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֡֝֜֝֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜			

Form 990-T	Exempt Organization Business Income Tax Return	OMB No 1545-0047
•	(and proxy tax under section 6033(e))	2019
	For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 202	<u>10</u> 20 15
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
A Check box if address changed	Name of organization (Check box if name changed and see instructions)	Demployer identification number (Employees' trust, see instructions)
B Exempt under section	Print The Children's Mercy Hospital	44-0605373
X 501(c)(3)	or Number, street, and room or suite no. If a P.O. box, see instructions.	E Unrelated business activity code (See instructions)
408(e)220(e)	Type 2401 Gillham Road	(See insuccions)
408A530(a)	City or town, state or province, country, and ZIP or foreign postal code	1
529(a)	Kansas City, MO 64108	561000
C Book value of all assets	F Group exemption number (See instructions.)	
2,254,485,1	83. G Check organization type X 501(c) corporation 501(c) trust 401(a)	trust Other trust
H Enter the number of the o	organization's unrelated trades or businesses. Describe the only (or first) un	
	► Administrative services . If only one, complete Parts I-V.	
	lank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each addition	ial trade or
business, then complete		v
	the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Stmt 3 > L	X Yes No
	Indidentifying number of the parent corporation. ► David Cauble, Executive VP & CFO Telephone number ► 8	16-234-3000
	d Trade or Business Income (A) Income (B) Expenses	
1 a Gross receipts or sale		, (0,,
b Less returns and allow		
2 Cost of goods sold (S		
3 Gross profit, Subtract		
4 a Capital gain net incom		
	4797, Part II, line 17) (attach Form 4797)	
c Capital loss deduction		
5 Income (loss) from a	partnership or an S corporation (attach statement) 5	
6 Rent income (Schedul	le C) 8	
7 Unrelated debt-finance	ed income (Schedule E)	
8 Interest, annuities, roy	ralties, 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 activ	vity income (Schedule I)	
11 Advertising income (S		
	structions; attach schedule) Statement 1 12 1,336,351.	1,336,351.
13 Total, Combine lines		1,336,351.
	ns Not Taken Elsewhere (See instructions for limitations on deductions) must be directly connected with the uppelated business income)	
14 Compensation of offi	icers, directors, and trustees (Schedule K)	14
15 Salaries and wages	RECEIVED	15 1,002,457.
16 Repairs and maintena	ance	16
17 Bad debts	dule) (see instructions) MAY 1 2 2021	17
18 Interest (attach sched		18
19 Taxes and licenses		19
20 Depreciation (attach f	Form 4562) OGDEN, UT 20	
21 Less depreciation cla	umed on Schedule A and elsewhere on return	21b
22 Depletion		22
23 Contributions to defe	rred compensation plans	23
24 Employee benefit pro	<i>,</i>	24
25 Excess exempt expen	,	25
26 Excess readership co		28
27 Other deductions (att	·	27 411,310.
<i>y</i>	ld lines 14 through 27	28 1,413,767.
/	exable income before net operating loss deduction. Subtract line 28 from line 13	29 -77,416.
//	erating loss arising in tax years beginning on or after January 1, 2018	
(see instructions)		30 0.
	axable income. Subtract line 30 from line 29	31 -77,416.
923701 01-27-20 I HA FOI	r Paperwork Reduction Act Notice, see instructions	4 Form 990-T (2019)

