000 T	Extended to November 16, 2020	OMB No 1545-0047							
<sup>E</sup> prm <b>990-T</b>	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))								
ر مق	1	2019							
*	For calendar year 2019 or other tax year beginning, and ending, and ending  Go to www.irs.gov/Form990T for instructions and the latest information.	_							
Department of the Treasury Internal Revenue Service	▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	Open to Public Inspection for 50 1(c)(3) Organizations Only  Employer identification number							
A Check box if address changed	Name of organization ( Check box it hame changed and see instructions.)	(Employees' trust, see instructions)							
B Exempt under section		72-0467503							
X 501(c\)3 )	Type Number, Street, and room of Stitle no. If a F.O. box, see instructions	E Unrelated business activity code (See instructions )							
408(e) 220(e)	200 Henry Clay Avenue								
408A		532000							
C Book value of all assets at end of year	F Group exemption number (See instructions )								
1,883,156,3									
	e organization's unrelated trades or businesses.   Describe the only (or first) unrelated trades or businesses.								
	► See Statement 1 . If only one, complete Parts I-V If blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional space at the end of the previous sentence, complete Parts I and II, complete Parts I and III, complete Parts I and III, complete Parts I and III and III and III and III are the end of the previous sentence, complete Parts I and III, complete Parts I and III and III are the end of the previous sentence, complete Parts I and III are the end of the previous sentence, complete Parts I and III are the end of the previous sentence, complete Parts I and III are the end of the previous sentence, complete Parts I and III are the end of the previous sentence, complete Parts I and III are the end of the previous sentence, complete Parts I and III are the end of the previous sentence, complete Parts I and III are the end of the previous sentence are the end of the end of the previous sentence are the end of t								
business, then complete		II trade or							
	s the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	Yes X No							
	and identifying number of the parent corporation.								
		504)896-9388							
Part I Unrelate	ed Trade or Business Income (A) Income (B) Expenses	(C) Net							
1a Gross receipts or sal	iles								
b Less returns and allo									
2 Cost of goods sold (	· · · · · · · · · · · · · · · · · · ·								
•	ct line 2 from line 1c								
4a Capital gain net inco									
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
•	a partnership or an S corporation (attach statement)								
6 Rent income (Sched	,	18177,318.							
•	nced income (Schedule E)								
8 Interest, annuities, ro	oyalties, and rents from a controlled organization (Schedule F) 8								
9 Investment income of	of a section 501(c)(7), (9), or (17) organization (Schedule G) 9								
10 Exploited exempt ac	ctivity income (Schedule I)								
11 Advertising income (	· · · · · · · · · · · · · · · · · · ·								
,	instructions; attach schedule)	10 177 210							
13 Total. Combine line		18177,318.							
	ons Not Taken Elsewhere (See instructions for diffinitations on deductions) as must be directly connected with the unrelated bysiness income)								
	officers directors and trustees (Schedule K)	14							
15 Salaries and wages	s National Automobile (Controller N)	15							
16 Repairs and mainte	191	16							
17 Bad debts		17							
18 Interest (attach sch	nedule) (see instructions)	18							
19 Taxes and licenses		19							
20 Depreciation (attac									
	claimed on Schedule A and elsewhere on return	21b							
22 Depletion		22							
	eferred compensation plans	23							
	eosts (Schedule J)	26							
27 Other deductions (a		27							
	Add lines 14 through 27	28 0.							
	Staxable income before net operating loss deduction. Subtract line 28 from line 13	29 -177,318.							
/ /	operating loss arising in tax years beginning on or after January 1, 2018								
(see instructions)	See Statement 2	30 0.							
	s taxable income. Subtract line 30 from line 29	31 - 177,318.							
923701 01-27-20 LHA	For Paperwork Reduction Act Notice, see instructions.	Form <b>990-T</b> (2019)							

