

1706

Form 990-T

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

OMB No 1545-0687

For calendar year 2016 or other tax year beginning JUL 1, 2016, and ending JUN 30, 2017

2016

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

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990t

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Form header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets; D Employer identification number; E Unrelated business activity codes.

F Group exemption number; G Check organization type (501(c) corporation, 501(c) trust, 401(a) trust, Other trust)

H Describe the organization's primary unrelated business activity. REFERENCE LAB, RENTAL INCOME, & INVESTMENT PARTNERSHIPS

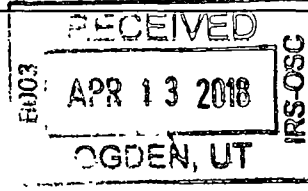
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of Laura C. Nixon Telephone number 513-803-1106

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a-4c Capital gain net income, 5 Income (loss) from partnerships, 6 Rent income, 7 Unrelated debt-financed income, 8-10 Interest, annuities, royalties, and rents, 11 Advertising income, 12 Other income, 13 Total.

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

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees; 15 Salaries and wages; 16 Repairs and maintenance; 17 Bad debts; 18 Interest; 19 Taxes and licenses; 20 Charitable contributions; 21 Depreciation; 22 Less depreciation claimed; 23 Depletion; 24-27 Contributions to deferred compensation plans, Employee benefit programs, Excess exempt expenses, Excess readership costs; 28 Other deductions; 29 Total deductions; 30 Unrelated business taxable income before net operating loss deduction; 31 Net operating loss deduction; 32 Unrelated business taxable income before specific deduction; 33 Specific deduction; 34 Unrelated business taxable income.



SCANNED MAY 11 2018

Handwritten numbers 24 and 39

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input checked="" type="checkbox"/> See instructions and:			
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):			
(1)	\$ 50,000.	(2)	\$ 25,000.
(3)	\$ 9,925,000.		
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)		\$ 11,750.	
(2) Additional 3% tax (not more than \$100,000)		\$	
c Income tax on the amount on line 34		See Statement 6	35c 835,591.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from:			36
<input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)			
<b>37 Proxy tax.</b> See instructions			37
<b>38 Alternative minimum tax</b>			38
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions			39
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40 835,591.

**Part IV Tax and Payments**

<b>41a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a		
<b>b</b> Other credits (see instructions)	41b		
<b>c</b> General business credit. Attach Form 3800	41c		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	131,327.	
<b>e Total credits.</b> Add lines 41a through 41d	41e		131,327.
<b>42</b> Subtract line 41e from line 40	42		704,264.
<b>43</b> 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)	43		
<b>44 Total tax.</b> Add lines 42 and 43	44		704,264.
<b>45a</b> Payments: A 2015 overpayment credited to 2016	45a	1,628,893.	
<b>b</b> 2016 estimated tax payments	45b	710,000.	
<b>c</b> Tax deposited with Form 8868	45c		
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	45d		
<b>e</b> Backup withholding (see instructions)	45e		
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	45f		
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	45g		
<b>46 Total payments.</b> Add lines 45a through 45g	46		2,338,893.
<b>47</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/>	47		
<b>48 Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed	48		
<b>49 Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49		1,634,629.
<b>50</b> Enter the amount of line 49 you want: <b>Credited to 2017 estimated tax</b> 1,634,629. <b>Refunded</b>	50		0.

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

<b>51</b> At any time during the 2016 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 <u>Bermuda</u>	Yes	No
	X	
<b>52</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year <u>\$</u>		

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

**Sign Here**  
 Signature of officer: Matt M... Date: 11/13/2018 Title: Senior VP & CFO  
 May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**  
 Print/Type preparer's name: Alicia Janisch Preparer's signature: Alicia Janisch Date: 4/3/18 Check  if self-employed PTIN: P00741382  
 Firm's name: Deloitte Tax LLP Firm's EIN: 86-1065772  
 Firm's address: 200 Renaissance Center, Suite 3900 Phone no.: (313) 396-3000  
Detroit, MI 49243

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

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

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

1. Description of property

- (1) Office Building - Bethesda
- (2) Cell Phone Tower - Liberty and NCH
- (3) US Bank Lease
- (4)

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) See Statement 7
(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)	
(1)	175,151.	177,304.
(2)	33,743.	
(3)	16,584.	1,346.
(4)		
Total	0.	Total 225,478.
(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)
		225,478.
		178,650.