	oti(2019) The Children's Mercy Hospital	44-	<u>-0605</u>	373	Page 2
Par	Total Unrelated Business Taxable Income				
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	13	1,8	50.
33	Amounts paid for disallowed fringes	33			
34	Charitable contributions (see instructions for limitation rules) Stmt 4 Stmt 5	34		3,1	
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	11	8,6	65.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36			
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	11	8,6	65.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38		1,0	
39	Hazalated business toughts income. Cubtract line 20 from line 27, If line 20 in greater than line 27				
	enter the smaller of zero or line 37	39	11	7,6	65.
	Tax Computation .	7			
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40		4,7	10.
41	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from:	- 			
7.	Tax rate schedule or Schedule D (Form 1041)	4			
42	Proxy tax. See instructions	42			
43	Alternative minimum tax (trusts only)	43			
-	Tax on Noncompliant Facility Income See instructions				
		44		4,7	1 0
	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45		4,/	<u> </u>
	Tax and Payments				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a				
	Other credits (see instructions) 46b				
	General business credit. Attach Form 3800	. []			
	Credit for prior year minimum tax (attach Form 8801 or 8827)				
е	Total credits. Add lines 46a through 46d	46e			4.0
47	Subtract line 46e from line 45	47	2	4,7	10.
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48			
49	Total tax. Add lines 47 and 48 (see instructions)	49	2	4,7	
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50			0.
51 a	Payments: A 2018 overpayment credited to 2019	. 11			
b	2019 estimated tax payments (09 5 to 200,000.				
C	Tax deposited with Form 8868	. 11			
đ	Foreign organizations: Tax paid or withheld at source (see instructions) 51d	- 11			
е	Backup withholding (see instructions) 51e	. 11			
f	Credit for small employer health insurance premiums (attach Form 8941) 51f	. 11			
Ьg	Other credits, adjustments, and payments: Form 2439	. 11			
	X Form 4136 19,747. ☐ Other Total 519 X19,747.				
52	Total payments. Add lines 51a through 51g	52	21	9,7	47.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	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	19	5,0	37.
_	Enter the amount of line 55 you want: Credited to 2020 estimated tax 195,037. Refunded	56		- / -	0.
Part		<u> </u>			
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Yes	No
٠,	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			<u> </u>	,,,,,
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				
					v
	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?			<u> </u>	X
	If "Yes," see instructions for other forms the organization may have to file.				
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$.la.el	dhat of t	<u> </u>	
Sign	Under penalties of perjuny. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know compct, and complete Declaration of prepare (other than taxpayer) is based on all information of which preparer has any knowledge	reage and	a Dellet, it is	true,	
_	(A + A)	y the IRS	discuss this	s return v	with
Here	The state of the s		shown belo		_
	Signature of officer Date Title ins	iructions)	? X Ye	es 📘	No
	Print/Type preparer's name Preparer's signature Date Check if	PTIN			
Paic	Mallie B Tanghouse - Millie Junghouse 4/30/2021 self-employed				
	parer Mollie P. Longhouse Multi Cum Minut 1473072021	P0	0294	881	
-	Only Firm's name KPMG, LLP Firm's EIN	13	-556	520	7
Joe	191 W. Nationwide Blvd, Suite 500				
	Firm's address ► Columbus, OH 43215 Phone no. 6	14-2	49-2	300	
023711	01:27:20		Form Q		(2010)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N	A		
1 Inventory at beginning of year	1		6 Inventory at end of			8
2 Purchases	2		7 Cost of goods sold.		line 6	
3 Cost of labor	3		from line 5. Enter he			
4 a Additional section 263A costs	1 1		line 2			7
(attach schedule)	48		8 Do the rules of sect	on 263A (with respect to	Yes No
b Other costs (attach schedule)	4b		-		d for resale) apply to	- - - -
5 Total Add lines 1 through 4b	5		the organization?	·	,,	<u>X</u>
Schedule C - Rent Income		Property an		v Leas	ed With Real Pro	perty)
(see instructions)	•			•		,
1						
1 Description of property						
(1)						
(2)						<u> </u>
(3)						
(4)						
		red or accrued			3(a) Deductions directly	connected with the income in
(a) From personal property (if the per rent for personal property is mor 10% but not more than 509	re than	of rent for p	and personal property (if the perce ersonal property exceeds 50% of it is based on profit or income)	entage or if		nd 2(b) (attach schedule)
(1)						-
(2)				_		
(3)						
(4)						
Total	0.	Total		0.		
(c) Total income Add totals of columns	2(a) and 2(b). Er	iter			(b) Total deductions	
here and on page 1, Part I, line 6, colum	n (A)	•		0.	Enter here and on page 1, Part I, line 6, column (B)	> 0
Schedule E - Unrelated De	bt-Financed	Income (see	instructions)			<u></u>
			2 Gross income from		Deductions directly con- to debt-finance	
1 Description of debt-f	manced property		or allocable to debt- financed property	(a)	Straight line depreciation	(b) Other deductions
ŕ					(attach schedule)	(attach schedule)
(1)			<u> </u>	+-		
(2)		 	<u> </u>	1		<u> </u>
(3)						
(4)						
4. Amount of average acquisition		adjusted basis	6 Column 4 divided	1	7 Gross moome	8. Altocable deductions
debt on or allocable to debt-financed property (attach schedule)	debt-fine	allocable to noed property	by column 5	Ì	reportable (column 2 x column 6)	(column 6 x total of columns 3(a) and 3(b))
	(attacl	n schedule)			,	
(1)			%			1
(2)			%			
(3)			%		-	
(4)		_	%			
	-				nter here and on page 1.	Enter here and on page 1,
				'	Part I, line 7, column (A)	Part I, line 7, column (B)
Totals			1	-	0	
Total dividends-received deductions in	ncluded in column	18			>	0

