

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0047

2019

For calendar year 2019 or other tax year beginning _____, 2019, and ending _____, 2019

▶ 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

Department of the Treasury
Internal Revenue Service

- A Check box if address changed
- B Exempt under section
 - 501(c)(3)
 - 408(e) 220(e)
 - 408A 530(a)
 - 529(a)

Print or Type

Name of organization (Check box if name changed and see instructions)
CHILDREN'S MEDICAL CENTER FOUNDATION

Number, street, and room or suite no. If a P O box, see instructions
1935 MEDICAL DISTRICT DRIVE

City or town, state or province, country, and ZIP or foreign postal code
DALLAS, TX 75235

D Employer identification number
(Employees' trust, see instructions)
75-2062015

E Unrelated business activity code
(See instructions)
523000

C Book value of all assets at end of year
1,597,679,420

F Group exemption number (See instructions.) ▶ _____

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. ▶ **1** Describe the only (or first) unrelated trade or business here ▶ **PARTNERSHIP INVESTMENT ACTIVITY**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶ **CHILDREN'S HEALTH SYSTEM OF TEXAS 75-2062019**

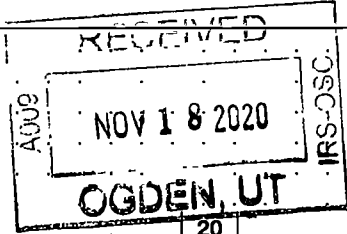
J The books are in care of ▶ **AMY YEAGER** Telephone number ▶ **(214) 456-7000**

Part I Unrelated Trade or Business Income

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	0		
b Less returns and allowances	0		
c Balance ▶	1c	0	
2 Cost of goods sold (Schedule A, line 7)	2	0	
3 Gross profit. Subtract line 2 from line 1c	3	0	0
4a Capital gain net income (attach Schedule D)	4a	461,333	461,333
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	0	0
c Capital loss deduction for trusts	4c	0	0
5 Income (loss) from a partnership or an S corporation (attach statement)	5	2,458,192	2,458,192
6 Rent income (Schedule C)	6	0	0
7 Unrelated debt-financed income (Schedule E)	7	0	0
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8	0	0
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9	0	0
10 Exploited exempt activity income (Schedule I)	10	0	0
11 Advertising income (Schedule J)	11	0	0
12 Other income (See instructions; attach schedule)	12	0	0
13 Total. Combine lines 3 through 12	13	2,919,525	2,919,525

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

14 Compensation of officers, directors, and trustees (Schedule K)	14	0
15 Salaries and wages	15	0
16 Repairs and maintenance	16	0
17 Bad debts	17	0
18 Interest (attach schedule) (see instructions)	18	7,176
19 Taxes and licenses	19	8,386
20 Depreciation (attach Form 4562)	20	0
21 Less depreciation claimed on Schedule A and elsewhere on return	21a	0
22 Depletion	22	1,276,512
23 Contributions to deferred compensation plans	23	0
24 Employee benefit programs	24	0
25 Excess exempt expenses (Schedule I)	25	0
26 Excess leadership costs (Schedule J)	26	0
27 Other deductions (attach schedule)	27	4,565,488
28 Total deductions. Add lines 14 through 27	28	5,857,562
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	(2,938,037)
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	0
31 Unrelated business taxable income. Subtract line 30 from line 29	31	(2,938,037)



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For Paperwork Reduction Act Notice, see instructions.

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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 (2,938,037)
33	Amounts paid for disallowed fringes	33
34	Charitable contributions (see instructions for limitation rules)	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 (2,938,037)
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36 0
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37 (2,938,037)
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38 0
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 (2,938,037)

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 (see instructions)	46c
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d
e	Total credits. Add lines 46a through 46d	46e 0
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 0
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
51a	Payments: A 2018 overpayment credited to 2019	51a 0
b	2019 estimated tax payments	51b 0
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 0 Total	51g 0
52	Total payments. Add lines 51a through 51g	52 0
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 0
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55 0
56	Enter the amount of line 55 you want Credited to 2020 estimated tax 0 Refunded	56 0

Part VI Statements Regarding Certain Activities and Other Information (see instructions)		
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	Yes No
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.	Yes No
59	Enter the amount of tax-exempt interest received or accrued during the tax year	\$ 0

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.