Form 99	O-T/2019) Children's Hospital	Inc.			72-0	467503	Page 2	
	III   Total Unrelated Business Taxab							
32	Total of unrelated business taxable income computed to	from all unrelated trades or businesses (	see instructions)	i	32	-177,3	18.	
33	Amounts paid for disallowed fringes	·	•	•	33			
34	Charitable contributions (see instructions for limitation	rules)			3.4		0.	
35	Total unrelated business taxable income before pre-20	•	t line 34 from the sum o	f lines 32 and 336	35	-177,3	18.	
36	Deduction for net operating loss arising in tax years be				36			
37	Total of unrelated business taxable income before spec		•	7		-177,3	18.	
38	Specific deduction (Generally \$1,000, but see line 38 in			4			00.	
39	Unrelated business taxable income Subtract line 38		e 37.					
	enter the smaller of zero or line 37	ground of the man		- 11	39	-177,3	18.	
Parl	t IV Tax Computation	· · · · · ·			1 00 1			
40	Organizations Taxable as Corporations Multiply line	39 hv 21% (0.21)		•	40		0.	
41	Trusts Taxable at Trust Rates. See instructions for tax		it on line 39 from:				<u> </u>	
٠.	Tax rate schedule or Schedule D (Form	· ·		_	41			
42	Proxy tax. See instructions	1041)			42			
43	Alternative minimum tax (trusts only)				43			
	Tax on Noncompliant Facility Income See instruction	00			44	<u> </u>		
44 45	Total. Add lines 42, 43, and 44 to line 40 or 41, which				45		0.	
Part		cvoi applics			1 40 1		<del></del>	
	Foreign tax credit (corporations attach Form 1118; trus	ete attach Form 1116)	46a		T 1 -			
	Other credits (see instructions)	sis allacii roiiii 1110)	46b		-			
	General business credit. Attach Form 3800		46c		┥ ┃			
		or 0007)	46d	•	- 1			
	Credit for prior year minimum tax (attach Form 8801 o	0027)	400		46e			
	Total credits Add lines 46a through 46d Subtract line 46e from line 45				47		0.	
47		Form 8611 Form 8697 Form	n 8866 🔲 Other	(attach schedule)	48		<del>.</del>	
48		ruiii 6011 ruiii 6097 ruiii	1 0000 L. J. Ulliel	(attach schedule)	49		0.	
49	Total tax Add lines 47 and 48 (see instructions)	m OSS D. Dort H. column (k) line 2			50		0.	
50	2019 net 965 tax liability paid from Form 965-A or For	m 965-6, Part II, Column (k), line 3	اجورا		30		<del></del>	
	Payments: A 2018 overpayment credited to 2019		51a		-			
	2019 estimated tax payments		51b		-			
	: Tax deposited with Form 8868	()	51c	<del></del>	-			
	Foreign organizations: Tax paid or withheld at source (	(see instructions)	51d	·····	-			
	Backup withholding (see instructions)	(attach Farm 8044)	51e	<u></u>	-			
	Credit for small employer health insurance premiums (		51f	_	-			
9	, ==,, ==	rm 2439	_					
		her Total	▶ 51g		- <del></del> -			
52	Total payments. Add lines 51a through 51g	2000			52			
53	Estimated tax penalty (see instructions). Check if Form				53			
54		·           •			<del> </del>			
55 56	Overpayment If line 52 is larger than the total of lines Enter the amount of line 55 you want; Credited to 202		D.	.fundad	55			
56		-		funded >	56			
						l vaa	I No.	
57	At any time during the 2019 calendar year, did the organization of the same and the same at the same a	-	-			Yes	No	
	over a financial account (bank, securities, or other) in a							
	FinCEN Form 114, Report of Foreign Bank and Financia	al Accounts. It fes, enter the name of the	ie ioreign country				∖ <del>∡</del>	
	here	h. A f	A f A				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	•						
59	Enter the amount of tax-exempt interest received or ac  Under penalties of perjury, I declare that I have examined			45- 5-4-4		aliaf it is true	.i!	
Sign	I amount and assented Declaration of assence father them	this return, including accompanying schedules taxpayer) is based on all information of which p	and statements, and to reparer has any knowle	dge	wiedge and b	eller, it is true		
Here		11/16/2020⊾ CEO		M	lay the IRS dis	cuss this return	with	
11010		Date CEO				own below (see	٦	
	Signature of officer		I		structions)?	Yes _	No	
	Print/Type preparer's name	Preparer's signature	Date		if PTIN			
Paid	d		[ ]	self- employed				
Pre	parer		L	1	l			
Use	Only Firm's name		<del></del>	Firm's EIN	<u> </u>			
	E ultradana S			Dhare				
	Firm's address			Phone no.				
923711	01-27-20				F	orm <b>990-T</b>	(2019)	