Schedule F - Interest,		<u> </u>			Controlled O									
1 Name of controlled organiza	tion	2. Employer identification number		(loss) (see instructions) payments made included in the controlling				cation (loss) (see		nstructions) payments made included in the controlling connec		ents made included in the controlling		6. Deductions directly connected with income in column 5
(1)														
(2)														
(3)														
(4)														
Nonexempt Controlled Organi	zations													
7 Taxable Income	8 Net uni	elated income instructions)	(loss)	9. Total	of specified pays made	nents	10. Part of column the controllingross		nization's		ductions directly connected income in column 10			
(1)														
(2)				_										
(3)														
(4)							_							
							Add colun Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)			
Totals			<u> </u>			▶			0.]		0.			
Schedule G - Investme (see insti		e of a S	ection :	501(c)(7), (9), or	(17) Or	ganization)						
`	ription of incom				2. Amount of	income	3 Deduction directly conne (attach sched	cted	4. Set-a		5 Total deductions and set-asides (col 3 plus col 4)			
(1)											(4.1.5)			
(2)								_						
(3)														
(4)											 			
					Enter here and o Part I, line 9, co				L <u></u> .	_	Enter here and on page 1 Part I, line 9, column (B)			
Totals						0.					0.			
Schedule I - Exploited	_	Activity	Income	, Othe	Than Ad		ng Income	•			<u> </u>			
(see instru 1 Description of exploited activity	2. Gro unrelated be income to trade or bu	rom rom	3 Experimental Exp	nnected uction ated	4 Net incom from unrelated business (co- minus column gain, compute through	trade or umn 2 3). If a cols 5	5. Gross noo from activity to is not unrelate business inco	hat ed	6 Expr attribute colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)			
(1)														
(2)														
(3)														
(4)														
	Enter here : page 1, P Ime 10, co	art I,	Enter here : page 1, P line 10, co	Partl,							Enter here and on page 1, Part II, line 25			
Totals Schedule J - Advertisii	na Incom		tructions'											
Part I Income From I					solidated	Basis								
1. Name of periodical		2 Gross dvertising income		Direct ising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 thi	l 2 minus n, compute	5 Circulati	on	6. Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4).			
(1)														
(2)														
(3)					1									
(4)														
Totals (carry to Part II, line (5))	•	0		0					-		0.			
	<u> </u>				_		.*				Form 990-T (2019			

Form 990-T (2019) The Children's Mercy Hospital 44-06053

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		0.	0.		-		0.
		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)	>	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2019)

Form 990-T	Other Income	Statement
Description		Amount
ICS Administrative Service CMAP Administrative Service		1,240,431 95,920
Total to Form 990-T, Page	1, line 12	1,336,351

Form 990-T	Other Deductions	Statement	2
Description		Amount	
Supplies Outside Services Insurance		20,64 269,93 120,75	10.
Total to Form 990-T, Page 1, 1i	ne 27	411,3	10.

Form 990-T	Contributions	Statement	4
Description/Kind of Property	Method Used to Determine FMV	Amount	
50% Cash Only	N/A	231,3	33.
Total to Form 990-T, Page 2, 1	ine 34	231,3	33.

Form 990-T Cont	ributions Summary		Statement	5
Qualified Contributions Subject				
Qualified Contributions Subject	t to 25% Limit			
Carryover of Prior Years Unused For Tax Year 2014 For Tax Year 2015	d Contributions			
For Tax Year 2016	385,132			
For Tax Year 2017	213,237			
For Tax Year 2018	165,593			
Total Carryover		763,962		
Total Current Year 10% Contribu	utions	231,333		
Total Contributions Available		995,295		
Taxable Income Limitation as Ad	ijusted 	13,185		
Excess Contributions		982,110		
Excess 100% Contributions		0		
Total Excess Contributions		982,110		
Allowable Contributions Deducti	ion		13,	185
Total Contribution Deduction		•	13,	185

Employer identification number

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning JUL~1, 2019 and ending JUN~30, 2020

OMB No 1545-0047

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

Name	of the organization The Children's Mercy Ho	spi	tal	Employer ide 44 – 06		
$\overline{}$	Unrelated Business Activity Code (see instructions) ► 52229					
	Describe the unrelated trade or business Payments	fro	m Controlled	Organiza	<u>tions</u>	3
Pa	Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
	Gross receipts or sales					
þ	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Schedule D)	4a				
þ	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	ا ۾ ا	47,654.			47,654.
^	organization (Schedule F)	8				47,034.
9	Investment income of a section 501(c)(7), (9), or (17)	9	1			
40	organization (Schedule G)	10				
10	Exploited exempt activity income (Schedule I)	11			-+	
11 12	Advertising income (Schedule J) Other income (See instructions, attach schedule)	12				. –
13	Total. Combine lines 3 through 12	13	47,654.			47,654.
Par	t II Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in			ductions.) (Ded	duction	s must be
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	2,409.
19	Taxes and licenses] 00]		19	2,403.
20	Depreciation (attach Form 4562)		20			
21	Less depreciation claimed on Schedule A and elsewhere on return	l	21a		21b 22	
22 23	Depletion Contributions to deferred compensation plans				23	
23 24	·				24	
2 4 25	Employee benefit programs Excess exempt expenses (Schedule I)				25	
26	Excess readership costs (Schedule J)				26	
20 27	Other deductions (attach schedule)				27	
28	Total deductions, Add lines 14 through 27				28	2,409.
29	Unrelated business taxable income before net operating loss dedu	iction (Subtract line 28 from line	13	29	45,245.
30	Deduction for net operating loss arising in tax years beginning on c			.		
	instructions)	. 41101			30	0.
31	Unrelated business taxable income Subtract line 30 from line 29				31	45,245.

