	∕oim	990-T	E	xempt Orgai		sine	ss Income	Tax Re			ОМВ	No 1545-0687	
12	.``		F	-	nd proxy tax und			חג משי	1909		2	018	
			For car	endar year 2018 or other tax yea					201	<u> </u>	Z	.U 10	
		rtment of the Treasury al Revenue Service	<b>&gt;</b>	Do not enter SSN numbe	.irs.gov/Form990T for in rs on this form as it may				)1(c)(3)	ŀ	Open to F 501(c)(3)	Public Inspection for Organizations Only	
	<b>A</b>	Check box if address changed		Name of organization (	_		and see instructions.)			D Employer identification number (Employees' trust, see instructions)			
	B E	xempt under section	Print	VALLEY CHIL	DREN'S HOSP	ITA	<b>L</b>			94-1294954			
		501(c <b>i</b> )(3)	01	Number, street, and room							ated busin	ness activity code	
		408(e) 220(e)	Туре		300 VALLEY CHILDREN'S PLACE					] (000)		3,	
		30(a) 408A 530(a) 529(a)			ty or town, state or province, country, and ZIP or foreign postal code ADERA, CA 93636–8762						523000		
	C Bo	ok value of all assets		E Group examption numb	or (See instructions )	<b></b>							
		,643,182,8	00.	G Check organization type	e ► X 501(c) corp	ooratio	n 501(c) tru:	st	401(a)	trust	[	Other trust	
			-	tion's unrelated trades or b		1		be the only (or					
				STHROUGH IN				ne, complete P				ie,	
			•	ce at the end of the previou	is sentence, complete Pa	rts I an	d II, complete a Sched	ule M for each	addition	al trade	or		
		siness, then complete f		v. oration a subsidiary in an a	offiliated aroun or a parer	at oubo	idiary controlled aroun	2		Ye	<u>,                                    </u>	▼ No	
				ifying number of the paren		11-5005	idiai y controlled group	•			, <u> </u>	<u>- 1</u> 140	
	J Th	e books are in care of	<b>▶</b> 1	ICHELE WALD	RON, CFO		Tele	phone number	▶ 5	59-	353-	-3000	
	Pa	rt I Unrelated	Trac	le or Business Inc	ome		(A) Income	(B) E	xpenses	3		(C) Net	
	√1a	Gross receipts or sale:	S							-		1	
	· th	Less returns and allow			c Balance	1c							
	2	Cost of goods sold (So				3							
	3	Gross pretit. Subtract		e 2 from line 1c (attach Schedule D) 97, Part II, line 17) (attach Form 4797)			07 024					07 024	
							97,034	<del>·</del>				97,034.	
		Capital loss deduction	•		4/9/)	4b 4c		+					
	5	•	•	Stup or an S corporation (attach statement)			-48,432	ST	мп1	ļ		48,432.	
	6	Rent income (Schedul						1 RF	CFI	VFI	)	1 1	
	7	Unrelated debt-finance		ne (Schedule E)		7					70		
	8	Interest, annuities, roy	alties, ar	nd rents from a controlled o	rganization (Schedule F)	8		-	- O F		O C	<u> </u>	
				n 501(c)(7), (9), or (17) or	ganization (Schedule G)	9		山 AUI	û <b>2</b> 5	2021	10	51	
		Exploited exempt activ				10			<b>N</b>			<u> </u>	
		Advertising income (S		,		11			<u>JEN</u>	, U	4	<del>                                     </del>	
	12	Other income (See ins		•		12	48,602					48,602.	
		Total! Combine lines		t Taken Elsewher	P. (See instructions to	13 r limit:						40,002.	
	L: <u>-</u>			tions, deductions must									
	14	Compensation of offi	cers, dır	ectors, and trustees (Sche	dule K)	_	<del></del>			14			
	15	Salaries and wages								15			
-	16	Repairs and maintena	апсе							16			
202	17	Bad debts								17			
	18	Interest (attach sched	dule) (se	e instructions)						18		2,621.	
©	19	Taxes and licenses	no /Caa	instructions for limitation	rules) STATEME	יחזמי	3 9 5 5 9 7 7	ATEMENT	2	19 20		0.	
Ω	20 21	Depreciation (attach l	•		ruics) DIMILIME	11.4 T	21	11 111111111	2	20			
SE	22	• •		Schedule A and elsewhere	on return		22a	$\overline{}$		22b			
0,	23	Depletion								23			
<u>(2)</u>	24	Contributions to defe	rred cor	npensation plans						24			
2	25	Employee benefit pro	grams							25			
3	26	Excess exempt expen	ises (Sc	hedule I)						26			
SCANNED	27	Excess readership co	•	•						27			
S	28	Other deductions (att		•						28 29		2 621	
	29	Total deductions. Ad		<del>-</del>	lace deduction Subtract	t line of	) from line 12					2,621. 45,981.	
	30 31			come before net operating oss arising in tax years beg						30 31	<del>\</del> -	<del>-3,,001.</del>	
	32	•	-	come. Subtract line 31 from	•	y 1, 20	. 10 (300 matructions)		- [	32	_/	45,981.	
				vork Reduction Act Notice			,	<u> </u>	9		Form	990-T (2018)	