Signature of officer: *Rachel Spurlock* Date: 11/10/2020 Title: SENIOR VICE PRESIDENT, FINANCE

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only		Preparer's signature		Date	Check <input type="checkbox"/> if self-employed	PTIN
Print/Type preparer's name RACHEL SPURLOCK		<i>Rachel Spurlock</i>		11/9/2020		P00520729
Firm's name				Firm's EIN		
CROWE LLP				35-0921680		
Firm's address				Phone no		
750 N ST PAUL, SUITE 850, DALLAS, TX 75201				(214) 777-5200		

Schedule A—Cost of Goods Sold. Enter method of inventory valuation ►

1 Inventory at beginning of year	1	0	6 Inventory at end of year	6	0
2 Purchases	2	0	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	0
3 Cost of labor	3	0			
4a Additional section 263A costs (attach schedule)	4a	0	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
		0			
b Other costs (attach schedule)	4b	0			
5 Total. Add lines 1 through 4b	5	0			✓

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent 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)
(1)		
(2)		
(3)		
(4)		
Total	0	Total 0
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►
0		0

Schedule E—Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ►			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
			0	0
Total dividends-received deductions included in column 8 ►				0

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	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)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
Totals			0	0

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
Totals		0		0

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	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 and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 25
Totals		0	0			0

Schedule J—Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated 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 (carry to Part II, line (5))		0	0	0		0

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
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			0

Name of Partnership	EIN	UBI
PARTNERSHIP INVESTMENT ACTIVITY		
(1) AG DIRECT LENDING FUND II LP	36-4840648	508,245
(2) ANGELES EQUITY PARTNERS I, L P	47-1672293	-31,707
(3) CRESSEY & COMPANY FUND VI LP	83-0739825	21,185
(4) ENCAP ENERGY CAPITAL FUND X, LP	47-2732735	821,918
(5) GLS CAPITAL PARTNERS FUND I, LP	83-0921938	-179,892
(6) GREENSPRING GLOBAL PARTNERS IX, L P	83-1617137	1
(7) HARBERT EUROPEAN REAL ESTATE FUND IV, L P	98-1237004	-63,688
(8) HARVEST MLP INCOME FUND LLC	27-2968896	52,829
(9) MIDDLEGROUND PARTNERS I, L P	83-0647797	41,230
(10) MONROE CAPITAL PRIVATE CREDIT FUND III LP	82-1737205	94,529
(11) ORBIMED ROYALTY OPPORTUNITIES II, LP	32-0457118	96,200
(12) PEARL ENERGY INVESTMENTS II, LP	82-1705067	461,031
(13) PEARL ENERGY INVESTMENTS, LP	47-3899327	599,843
(14) SCOUT ENERGY PARTNERS IV-A, LP	82-3389307	707,914
(15) SCOUT ENERGY PARTNERS V-A, LP	83-3606059	-144,081
(16) SOUNDCORE CAPITAL PARTNERS FUND II, LP	82-2423818	-269,303
(17) UNION CAPITAL EQUITY PARTNERS II, LP	81-2945430	-561,701
(18) YORKTOWN ENERGY PARTNERS XI, L P	81-1279864	303,639
	Total	2,458,192

Description	Amount
PARTNERSHIP INVESTMENT ACTIVITY	
(1) GREENSPRING GLOBAL PARTNERS IX, L P 831617137	1
(2) MIDDLEGROUND PARTNERS I, L P 830647797	2,355
(3) SOUNDCORE CAPITAL PARTNERS FUND II, LP 822423818	4,820
Total	7,176
Total for Part II, Line 18	7,176

Description	Amount
PARTNERSHIP INVESTMENT ACTIVITY	
(1) HARBERT EUROPEAN REAL ESTATE FUND IV, L.P. 981237004	8,386

Description	Amount
PARTNERSHIP INVESTMENT ACTIVITY	
(1) CRESSEY & COMPANY FUND VI LP 830739825	100,959
(2) ENCAP ENERGY CAPITAL FUND X, LP 472732735	1,757,361
(3) MIDDLEGROUND PARTNERS I, L P. 830647797	27,891
(4) MSOUTH EQUITY PARTNERS IV, L P. 824976425	1,185
(5) PEARL ENERGY INVESTMENTS II, LP 821705067	960,808
(6) PEARL ENERGY INVESTMENTS, LP 473899327	870,705
(7) SCOUT ENERGY PARTNERS IV-A, LP 823389307	132,128
(8) SOUNDCORE CAPITAL PARTNERS FUND II, LP 822423818	22,758
(9) UNION CAPITAL EQUITY PARTNERS II, LP 812945430	41,849
(10) YORKTOWN ENERGY PARTNERS XI, L P. 811279864	644,994
(11) PROFESSIONAL FEES	4,850
Total	4,565,488