4_	n۶	ሰፍ	3 '	7 2

				Exempt	Controlled O	rganızatı	ons				
Name of controlled organization	ation	2. Emp identific numb	ation		related income e instructions)		al of specified nents made	Part of column 4 that included in the controllin organization's gross inco		rolling	Deductions directly connected with income in column 5
(1)				 						\dashv	
(2)											
(3)			_							$\neg \tau$	
(4) See Statemer	nt 13		_								
Nonexempt Controlled Organ	nizations	·		·			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***************************************		
7 Taxable Income	8 Net ur	related income e instructions)		9. Total	l of specified payr made	ments	10 Part of column the controllingross	nn 9 that ing organi income	is included ization's		aductions directly connected n income in column 10
(1)											
(2)					_						
(3)											
(4)											
							Add colum Enter here and line 8, c		1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Fotals	_					▶		47	654.		0
Schedule G - Investme	ent Incon	ne of a S	ection	501(c)((7), (9), or	(17) Or	ganization	1			
	cription of incon	ne			2 Amount of	ıncome	3 Deduction directly conne (attach sched	cted	4. Set-a		5 Total deductions and set-asides (col 3 plus col 4)
(1)					†			1			
(2)								-			
(3)	-	•			 		-	_			
(4)											
<u> </u>					Enter here and o	n page 1,					Enter here and on page 1
rotals				•	Part I, Ime 9, co	lumn (A).					Part I, line 9, column (B)
Schedule I - Exploited	_	Activity	Incom	e, Othe	r Than Ad	vertisi	ng Income)		_	
1 Description of exploited activity	2 Gr unrelated b income trade or b	from	directly of with pro of unr	penses connected oduction elated s income	4 Net incom from unrelated business (co minus column gain, compute	trade or lumn 2 n 3). If a n cols 5	5 Gross moo from activity the is not unrelate business inco	hat ed	6. Expe attributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(4)	 				through	'— —					
(1)	├			_		$-\!\!\!\!-\!\!\!\!\!+$					
(2)	<u> </u>										.+
(3)	<u> </u>							-+			+
(4)	Enter here page 1, line 10, c	Part I,	Enter her page 1 line 10,					<u>_</u>			Enter here and on page 1, Part II, line 25
^{Totals} ► Schedule J - Advertisi	na Incon	10 (see in	struction	ie)	<u> </u>						<u> </u>
Part I Income From					aglidated	Pania					 _
Part I IIICome From	Periodica	iis nepu	rteu o	ii a Coii	Sondated	Dasis					
1. Name of periodical		2 Gross advertising income		3. Direct ortising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	l 2 minus in, compute	5. Circulati	on	6 Reader		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
	-		1								
(1)		_									
			1							[-
(2)								_+			•
(2) (3)											•
(1) (2) (3) (4)											-

Form 990-T (M)		Interest, Annu			Statement	1
	 .led Organizatio	on	Activity Number	2. Employer ID No.		
Children's Merc	y- Pediatric As	ssociates,	1	81-4659989	-)	
Exempt Controll	ed Organization	ıs				
3.	4.	Down	5.) D-4	6.	
Net Unrelated Income (Loss)	Total of Spe Payments M	cified Inc	of Col (4 luded in ss Income	Conne	ons Directlected with (5) Income	<u>У</u>
Nonexempt Contr	olled Organizat	ions				
7.	8.	9.		0.	11.	
Taxable Income	Net Unrelated Income (Loss)	Total of Specified Pm	Inclu	f Col (9) ded in Income	Deductions Directly Connected	
0.	0.	6,19		6,194.	0	-

