 or other tax year beginning OCT 1, 2019, and ending SEP 30, 2020

OMB No 1545-0047

2019

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)

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

Section A: Check box if address changed. Section B: Exempt under section 501(c)(3). Name of organization: Children's Hospital Pediatric Associates, Inc. Address: 300 Longwood Avenue, Boston, MA 02115. Employer identification number: 43-1987409. Unrelated business activity code: 52.

Section C: Book value of all assets at end of year: 573,330,148. Section F: Group exemption number. Section G: Check organization type: 501(c) corporation.

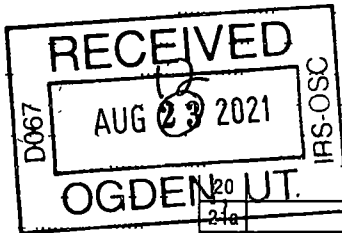
Section H: Enter the number of the organization's unrelated trades or businesses: 1. Describe the only (or first) unrelated trade or business here: Investment.

Section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? Yes.

Section J: The books are in care of: Vincent Chiang, MD. Telephone number: (617) 355-7584.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows 1a-13. Total income (line 13): -20,378.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows 14-31. Total deductions (line 28): 0. Unrelated business taxable income before net operating loss deduction (line 29): -20,378. Unrelated business taxable income (line 31): -20,378.



SCANNED OCT 29 2021

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See Statement 2

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Part III Total Unrelated Business Taxable Income			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	-20,378.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules) Stmt 4	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35	-20,378.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) Stmt 3	36	0.
37	Total of unrelated business taxable income before specific deduction Subtract line 36 from line 35	37	-20,378.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	-20,378.

Part IV Tax Computation			
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from. <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income See instructions	44	
45	Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.

Part V Tax and Payments			
46a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
48	Other taxes. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> 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 Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments. A 2018 overpayment credited to 2019 WA	51a	65.
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	51g	
52	Total payments. Add lines 51a through 51g	52	65.
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached <input type="checkbox"/>	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	65.
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax <input type="checkbox"/> Refunded <input checked="" type="checkbox"/>	56	65.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *Nicholas E. Porto* (Date) **8/9/21** Title **President**
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only

Print/Type preparer's name Nicholas E. Porto	Preparer's signature <i>Nicholas E. Porto</i>	Date 08/05/21	Check <input type="checkbox"/> if self-employed	PTIN P01310283
Firm's name Baker, Newman, & Noyes, LLC		Firm's EIN 01-0494526		
Firm's address 280 Fore Street Portland, ME 04101		Phone no. (800) 244-7444		

Form 990-T Parent Corporation's Name and Identifying Number Statement 1

<u>Corporation's Name</u>	<u>Identifying No</u>
P.O. Pooled Investment Fund, LLC	20-8551310

Form 990-T Net Operating Loss Deduction Statement 2

Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
09/30/19	17,818.	0.	17,818.	17,818.
NOL Carryover Available This Year			<u>17,818.</u>	<u>17,818.</u>

Form 990-T Net Operating Loss Deduction Statement 3

Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
09/30/18	5,356.	0.	5,356.	5,356.
NOL Carryover Available This Year			<u>5,356.</u>	<u>5,356.</u>

Form 990-T

Contributions Summary

Statement 4

Qualified Contributions Subject to 100% Limit
Qualified Contributions Subject to 25% Limit

Carryover of Prior Years Unused Contributions
For Tax Year 2014 13,949,817
For Tax Year 2015 41,674,897
For Tax Year 2016 13,022,097
For Tax Year 2017 16,409,798
For Tax Year 2018 15,370,161

Total Carryover 100,426,770
Total Current Year 10% Contributions 26,693,279

Total Contributions Available 127,120,049
Taxable Income Limitation as Adjusted 0

Excess Contributions 127,120,049
Excess 100% Contributions 0
Total Excess Contributions 127,120,049

Allowable Contributions Deduction 0

Total Contribution Deduction 0