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining
PARTNERSHIP INVESTMENT ACTIVITY					
2018	2,647,346			0	2,647,346
2019	2,938,037			0	2,938,037

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2017	19,550,115	0			19,550,115	2022
2018	27,372,319	0			27,372,319	2023
2019	22,219,623	0			22,219,623	2024
Totals	69,142,057	0	0	0	69,142,057	

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2015	202,869		0		202,869	2035
2016	1,273,027		0		1,273,027	2036
2017	2,619,245		0		2,619,245	2037
Totals	4,095,141	0	0	0	4,095,141	

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ 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.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

2019

Name: CHILDREN'S MEDICAL CENTER FOUNDATION
Employer identification number: 75-2062015

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses (See instructions.)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				0
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				0
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				0
3 Totals for all transactions reported on Form(s) 8949 with Box C checked	1,627	0	0	1,627
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6 (0)
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				7 1,627

Part II Long-Term Capital Gains and Losses (See instructions.)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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				0
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				0
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				0
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	238,693	0	0	238,693
11 Enter gain from Form 4797, line 7 or 9				11 221,013
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions (see instructions)				14
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				15 459,706

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)	16	1,627
17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	459,706
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns	18	461,333

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

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

Cat No 11460M

Schedule D (Form 1120) 2019

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

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

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

Name(s) shown on return
CHILDREN'S MEDICAL CENTER FOUNDATION

Social security number or taxpayer identification number
75-2062015

Before you check Box A, B, or C 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 I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-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 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-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.

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold or disposed of (Mo, day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions	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.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	SHORT-TERM GAIN/LOSS FROM INVESTMENTS			1,627				1,627
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) ▶			1,627	0		0	1,627

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.

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side CHILDREN'S MEDICAL CENTER FOUNDATION	Social security number or taxpayer identification number 75-2062015
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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 **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo, day, yr)	(c) Date sold or disposed of (Mo, day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column (e)</i> in the separate instructions	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.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	LONG-TERM GAIN/LOSS FROM INVESTMENTS			238,693				238,693
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 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ►				238,693	0		0	238,693

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.

**Attachment to be made part of
Form 990-T, Exempt Organization Business Income Tax Return
Children's Medical Center Foundation
75-2062015
For the Year Ending 12/31/2019**

Transferee Name: Alphadyne International
Fund, Ltd
Transferee ID No.: 98-0490241
Transferee Address: P.O. Box 309, Uglan
House, Grand Cayman,
KY1-1104, Cayman
Islands

Statement pursuant to §1.351-3(a) by Children's Medical Center Foundation(75-2062015), a significant transferor.

This statement is filed in accordance with Regulation 1.351-3(a) to disclose the details of the asset transfer to the above controlled corporation (transferee) from the below controlled corporation (significant transferor).

Date of Transfer: 6/30/2019

Property received from significant transferors:

<u>Significant Transferor Name</u>	<u>Significant Transferor ID No.</u>	<u>Cost or Adjusted Basis</u>	<u>FMV</u>
Children's Medical Center Foundation	75-2062015	15,000,000	15,000,000

The items listed above appear in detail in the taxpayer's permanent book of accounts.
No private letter rulings have been issued by the IRS in connection with the §351 exchange.

**Attachment to be made part of
Form 990-T, Exempt Organization Business Income Tax Return
Children's Medical Center Foundation
75-2062015
For the Year Ending 12/31/2019**

Transferee Name: MAPLE ROCK
OFFSHORE FUND, LP
Transferee ID No.: 98-1205065
Transferee Address: 94 Solaris Avenue,
Camana Bay, Grand
Cayman, KY1-1108,
Cayman Islands

Statement pursuant to §1.351-3(a) by Children's Medical Center Foundation (75-2062015), a significant transferor.