The Children	s Mercy Hospita	1				44-060537
1		-	i	Activity	2. Employer	
Name of Control	Name of Controlled Organization			Number	ID No.	
	Children's Mercy- Cass County Pe and Adolescents, Inc.				82-0881485	•
Exempt Controll	ed Organization	8				
3.	et Unrelated Total of Specif			5.		6.
Net Unrelated Income (Loss)					Conne	ons Directly cted with 5) Income
Nonexempt Contr	colled Organizat	ions				
7. 8.		9	•	10 Part of). E Col (9)	11. Deductions
Taxable Income	Net Unrelated Income (Loss)	Tota Specifi	-		led in	Directly Connected
50,321.	50,321.		3,569	,	3,569.	0.
	led Organization	n 	2	Activity Number	2. Employer ID No.	
Children's Merc Inc.	y- Preferred Peo	diatrics	•	3	82-1130197	
Exempt Control1	ed Organization	S				
3.	4.			5.		6.
Net Unrelated Income (Loss)	Total of Spec Payments Ma		Inclu	of Col (4) aded in s Income	Conne	ons Directly cted with 5) Income
Nonexempt Contr	olled Organizat:	ions				
7.	8.	9	•	10		11.
Taxable Income	Net Unrelated Income (Loss)	Tota Specifi		Includ	Col (9) led in Income	Deductions Directly Connected
89,041.	89,041.		1,323.		1,323.	0.

The Children	s mercy Hospita	11				44-000557
Name of Control	n		tivity umber	2. Employer ID No.		
Children's Merc	cy- Cradle Thru	 College		4	82-2804086	5
Exempt Control1	led Organization	s				
3. 4.					\ D-4	6.
Net Unrelated Income (Loss)	t Unrelated Total of Specified		Part of Col (4) Included in Gross Income		Conne	ons Directly ected with (5) Income
Nonexempt Contr	rolled Organizat 8.	ions		1.0).	11.
Taxable Income	Net Unrelated	Total Specific	l of	Part of	f Col (9) ded in	Deductions Directly Connected
0.	0.		4,962.		4,962.	0.
	 .led Organizatio	n		tivity umber	2. Employer ID No.	
Children's Merc	cy- Summit Pedia	_ trics	-	5	82-4082519	-)
Exempt Control1	ed Organization	s				
Net Unrelated Income (Loss)	Total of Spe Payments M		Includ	Co1 (4	Conne	6. ons Directly ected with 5) Income
Nonexempt Contr	rolled Organizat	ions				
7.	8.	9 .	•	10). E Col (9)	11. Deductions
Taxable Income	Net Unrelated Income (Loss)	Total Specifie		Includ	ded in Income	Directly Connected
-127.	-127.		3,242.		3,242.	0.

The	Children'	s	Mercy	Hospital
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The Children	s mercy Hospita	Τ				44-060537
	led Organizatio	n		tivity umber	2. Employer ID No.	
	Children's Mercy- Shawnee Mission Pediatrics, Inc.			6	84-1836624	
Exempt Control1	ed Organization	8				
3. 4.			• 7 (4		6.	
Net Unrelated Income (Loss)	-		Part of Col (4) Included in Gross Income		Conne	ons Directly ected with 5) Income
Nonexempt Contr	olled Organizat	ions				
7.	8.	9	9.). E Col (9)	11. Deductions
Taxable Income	Net Unrelated Income (Loss)		al of ied Pmts	Includ	ded in Income	Directly Connected
-64,683.	-64,683.		12,836.		12,836.	0.
Name of Control	led Organization	n —		tivity umber	2. Employer ID No.	-
Children's Merc Children, Inc.	y- Health Care	for		7	84-1845668	•
Exempt Control1	ed Organization	s				
3.	4.		_		·	6.
Net Unrelated Income (Loss)	Total of Spe Payments Ma		Includ	Col (4) ed in Income	Conne	ons Directly cted with 5) Income
Nonexempt Contr	olled Organizat	ions				
7.	8.	9	9.	Dart of). E Col (9)	11. Deductions
Taxable Income	Net Unrelated Income (Loss)		al of ied Pmts	Includ	led in Income	Deductions Directly Connected
77,998.	77,998.		7,785.		7,785.	0.

The Children's Mercy Hospital

	1. Controlled Organization S Mercy- Leawood Pediatrics, 8		_	2. Employer ID No.	·	
Children's Mercy- Leawood Pediat			8	84-241119	95	
Exempt Controll	led Organization	នេ				
3.	4.				\ D .d	6.
Net Unrelated Total of Spect Income (Loss) Payments Mad					Conn	cions Directly sected with (5) Income
Nonexempt Contr	rolled Organizat 8.	ions	•		0. f Col (9)	11. Deductions
7.		9 Tota	1 of ed Pmts	Part o Inclu	0. f Col (9) ded in Income	11. Deductions Directly Connected
7.	8. Net Unrelated	9 Tota	l of	Part o Inclu	f Col (9) ded in	Deductions Directly
7. Taxable Income	8. Net Unrelated Income (Loss)	9 Tota	of ed Pmts	Part o Inclu Gross	f Col (9) ded in Income	Deductions Directly Connected