**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 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b>			0.	0.
<b>Total dividends-received deductions</b> included in column 8				0.

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

Exempt Controlled Organizations					
1. Name of controlled organization	2. Employer identification number	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)
<b>Totals</b>			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)
<b>Totals</b>		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 26
<b>Totals</b>		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)						
<b>Totals (carry to Part II, line (5))</b>		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)						
<b>Totals from Part I</b>	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b>	Enter here and on page 1, Part I, line 11, col (A) 0.	Enter here and on page 1, Part I, line 11, col (B) 0.				Enter here and on page 1, Part II, line 27 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)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14			0.

**Alternative Minimum Tax - Corporations**

▶ Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at [www.irs.gov/form4626](http://www.irs.gov/form4626).

**2016**

Name **Children's Hospital Medical Center** Employer identification number **31-0833936**

**Note:** See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

<b>1</b>	Taxable income or (loss) before net operating loss deduction	<b>1</b>	2,858,606.
<b>2</b>	<b>Adjustments and preferences:</b>		
<b>a</b>	Depreciation of post-1986 property	<b>2a</b>	-172.
<b>b</b>	Amortization of certified pollution control facilities	<b>2b</b>	
<b>c</b>	Amortization of mining exploration and development costs	<b>2c</b>	
<b>d</b>	Amortization of circulation expenditures (personal holding companies only)	<b>2d</b>	
<b>e</b>	Adjusted gain or loss	<b>2e</b>	
<b>f</b>	Long-term contracts	<b>2f</b>	
<b>g</b>	Merchant marine capital construction funds	<b>2g</b>	
<b>h</b>	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	<b>2h</b>	
<b>i</b>	Tax shelter farm activities (personal service corporations only)	<b>2i</b>	
<b>j</b>	Passive activities (closely held corporations and personal service corporations only)	<b>2j</b>	
<b>k</b>	Loss limitations	<b>2k</b>	
<b>l</b>	Depletion	<b>2l</b>	
<b>m</b>	Tax-exempt interest income from specified private activity bonds	<b>2m</b>	
<b>n</b>	Intangible drilling costs	<b>2n</b>	6,080.
<b>o</b>	Other adjustments and preferences	<b>2o</b>	48,939.
<b>3</b>	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	<b>3</b>	2,913,453.
<b>4</b>	<b>Adjusted current earnings (ACE) adjustment:</b>		
<b>a</b>	ACE from line 10 of the ACE worksheet in the instructions	<b>4a</b>	2,913,453.
<b>b</b>	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	<b>4b</b>	0.
<b>c</b>	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	<b>4c</b>	
<b>d</b>	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. <b>Note:</b> You <b>must</b> enter an amount on line 4d (even if line 4b is positive)	<b>4d</b>	
<b>e</b>	ACE adjustment. <ul style="list-style-type: none"> <li>If line 4b is zero or more, enter the amount from line 4c</li> <li>If line 4b is less than zero, enter the <b>smaller</b> of line 4c or line 4d as a negative amount</li> </ul>	<b>4e</b>	0.
<b>5</b>	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	<b>5</b>	2,913,453.
<b>6</b>	Alternative tax net operating loss deduction. See instructions	<b>6</b>	896,282.
<b>7</b>	<b>Alternative minimum taxable income.</b> Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	<b>7</b>	2,017,171.
<b>8</b>	<b>Exemption phase-out</b> (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
<b>a</b>	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	<b>8a</b>	
<b>b</b>	Multiply line 8a by 25% (0.25)	<b>8b</b>	
<b>c</b>	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	<b>8c</b>	0.
<b>9</b>	Subtract line 8c from line 7. If zero or less, enter -0-	<b>9</b>	2,017,171.
<b>10</b>	Multiply line 9 by 20% (0.20)	<b>10</b>	403,434.
<b>11</b>	Alternative minimum tax foreign tax credit (AMTFTC). See instructions	<b>11</b>	
<b>12</b>	Tentative minimum tax. Subtract line 11 from line 10	<b>12</b>	403,434.
<b>13</b>	Regular tax liability before applying all credits except the foreign tax credit	<b>13</b>	835,591.
<b>14</b>	<b>Alternative minimum tax.</b> Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	<b>14</b>	0.