2018.06010 VALLEY CHILDREN'S HOSPITA 607100A1

Form 990-1		1294	<u> 4954</u>	Page 2
Part I	Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	$\neg \neg$	33	45,981.
34	Amounts paid for disallowed fringes	· •	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see Instructions)  STMT 4	.	35	45,981.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	·	-	
00	·	_	36	
^=	lines 33 and 34 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	<b>%</b>	37	1,000.
37		<i>u.</i> ‡	,3°	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			0.
(myseat)	enter the smaller of zero or line 36		38	
	<b>V</b> ≟∥[Tax Computation		T	
89 <b>'</b>	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	<b>P</b>	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	- 1		
	Tax rate schedule or Schedule D (Form 1041)		40	
41	Proxy tax. See instructions		41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income. See instructions		43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	<u> 1</u>	44	0.
Part )	Tax and Payments			
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b	Other credits (see instructions) 45b			
c	General business credit. Attach Form 3800			
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 45d			
e	Total credits. Add lines 45a through 45d		45e	
46			46	0.
47	Subtract line 45e from line 44  Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach solve)	(etube	47	
48	Total tax. Add lines 46 and 47 (see instructions)		48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
	Payments: A 2017 overpayment credited to 2018			
		$\neg \uparrow$		
	2010 doubleted and pagination			
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d			
	Backup withholding (see instructions)			
	Credit for small employer health Insurance premiums (attach Form 8941)	-		
g	Other credits, adjustments, and payments: Form 2439			
	Form 4136   Other   Total ▶   50g	—-		
51	Total payments. Add lines 50a through 50g		51	<del></del>
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		55	
Part \				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FINCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here >			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trus	t?		Х
	If "Yes," see instructions for other forms the organization may have to file.			
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my correct, And complete, Declaration of properer (other than texpayer) is based on all information of which preparer has any knowledge.	knowledg	ge and be	llef, it is true,
Sign	correct, and complete, Deckration of preparer (other train expanyer) is based on all shorthautori of which preparer has any knowledge.	Mar	u tha IDE	discuss this return with
Here				grants are terms with
	Signature of officer Date Title	inst	tructions):	X Yes No
	Print/Type preparer's name Preparer's signature Date Check	If	PTIN	
Dele	self- emj		1	
Paid	mpacy a pacita mpacy a pacita 109/12/201		PO	0366884
Prepa	Company by MOCG ADAMS TTD	IN ▶		-0189318
Use C	3121 W MARCH LN, STE 200			
		10. 21	09-9	55-6100
823711 01			<u> </u>	Form 990-T (2018)
,,,	·-			(~~. ~)