2

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020► 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 The Children's Mercy Ho	spi	tal	Employer ide 44-06		
	Inrelated Business Activity Code (see instructions) 54170	0				
Pa			(A) Income	(B) Expense	s	(C) Net
1 a	Gross receipts or sales					-
b	Less returns and allowances c Balance	1c				
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				<u></u>
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			\longrightarrow	
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				104 025
12	Other income (See instructions, attach schedule) Stmt 6	12	491,035.			491,035.
<u>13</u>	Total. Combine lines 3 through 12	13	491,035.	<u> </u>		491,035.
Pa	directly connected with the unrelated business in			uctions.) (De		ons must be
14	Compensation of officers, directors, and trustees (Schedule K)				14	235,253.
15	Salaries and wages				15	433,433.
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	4,612.
19	Taxes and licenses		1 1		19	4,012.
20	Depreciation (attach Form 4562)		20		 	
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)		Coc Chaha	mant 7	26	16/ 565
27	Other deductions (attach schedule)		See State	ment /	27	164,565.
28	Total deductions. Add lines 14 through 27				28	404,430.
29	Unrelated business taxable income before net operating loss dedu			13	29	86,605.
30	Deduction for net operating loss arising in tax years beginning on o	or after	January 1, 2018 (see			^
	instructions)				30	<u> </u>
31	Unrelated business taxable income Subtract line 30 from line 29				31	00,005.

Form 990-T (M) Other Income		Statement 6
Description		Amount
Clinical Trials		491,035.
Total to Schedule M, Par	t I, line 12	491,035.

Form 990-T (M)	Statement				
Description		Amount			
Other Expenses		164,56	55.		
Total to Schedule M, Par	t II, line 27	164,56	55.		

Employer identification number 44-0605373

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning JUL~1, 2019 and ending JUN~30, 2020

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

The Children's Mercy Hospital

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

$\overline{}$	Jnrelated Business Activity Code (see instructions) ▶ 62150	0				
	Describe the unrelated trade or business Dutreach	Lab				
Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expe	nses	(C) Net
1 a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c		-		
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	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) Stmt 8	12	2,353,273.			2,353,273.
13	Total. Combine lines 3 through 12	13	2,353,273.			2,353,273.
Pai	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in			ductions.) (I	Deducti	ons must be
14	Compensation of officers, directors, and trustees (Schedule K)		 :		14	
15	Salaries and wages				15	1,768,659.
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)		20			
21	Less depreciation claimed on Schedule A and eisewhere 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)				26	
27	Other deductions (attach schedule)		See State	ement 9	27	1,126,741.
28	Total deductions. Add lines 14 through 27				28	2,895,400.
29	Unrelated business taxable income before net operating loss dedu	ction	Subtract line 28 from line	e 13	29	-542,127.
30	Doduction for not operating loss arining in tay years beginning on a	r ofter	Jenuary 1, 2018 /con			

Unrelated business taxable income Subtract line 30 from line 29

Stmt 10 30

instructions)

Form 990-T (M)	Other Income	Statement 8
Description		Amount
Outreach Lab Services		2,353,273.
Total to Schedule M, Part	I, line 12	2,353,273.

Form 990-T (M)	Other Deductions	Statement 9
Description		Amount
Supplies Fuel & Vehicle Maintenance Insurance Allocated Expenses		1,031,035. 3,696. 2,588. 89,422.
Total to Schedule M, Part II, 1	ine 27	1,126,741.

Schedule M	Net Net	Net Operating Loss Deduction			
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year	
06/30/19	47,261.		47,261.	47,26	1.
NOL Carryo	ver Available This	Year	47,261.	47,26	1.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tex year beginning $\,\,$ JUL $\,\,$ 1, $\,\,$ 2019 $_{,\,$ and ending $\,$ JUN $\,\,$ 30, $\,\,$ 2020 ► 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 The Children's Mercy Ho	sni	tal	Employer identificate 44-06053	on number
	Junelated Business Activity Code (see instructions) ► 52300			1 11 00033	7.5
			Investments		
=	rt I Unrelated Trade or Business Income	<u> </u>	(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales	T -			
b	Less returns and allowances c Balance ▶	1c			,
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3			
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement) Statement 11	5	-140.		-140.
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			
13	Total. Combine lines 3 through 12	13	-140.		-140.
Pai	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in			ictions.) (Deduction	ons must be
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	<u></u>
19	Taxes and licenses		1 1	19	
20	Depreciation (attach Form 4562)		20		
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)			26	
27	Other deductions (attach schedule)			27	
28	Total deductions. Add lines 14 through 27			28	0.
29	Unrelated business taxable income before net operating loss dedu			3 29	-140.
30	Deduction for net operating loss arising in tax years beginning on o	r after	January 1, 2018 (see		^
	instructions)			30	0.
31	Unrelated business taxable income Subtract line 30 from line 29			31	-140.