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form **4626** (2016)

\* See also Statement 8  
Statement 9

Form 990-T

Other Income

Statement 1

Description	Amount
Drug Poison Information Center	8,290,154.
Radiology Reads on External Tests	535,451.
Telemedicine (External)	158,509.
Rheumatology (External)	363,432.
Pathology (External)	1,715,803.
Nephrology (External)	263,328.
Project Search (External)	1,168,946.
Seven Hills Bioreagents (External)	137,325.
Background Checks (External)	12,885.
Interpreters	97,887.
Pharmacometric Services	271,665.
NMC Collaboration	136,700.
Total to Form 990-T, Page 1, line 12	13,152,085.

Children's Hospital Medical Center

31-0833936

Form 990-T

Contributions

Statement 2

Description/Kind of Property

Method Used to Determine FMV

Amount

Contributions

N/A

2,044,160.

Total to Form 990-T, Page 1, line 20

2,044,160.



Form 990-T

Other Deductions

Statement 3

Description	Amount
Simulation Center Expenses	46,200.
Miscellaneous Lab Sales Expenses	72,527.
HEMONC Deductions and Expenses	2,138,506.
Test Referrals Deductions and Expenses	12,665,620.
Human Genetics Expenses	7,138,261.
Nephrology and Hypertension Expenses	185,075.
Heart Institute Expenses	83,644.
Share Facilities Expenses	2,283,938.
Mass Spectrometry Expenses	754,827.
Tax Preparation Fees	5,850.
Drug Poison Information Center	8,729,851.
Radiology Reads on External Tests	481,108.
Telemedicine (External)	85,399.
Rheumatology (External)	172,757.
Pathology (External)	933,345.
Nephrology (External)	252,846.
CRC Deductions and Expenses	18,276.
Rheumatology Deductions and Expenses	40.
Endocrinology	201.
Project Search (External)	1,364,926.
Seven Hills Bioreagents (External)	142,218.
Background Checks (External)	7,014.
Interpreters	55,739.
Pharmacometric Services	45,591.
NMC Collaboration	78,436.
Total to Form 990-T, Page 1, line 28	<u>37,742,195.</u>

Form 990-T

Contributions Summary

Statement 4

Qualified Contributions Subject to 100% Limit

Carryover of Prior Years Unused Contributions

For Tax Year 2011	
For Tax Year 2012	175,357
For Tax Year 2013	369,498
For Tax Year 2014	26,277
For Tax Year 2015	1,744,363

Total Carryover	2,315,495
Total Current Year 10% Contributions	2,044,160

Total Contributions Available	4,359,655
Taxable Income Limitation as Adjusted	273,069

Excess 10% Contributions	4,086,586
Excess 100% Contributions	0
Total Excess Contributions	4,086,586

Allowable Contributions Deduction	273,069
-----------------------------------	---------

Total Contribution Deduction	273,069
------------------------------	---------

Form 990-T

Income (Loss) from Partnerships

Statement 5

Partnership Name	Gross Income	Deductions	Net Income or (Loss)
Airway Therapeutics, LLC	-1,126,232.	0.	-1,126,232.
Ausio Pharmaceuticals - 6/30/15	-107,353.	0.	-107,353.
Cincinnati Cornerstone Inv	-67,904.	0.	-67,904.
Cincytech 2013 Follow-on Fund I LLC	-14,250.	0.	-14,250.
Cincytech Fund I, LLC	-28,264.	0.	-28,264.
Cincytech Fund II, LLC	-48,371.	0.	-48,371.
Cincytech Fund III, LLC	-20,232.	0.	-20,232.
Cincytech Fund IV, LLC	-494.	0.	-494.
Cintrifuse	-1,541.	0.	-1,541.
Enable Injections, LLC	-1,175,250.	0.	-1,175,250.
Fort Washington Private Equity			
Investors VII, LP	41,011.	39,495.	1,516.
Growthbridge	-2,485.	0.	-2,485.
Spineform, LLC	-35,111.	0.	-35,111.
Tri-State Growth Capital Fund I, LP	-34.	0.	-34.
Tri-State Growth Capital Fund II, LP	4,297.	0.	4,297.
Child Health Investment I, LLC	-236.	0.	-236.
Child Health Investment II, LLC	-288.	0.	-288.
<b>Total to Form 990-T, Page 1, line 5</b>	<b>-2,582,737.</b>	<b>39,495.</b>	<b>-2,622,232.</b>