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory v	aluation > N/A					
1 Inventory at beginning of year	1	1 6 Inventory at end of year				6			
2 Purchases	2		7 Cost of goods sold. Subtract line 6			ine 6			
3 Cost of labor	3		from line 5. Enter here and in Part I,			Part I,			
4a Additional section 263A costs			line 2			İ	7		
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to		Yes No	
b Other costs (attach schedule)	4b		1	property produced or a	acquired	for resale) apply to			
5 Total Add lines 1 through 4b	5		the organization?						
Schedule C - Rent Income	(From Real	Property and	d Pe	rsonal Property	Lease	ed With Real Pro	pert	y)	
(see instructions)									
Description of property									
(1) Medical Transpor	t Helic	opter Lea	se	=		<del> </del>			
(2)		_		-					
(3)									
(4)									
	2 Rent receiv	ed or accrued				2/2/2			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than :	of rent for p	n real and personal property (if the percentage nt for personal property exceeds 50% or if the rent is based on profit or income)			3(a)Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)  See Statement 3			
(1)	540,000.			717,318					
(2)									
(3)									
(4)									
Total	0.	Total		540,0	00.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter		540,0		(b) Total deductions.  Enter here and on page 1, Part I, line 6, column (8)	•	717,318.	
Schedule E - Unrelated Del	٠,,	I Income (see	ınstru	<u></u>		[ · a. · · , · · , · · · · · · · · · · ·		, , , , , , , ,	
		(000	1	Gross income from		3 Deductions directly con to debt-finance			
1. Description of debt-fr			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		
(1)			1				$\top$		
(2)									
(3)						· · ·	十一		
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  5. Average adjuste of or allocable debt-financed progressive debt-financed debt-financed progressive debt-financed debt-finance		allocable to inced property	6	Column 4 divided by column 5			8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)				%					
(2)			I	%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)	
Totals				<b>&gt;</b>	1	0		0.	
Total dividends-received deductions in	icluded in columi	n 8		•		<u> </u>	$\overline{}$	0.	
				<del>-</del>			<del>'</del>	Form 990-T (2010)	

	Amunices, moya			Controlled O							
1. Name of controlled organiza	identif	nployer lication nber	cation (loss) (see		4. Tota	vments made inc		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)		···				<del>-</del> -	$\vdash$	<u>.</u>	-+		
(2)		_					<del> </del>	-		· · · · <u>-</u>	
(3)							<del>                                     </del>				
(4)							<del>                                     </del>				
Nonexempt Controlled Organ	uzations										
7. Taxable Income	8. Net unrelated income (see instruction		9. Total o	of specified payi made	nents	10 Part of colu in the controll gross	imn 9 tha ling organ s income	nization's		luctions directly connected income in column 10	
(1)					1	<del></del>					
(2)											
(3)											
(V)	1			_		1			Enter he	dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)	
Totals					▶			0.		0	
Schedule G - Investme		Section	501(c)(	7), (9), or	(17) Or	ganization	1				
(see ins	tructions)			•				r		1 -	
1. Des	scription of income			2. Amount of	income	3. Deduction directly connected (attach schedule)	ected	4. Set- (attach s	asides chedule)	5. Total deductions and set-asides (col 3 plus col 4)	
(1)		<u></u>									
(2)					İ						
(3)											
(4)											
				Enter here and Part I, line 9 co						Enter here and on page Part I, line 9, column (B)	
Totals			<b>&gt;</b>		0.					0	
Schedule I - Exploited (see instr	•	y Incom	e, Othe	r Than Ac	ivertisi	ing Incom	е				
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly of with pro of unr	penses connected oduction elated s income	4- Net incomfrom unrelated business (cominus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5. Gross income from activity that is not unrelated		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)			
(1)											
(2)											
(3)				1							
(4)		<b></b> _						1			
	Enter here and on page 1, Part I, line 10, col (A)	page 1	re and on , Part I, col (B)					<u> </u>		Enter here and on page 1, Part II, line 25	
Totals	0.	1	0.	L		•				0	
Schedule J - Advertis	ing Income (see	instruction	ns)		_						
Part I Income From	Periodicals Rep	orted o	n a Con	solidated	Basis						
1 Name of periodical	2. Gross advertising income		3. Direct artising costs	or (toss) (c col 3) If a g	tising gain of 2 minus ain, compu- hrough 7	5. Circula		6. Read		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)					0						
(2)											
(3)				٦,						ŗ	
(4)				٦ ·						ı	
	·····					1			1	· · · ·	
Totals (carry to Part II, line (5))	<b>•</b>	0.	0					<u> </u>		0	
										Form 990-T (2019	

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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)	1					
(2)	ĺ					
(3)	Ť					
(4)	1				I	
Totals from Part I	0.	0.		·· <del>·</del>		0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, Ime 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	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)	-	%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		<b>•</b>	0.

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