Form 990-T (M)	Income (Loss) from Partnerships	Statement 11
Description		Net Income or (Loss)
Enalaped, LLC - Ord	linary Business Income (loss)	-140.
Total Included on S	chedule M, Part I, line 5	-140.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

20

Employer identification number

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

For calendar year 2019 or other tax year beginning $\underline{JUL~1,~2019}$, and ending $\underline{JUN~30,~2020}$

► 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

·						053	73
	Unrelated Business Activity Code (see instructions) ▶ 52300	0					
	Describe the unrelated trade or business Flow-thro	ugh	Inves	tments			
Pa	t I Unrelated Trade or Business Income		(A) In	come	(B) Expense	s	(C) Net
1 a	Gross receipts or sales						
b	Less returns and allowances c Balance ▶	1c					
2	Cost of goods sold (Schedule A, line 7)	2					<u></u>
3	Gross profit Subtract line 2 from line 1c	3					
4 a	Capital gain net income (attach Schedule D)	4a					
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach statement) Statement 12	5		-485.			-485.
6	Rent income (Schedule C)	6					
7	Unrelated debt-financed income (Schedule E)	7				ĺ	
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					
13	Total. Combine lines 3 through 12	13		-485.			-485.
Pai	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in					aucuc	ons must be
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			1 1		19	
20	Depreciation (attach Form 4562)			20			
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)					26	
27	Other deductions (attach schedule)					27	
28	Total deductions. Add lines 14 through 27				45	28	
29	Unrelated business taxable income before net operating loss dedu				9 13	29	-400.
30	Deduction for net operating loss arising in tax years beginning on o	r after	January 1,	2018 (see			0.
04	Instructions)					30	-485
31	Unrelated business taxable income. Subtract line 30 from line 29					ı 31 l	

Form 990-T (M)	Income (Loss) from Partnerships	Statement	12
Description	•	Net Incom or (Loss	_
Ferrellgas Partners,	LP - Ordinary Business Income (loss)		85.
Total Included on Sch	edule M, Part I, line 5	-4	85.

Department of the Treasury

Internal Revenue Service (99)

Credit for Federal Tax Paid on Fuels

▶ Go to www.irs.gov/Form4136 for instructions and the latest information.

Attachment

Name (as shown on your income tax return)

The Children's Mercy Hospital

Taxpayer identification number

44-0605373

	Nontaxable Use of Gasoline			Note	: CRN is credit referenc	e numbe
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Off-highway business use		\$.183	}		
b	Use on a farm for farming purposes		.183			362
С	Other nontaxable use (see Caution above line 1)		.183		\$	
d	Exported		.184			411
2	Nontaxable Use of Aviation Gasoline					
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Use in commercial aviation (other than foreign trade)		\$.15	131644	\$ 19747	354
b	Other nontaxable use (see Caution above line 1)		193			324
С	Exported		.194			412
d	LUST tax on aviation fuels used in foreign trade		.001			433
3	Nontaxable Use of Undyed Diesel Fuel Claimant certifies that the diesel fuel did not contain vi Exception. If any of the diesel fuel included in this clai			dye, attach an exp	planation and check here	 ▶ [
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Nontaxable use		\$.243			
b	Use on a farm for farming purposes		.243	}	 \$	360
_	Use in trains		.243	_		353
C	Use in certain intercity and local buses (see Caution		.17			350
d	above line 1)	l -				1 330

	Exception. If any of the kerosene included in this claim did contain visible evidence of dye, attach an explanation and check here					
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Nontaxable use taxed at \$.244		\$.243			
b	Use on a farm for farming purposes		.243		s	346
С	Use in certain intercity and local buses (see Caution above line 1)		.17			347
d	Exported		.244			414
e	Nontaxable use taxed at \$.044		.043			377
f	Nontaxable use taxed at \$.219		.218			369

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 12625R

Form **4136** (2019)

	5	Kerosene	Used in	Aviation	(see Caution above line	1)
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		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.244		\$.200		\$	417
b	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.219		.175			355
С	Nontaxable use (other than use by state or local government) taxed at \$.244		.243			346
d	Nontaxable use (other than use by state or local government) taxed at \$.219		.218			369
е	LUST tax on aviation fuels used in foreign trade		.001			433

6 Sales by Registered Ultimate Vendors of Undyed Diesel Fuel

Registration No. ▶

Claimant certifies that it sold the diesel fuel at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the diesel fuel did not contain visible evidence of dye.

Exception. If any of the diesel fuel included in this claim did contain visible evidence of dye, attach an explanation and check here

(b) Rate
(c) Gallons
(d) Amount of credit
(e) CRN

a Use by a state or local government
5.243
5.360
b Use in certain intercity and local buses

7 Sales by Registered Ultimate Vendors of Undyed Kerosene (Other Than Kerosene For Use in Aviation)

Registration No. ▶

Claimant certifies that it sold the kerosene at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the kerosene did not contain visible evidence of dye

Exception. If any of the kerosene included in this claim did contain visible evidence of dye, attach an explanation and check here

		(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Use by a state or local government	\$.243			T
b	Sales from a blocked pump	.243]	\$	346
C	Use in certain intercity and local buses	_17	_		347

8 Sales by Registered Ultimate Vendors of Kerosene For Use in Aviation I

Registration No. ▶

Claimant sold the kerosene for use in aviation at a tax-excluded price and has not collected the amount of tax from the buyer, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. See the instructions for additional information to be submitted.