This statement is filed in accordance with Regulation 1.351-3(a) to disclose the details of the asset transfer to the above controlled corporation (transferee) from the below controlled corporation (significant transferor).

Date of Transfer: 10/1/2019

Property received from significant transferors:

<u>Significant Transferor Name</u>	<u>Significant Transferor ID No.</u>	<u>Cost or Adjusted Basis</u>	<u>FMV</u>
Children's Medical Center Foundation	75-2062015	5,000,000	5,000,000

The items listed above appear in detail in the taxpayer's permanent book of accounts.
No private letter rulings have been issued by the IRS in connection with the §351 exchange

**Attachment to be made part of
Form 990-T, Exempt Organization Business Income Tax Return
Children's Medical Center Foundation
75-2062015
For the Year Ending 12/31/2019**

Transferee Name: Park West Investors Limited
 Transferee ID No.: PWI_CMCF
 Transferee Address: Maples Corporate Services Limited
 P.O. Box 309 Ugland House, Grand Cayman, KY1-1104, Cayman Islands

Statement pursuant to §1.351-3(a) by Children's Medical Center Foundation (75-2062015), a significant transferor.

This statement is filed in accordance with Regulation 1.351-3(a) to disclose the details of the asset transfer to the above controlled corporation (transferee) from the below controlled corporation (significant transferor).

Date of Transfer: 7/1/2019

Property received from significant transferors:

Significant Transferor Name	Significant Transferor ID No.	Cost or Adjusted Basis	FMV
Children's Medical Center Foundation	75-2062015	15,000,000	15,000,000

The items listed above appear in detail in the taxpayer's permanent book of accounts. No private letter rulings have been issued by the IRS in connection with the §351 exchange.

**Attachment to be made part of
Form 990-T, Exempt Organization Business Income Tax Return
Children's Medical Center Foundation
75-2062015
For the Year Ending 12/31/2019**

Transferee Name: The Varde European Real Estate Feeder Fund, L.P.
 Transferee ID No.: 98-1369737
 Transferee Address: c/o Idealogic AFS Inc ,
 105 Victoria Street, Suite
 408, Toronto, Ontario,
 M5C 3B4, Canada

Statement pursuant to §1.351-3(a) by Children's Medical Center Foundation(75-2062015), a significant transferor.

This statement is filed in accordance with Regulation 1.351-3(a) to disclose the details of the asset transfer to the above controlled corporation (transferee) from the below controlled corporation (significant transferor).

Date of Transfer: Various

Property received from significant transferors:

Significant Transferor Name	Significant Transferor ID No.	Cost or Adjusted Basis	FMV
Children's Medical Center Foundation	75-2062015	45	45
Children's Medical Center Foundation	75-2062015	15	15
Children's Medical Center Foundation	75-2062015	119,887	119,887
Children's Medical Center Foundation	75-2062015	1,369,227	1,369,227

The items listed above appear in detail in the taxpayer's permanent book of accounts.
 No private letter rulings have been issued by the IRS in connection with the §351 exchange.

**Attachment to be made part of
Form 990-T, Exempt Organization Business Income Tax Return
Children's Medical Center Foundation
75-2062015
For the Year Ending 12/31/2019**

Transferee Name: Yiheng Capital Offshore
Partners, Ltd.
Transferee ID No.: YICAPOFF
Transferee Address: C/O DMS CORPORATE
SERVICES LTD.
P.O. BOX 1344, DMS
HOUSE, 20 GENESIS
CLOSE, GRAND
CAYMAN, KY1-1108,
Cayman Islands

Statement pursuant to §1.351-3(a) by Children's Medical Center Foundation(75-2062015), a significant transferor.

This statement is filed in accordance with Regulation 1.351-3(a) to disclose the details of the asset transfer to the above controlled corporation (transferee) from the below controlled corporation (significant transferor).

Date of Transfer: 10/1/2019

Property received from significant transferors:

Significant Transferor Name	Significant Transferor ID No.	Cost or Adjusted Basis	FMV
Children's Medical Center Foundation	75-2062015	15,000,000	15,000,000

The items listed above appear in detail in the taxpayer's permanent book of accounts.
No private letter rulings have been issued by the IRS in connection with the §351 exchange