Form 990-T	Tax Computation	Statement 6
1. Taxable Income . . . . .	2,457,622	
2. Lesser of Line 1 or First Bracket Amount .	50,000	
3. Line 1 Less Line 2 . . . . .	2,407,622	
4. Lesser of Line 3 or Second Bracket Amount .	25,000	
5. Line 3 Less Line 4 . . . . .	2,382,622	
6. Income Subject to 34% Tax Rate . . . . .	2,382,622	
7. Income Subject to 35% Tax Rate . . . . .	0	
8. 15 Percent of Line 2 . . . . .	7,500	
9. 25 Percent of Line 4 . . . . .	6,250	
10. 34 Percent of Line 6 . . . . .	810,091	
11. 35 Percent of Line 7 . . . . .	0	
12. Additional 5% Surtax. . . . .	11,750	
13. Additional 3% Surtax . . . . .	0	
14. Total of lines 8 through 13 to Form 990-T, Page 2, Line 35c		<u>835,591</u>

Form 990-T                      Deductions Connected with Rental Income                      Statement 7

<u>Description</u>	<u>Activity Number</u>	<u>Amount</u>	<u>Total</u>
Utilities, Housekeeping, Interest Expense and Depreciation		177,304.	
- SubTotal -	1		177,304.
Depreciation and Utilities		1,346.	
- SubTotal -	3		1,346.
Total to Form 990-T, Schedule C, Column 3			178,650.

Form 4626	AMT Contribution Limitation	Statement 8
1) Regular taxable income before NOL, charitable contributions, and Domestic Production Activities Deduction (DPAD) . . . .		3,131,675
2) Add: Other AMT adjustment and preference items other than ACE, charitable contributions and DPAD . . . .		5,908
3) Preadjustment AMTI before ACE, charitable deductions, NOL and DPAD . . . . .		3,137,583
4) ACE adjustment items . . . . .		
5) ACE without charitable contributions (line 3 plus line 4). .		3,137,583
6) Line 5 less line 3 (enter excess as a negative amount) . . .		
7) Multiply line 6 by 75%. Enter result as a positive amount .		
8) Enter excess of the corporation's prior year net increases in AMTI due to ACE . . . . .		
9) ACE adjustment: If line 6 is positive or zero enter the amount from line 7 here as a positive amount If line 6 is negative, enter the smaller of line 7 or line 8 here as a negative amount . . . . .		
10) AMTI without charitable contributions, NOL and DPAD (line 3 plus line 9) . . . . .		3,137,583
11) Contribution limitation to calculate 90% AMTI limitation for NOL . . . . .(line 10 plus special deductions not previously included in the ACE adjustment on line 9 above, multiplied by 10%). . . . .		313,758
12) Total available contributions . . . . .		5,187,251
13) Contribution deduction to calculate 90% AMTI limitation for NOL (lesser of line 11 or line 12) . . . . .		313,758
14) AMTI for purposes of 90% NOL Limitation (line 10 less line 13) . . . . .		2,823,825
15) NOL limitation (90% of line 14). . . . .		2,541,443
16) Total NOL available . . . . .		896,282
17) AMT NOL (lesser of line 15 or line 16) . . . . .		896,282
18) AMTI for charitable deduction limitation (line 10 plus special deductions less AMT NOL on line 17) . . . .		2,241,301
19) 10% of line 18 . . . . .		224,130
20) AMT charitable deduction (lesser of Line 12 or line 19) . .		224,130
21) Regular contribution deduction . . . . .		273,069
22) AMT contribution adjustment (line 21 less line 20) . . . .		48,939