Page 3

Schedule A - Cost of Goods	s Sold. Enter	method of invent	tory v	aluation ► N/A					
1 Inventory at beginning of year	1	-		Inventory at end of year	ır		6		
2 Purchases	2		7	Cost of goods sold. Su	ubtract I	ine 6			
3 Cost of labor	3		1	from line 5. Enter here	and in F	Part I,			
4 a Additional section 263A costs			1	line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (1	with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5	•		the organization?					Х
Schedule C - Rent Income ( (see instructions)	From Real	Property and	Per	sonal Property L	ease	d With Real Prope	erty) 		
1. Description of property									
(1)									
(2)									
(3)						<u> </u>			
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	ersonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly coolumns 2(a) and	onnected with the inc 2(b) (attach schedule	ome in	
(1)									
(2)		·							
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column	· · · · · ·	ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Deb		Income (see	nstru	ctions)			-		
			2	. Gross income from		Deductions directly conne to debt-finance		)	
1. Description of debt-fin	nanced property			or allocable to debt- financed property (a) 9		Straight line depreciation (attach schedule)	(b) Other dec (attach scho		ŝ
(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	reportable (column (column 6		8. Allocable c (column 6 x tota 3(a) and	I of colu	
(1)				%					
(2)				%					
(3)				%					
(4)			<u> </u>	%					
						nter here and on page 1, Part I, line 7, column (A)	Enter here and o Part I, line 7, co		
Totals				▶		0.			0.
Total dividends-received deductions in	icluded in column	18							0.
							Form 9	90-T (	(2018)

Schedule F - Interest, A	-indicies	- Tioyan	ties, and		Controlled O			1011	S (see in:	struction	
Name of controlled organization		controlled organization 2. Employer identification number 3. Net ur (loss) (se		3. Net un (loss) (see	related income 4. Totale instructions) payn		ments made Included		ort of column 4 that is ded in the controlling zation's gross income		6. Deductions directly connected with income in column 5
(1)		•									
(2)											
(3)											
(4)								<u> </u>			<u></u>
Nonexempt Controlled Organi	zations										
7. Taxable Income		nrelated incom se instructions		9. Total	of specified payn made	nents	10 Part of colur in the controlli gross		nization's		eductions directly connected th income in column 10
(1)	<del> </del>	•	-								
(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)
Totals						▶			0.		0.
Schedule G - Investme (see insti		ne of a S	Section	501(c)(7 	'), (9), or ( <sup>·</sup>	17) Org	janization				
1. Desc	ription of incom	пе			2. Amount of	income	<ol> <li>Deduction directly conne (attach sched)</li> </ol>	cted	4. Set- (attach s	asıdes schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)									ļ		
(2)											
(3)											
(4)					ļ	]					
					Enter here and o Part I, line 9, col						Enter here and on page 1 Part I, line 9, column (B)
Totals				<u> </u>	<u> </u>	0.1					0.
Schedule I - Exploited (see instru	-	Activity	Income	, Other	Than Adv	ertisin	g Income				
1. Description of exploited activity	2 Gi unrelated income trade or b	business from	3. Exp directly co with pro- of unre business	onnected duction alated	4. Net incomfrom unrelated business (cominus column gain, compute through	trade or lumn 2 n 3) If a n cots 5	5. Gross inco from activity the is not unrelate business inco	hat ed	6. Exp attribut colui	able to	7 Excess exempt expenses (column 6 minus column 5, but not more then column 4)
(1)										•	
(2)											
(3)											
(4)	Enter here page 1, line 10, c	Part I, col (A)	Enter here page 1, line 10, c	Part I, col (B)							Enter here and on page 1, Part II, line 26
Totals	 	0.		0.							0.
Schedule J - Advertising Part I Income From I			nstruction		anlidatad	Donio	·				
Part I Income From I	Periodica	ais nepo	ortea on	———	Solidated	Dasis	·		Γ"		
1. Name of periodical		2. Gross advertising income		Direct rtising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5. Circulat income		6. Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											1
(3)					_						1
(4)							ļ				ļ
Totals (carry to Part II, line (5))	<b>•</b>	(	<u>.</u>	0							0.
											Form <b>990-T</b> (2018