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Use in commercial aviation (other than foreign trade) taxed at \$.219		\$ 175		\$	355
b	Use in commercial aviation (other than foreign trade) taxed at \$.244		200			417
С	Nonexempt use in noncommercial aviation		.025			418
d	Other nontaxable uses taxed at \$.244		.243			346
e	Other nontaxable uses taxed at \$.219		.218			369
<u>f</u>	LUST tax on aviation fuels used in foreign trade		.001			433

Form 4136 (2019)

9 Reserved for future use (b) Rate (c) Gallons of alcohol a Reserved for future use Reserved for future use Reserved for future use Reserved for future use

10 Biodiesel or Renewable Diesel Mixture Credit

Registration No. ▶

Biodiesel mixtures. Claimant produced a mixture by mixing biodiesel with diesel fuel. The biodiesel used to produce the mixture met ASTM D6751 and met EPA's registration requirements for fuels and fuel additives. The mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant. Claimant has attached the Certificate for Biodiesel and, if applicable, the Statement of Biodiesel Reseller. Renewable diesel mixtures. Claimant produced a mixture by mixing renewable diesel with liquid fuel (other than renewable diesel). The renewable diesel used to produce the renewable diesel mixture was derived from biomass, met EPA's registration requirements for fuels and fuel additives, and met ASTM D975, D396, or other equivalent standard approved by the IRS. The mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant. Claimant has attached the Certificate for Biodiesel and, if applicable, Statement of Biodiesel Reseller, both of which have been edited as discussed in the instructions for line 10. See the instructions for line 10 for information about renewable diesel used in aviation.

		(b) Rate	(c) Gallons of biodiesel or renewable diesel	(d) Amount of credit	(e) CRN
а	Biodiesel (other than agri-biodiesel) mixtures	\$1.00		\$	388
b	Agri-biodiesel mixtures	1.00			390
С	Renewable diesel mixtures	1 00			307

11 Nontaxable Use of Alternative Fuel

	(a) Type of use	(b) Rate	(c) Gallons, or gasoline or diesel gallon equivalents	(d) Amount of credit	(e) CRN
Liquefied petroleum gas (LPG) (see instructions)		\$.183		\$	419
"P Senes" fuels		.183			420
Compressed natural gas (CNG) (see instructions)		.183			421
Liquefied hydrogen		.183			422
Fischer-Tropsch process liquid fuel from coal (including peat)		.243			423
Liquid fuel derived from biomass		.243			424
Liquefied natural gas (LNG) (see instructions)		.243			425
Liquefied gas derived from biomass		.183			435

12 Alternative Fuel Credit

Registration No. ▶

		(b) Rate	(c) Gallons, or gasoline or diesel gallon equivalents	(d) Amount of cre	dit	(e) CRN
а	Liquefied petroleum gas (LPG) (see instructions)	\$.50		\$		426
b	"P Senes" fuels	.50				427
C	Compressed natural gas (CNG) (see instructions)	50				428
d	Liquefied hydrogen	50				429
е	Fischer-Tropsch process liquid fuel from coal (including peat)	50				430
f	Liquid fuel derived from biomass	50				431
g	Liquefied natural gas (LNG) (see instructions)	.50				432
h	Liquefied gas derived from biomass	.50				436
i	Compressed gas derived from biomass	.50		<u> </u>		437

13	Registered Credit Card Issuers		Registration No. ►				
			(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN	
а	Diesel fuel sold for the exclusive use of a state or local	government	\$.243		\$	360	
b	Kerosene sold for the exclusive use of a state or local	government	.243			346	
С	Kerosene for use in aviation sold for the exclusive use of a state or local government taxed at \$.219		.218			369	
4	Nontaxable Use of a Diesel-Water Fuel Emuls	ion					
	Caution: There is a reduced credit rate for use in	certain intercity	and local bu	ises (type of use	5). See instructions.		
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN	
а	Nontaxable use		\$.197	-	\$	309	
b	Exported		.198			306	
15	Diesel-Water Fuel Emulsion Blending Registration No. ▶						
			(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN	
	Blender credit		\$.046		\$	310	
16	Exported Dyed Fuels and Exported Gasoline Blendstocks						
			(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN	
_	Exported dyed diesel fuel and exported gasoline blendstocks taxed at \$.001		\$.001		\$	415	
а	u(4.00 i						