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	<b>•</b>	0.	0.			7-7-	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 27
Totals, Part II (lines 1-5)	<b>•</b>	0.	0.				0.
Schedule K - Compe	nsatior	of Officers, D	Directors, and	Trustees (see in	structions)		
					3. Percer		ensation attributable

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

Form 990-T (2018)

FORM 990-T INCOM	E (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION		NET INCOME OR (LOSS)
DAVIDSON KEMPNER INSTITUTIONA BUSINESS INCOME (LOSS) INNOVATION INSTITUTE LLC - OR INNOVATION INSTITUTE LLC - NE	-601. -127,482. 79,651.	
TOTAL INCLUDED ON FORM 990-T,	-48,432.	
FORM 990-T	CONTRIBUTIONS	STATEMENT 2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS	N/A	10,375,155.
TOTAL TO FORM 990-T, PAGE 1,	LINE 20	10,375,155.

FORM 990-T CONTRI	BUTIONS SUMMARY		STATEMENT 3
QUALIFIED CONTRIBUTIONS SUBJECT	TO 100% LIMIT		
CARRYOVER OF PRIOR YEARS UNUSED FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017	CONTRIBUTIONS		
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUT	TIONS	10,375,155	
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJ	USTED	10,375,155 0	_
EXCESS 10% CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	_	10,375,155 0 10,375,155	_
ALLOWABLE CONTRIBUTIONS DEDUCTIO	N _		
TOTAL CONTRIBUTION DEDUCTION			0

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/01	11,013.	0.	11,013.	11,013.
09/30/02	54,388.	0.	54,388.	54,388.
09/30/03	1,113.	0.	1,113.	1,113.
09/30/04	99,962.	0.	99,962.	99,962.
09/30/05	96,865.	0.	96,865.	96,865.
09/30/06	67,381.	0.	67,381.	67,381.
09/30/07	7,300.	195.	7,105.	7,105.
09/30/08	117,702.	0.	117,702.	117,702.
09/30/09	21,421.	0.	21,421.	21,421.
09/30/10	313.	0.	313.	313.
NOL CARRYO	JER AVAILABLE THIS	YEAR	477,263.	477,263.

## 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

Name

Employer identification number

VALLEY CHILDREN'S		94-1294954			
■PartII Short-Term Capital Gai	ns and Losses (See	instructions.)			
See instructions for how to figure the amounts to enter on the lines below	(d) Proceeds	(e) Cost	(g) Adjustments to gai or loss from Form(s) 894	9,	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g	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					
1b Totals for all transactions reported on Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on Form(s) 8949 with Box B checked		_			
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked				4	
4 Short-term capital gain from installment sales	•			4	
5 Short-term capital gain or (loss) from like-kind				5	,
6 Unused capital loss carryover (attach computa	•			6	
7 Net short-term capital gain or (loss). Combin				7	l
Partill Long-Term Capital Gain	ns and Losses (See	instructions.)	<del></del>		<u> </u>
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gail or loss from Form(s) 894	9,	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column (g	ı) 	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					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked		I	1	11	97,034.
11 Enter gain from Form 4797, line 7 or 9	from Form 6050 June 06 or 0	17		12	37,034.
12 Long-term capital gain from installment sales	•	) <b>(</b>		_	
13 Long-term capital gain or (loss) from like-kind	i exchanges from Form 8824			13	
14 Capital gain distributions		1		14	97,034.
15 Net long-term capital gain or (loss) Combine Part IIII Summary of Parts I and		ın n		15	97,034.
16 Enter excess of net short-term capital gain (lir	e 7) over net long-term capit	al loss (line 15)		16	-
17 Net capital gain. Enter excess of net long-term	17	97,034.			
18 Add lines 16 and 17. Enter here and on Form		· · · · · · · · · · · · · · · · · · ·	,	18	97,034.
Note: If losses exceed gains, see Capital losse					•

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

Schedule D (Form 1120) 2018

JWA