

Form 990-T

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

OMB No 1545-0687

For calendar year 2017 or other tax year beginning JUL 1, 2017 and ending JUN 30, 2018

2017

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

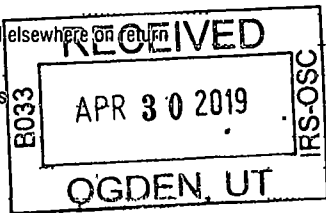
Open to Public Inspection for 501(c)(3) Organizations Only

Form 990-T header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity codes; F Group exemption number; G Check organization type.

Form 990-T middle section including: H Describe the organization's primary unrelated business activity; I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?; J The books are in care of Carolyn Karageorges Telephone number 513-636-1611.

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales 30,828,414; 2 Cost of goods sold; 3 Gross profit; 4a Capital gain net income; 5 Income (loss) from partnerships and S corporations; 6 Rent income; 7 Unrelated debt-financed income; 8 Interest, annuities, royalties, and rents; 9 Investment income; 10 Exploited exempt activity income; 11 Advertising income; 12 Other income; 13 Total. Combine lines 3 through 12.

Table with 4 columns: Description, (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 on Schedule A and elsewhere on return; 23 Depletion; 24 Contributions to deferred compensation plans; 25 Employee benefit programs; 26 Excess exempt expenses; 27 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.



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Part III Tax Computation

35 Organizations Taxable as Corporations: See instructions for tax computation.
 Controlled group members (sections 1561 and 1563) check here 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 7 **35c** 1,502,555.
 36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
 Tax rate schedule or Schedule D (Form 1041) **36**
 37 Proxy tax. See instructions **37**
 38 Alternative minimum tax **38**
 39 Tax on Non-Compliant Facility Income. See instructions **39**
 40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies **40** 1,502,555.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a
 b Other credits (see instructions) 41b
 c General business credit. Attach Form 3800 41c
 d Credit for prior year minimum tax (attach Form 8801 or 8827) 41d
 e Total credits. Add lines 41a through 41d 41e
 42 Subtract line 41e from line 40 **42** 1,502,555.
 43 Other taxes. Check if from Form 4255 Form 86-11 Form 8697 Form 8866 Other (attach schedule) **43**
 44 Total tax. Add lines 42 and 43 **44** 1,502,555.
 45a Payments: A 2016 overpayment credited to 2017 45a 1,634,629.
 b 2017 estimated tax payments. **50a** 45b 700,000.
 c Tax deposited with Form 8868 45c
 d Foreign organizations: Tax paid or withheld at source (see instructions) 45d
 e Backup withholding (see instructions) 45e
 f Credit for small employer health insurance premiums (Attach Form 8941) 45f
 g Other credits and payments: Form 2439 Other **50b** Total **45g**
 46 Total payments. Add lines 45a through 45g **46** 2,334,629.
 47 Estimated tax penalty (see instructions). Check if Form 2220 is attached **47**
 48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed **48**
 49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid **49** 832,074.
 50 Enter the amount of line 49 you want Credited to 2018 estimated tax **50** 832,074. Refunded 0.

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

51 At any time during the 2017 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 Bermuda Yes No
 52 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
 53 Enter the amount of tax-exempt interest received or accrued during the tax year **53** \$

Sign Here 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 [Signature] Date 4/11/19 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 [Signature] Date 4/12/19 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
 Firm's address 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		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes
b Other costs (attach schedule)	4b				No
5 Total. Add lines 1 through 4b	5				

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

(see instructions)

1. Description of property

(1) US Bank Lease	
(2) Office Building - Bethesda	
(3) Cell Phone Tower - Liberty and NCH	
(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 8
(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)	16,584.	1,324.
(2)	175,151.	165,903.
(3)	37,186.	
(4)		
Total	0. Total 228,921.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶	228,921.
(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶	167,227.

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)		%		
		▶	Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			0.	0.
Total dividends-received deductions 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)	
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 26
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.

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.

Alternative Minimum Tax - Corporations

▶ Attach to the corporation's tax return.
 ▶ Go to www.irs.gov/Form4626 for instructions and the latest information.

2017

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).		
1 Taxable income or (loss) before net operating loss deduction	1	5,453,243.
2 Adjustments and preferences:		
a Depreciation of post-1986 property	2a	
b Amortization of certified pollution control facilities	2b	
c Amortization of mining exploration and development costs	2c	
d Amortization of circulation expenditures (personal holding companies only)	2d	
e Adjusted gain or loss -	2e	
f Long-term contracts	2f	
g Merchant marine capital construction funds	2g	
h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h	
i Tax shelter farm activities (personal service corporations only)	2i	
j Passive activities (closely held corporations and personal service corporations only)	2j	
k Loss limitations	2k	
l Depletion	2l	18,173.
m Tax-exempt interest income from specified private activity bonds	2m	
n Intangible drilling costs	2n	
o Other adjustments and preferences	2o	-1,817.
3 Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o		3 5,469,599.
4 Adjusted current earnings (ACE) adjustment:		
a ACE from line 10 of the ACE worksheet in the instructions	4a	5,469,599.
b Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	4b	0.
c Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c	
d 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. Note: You must enter an amount on line 4d (even if line 4b is positive)	4d	
e ACE adjustment	4e	0.
<ul style="list-style-type: none"> • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount 		
5 Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	5	5,469,599.
6 Alternative tax net operating loss deduction. See instructions	6	
7 Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	7	5,469,599.
8 Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
a 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-	8a	
b Multiply line 8a by 25% (0.25)	8b	
c 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-	8c	0.
9 Subtract line 8c from line 7. If zero or less, enter -0-	9	5,469,599.
10 Multiply line 9 by 20% (0.20)	10	1,093,920.
11 Alternative minimum tax foreign tax credit (AMTFTC). See instructions	11	
12 Tentative minimum tax. Subtract line 11 from line 10	12	551,456.
13 Regular tax liability before applying all credits except the foreign tax credit	13	1,502,555.
14 Alternative minimum tax. 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	14	0.

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2017)

* See also

See Statement 9

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions.

1	Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626		1	5,469,599.
2	ACE depreciation adjustment:			
a	AMT depreciation	2a		
b	ACE depreciation:			
(1)	Post-1993 property	2b(1)		
(2)	Post-1989, pre-1994 property	2b(2)		
(3)	Pre-1990 MACRS property	2b(3)		
(4)	Pre-1990 original ACRS property	2b(4)		
(5)	Property described in sections 168(f)(1) through (4)	2b(5)		
(6)	Other property	2b(6)		
(7)	Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7)		
c	ACE depreciation adjustment. Subtract line 2b(7) from line 2a		2c	
3	Inclusion in ACE of items included in earnings and profits (E&P):			
a	Tax-exempt interest income	3a		
b	Death benefits from life insurance contracts	3b		
c	All other distributions from life insurance contracts (including surrenders)	3c		
d	Inside buildup of undistributed income in life insurance contracts	3d		
e	Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e		
f	Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e		3f	
4	Disallowance of items not deductible from E&P:			
a	Certain dividends received	4a		
b	Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P.L. 113-295, Div. A, section 221(a)(1)(A), Dec. 19, 2014, 128 Stat. 4043)	4b		
c	Dividends paid to an ESOP that are deductible under section 404(k)	4c		
d	Nonpatronage dividends that are paid and deductible under section 1382(c)	4d		
e	Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	4e		
f	Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e		4f	
5	Other adjustments based on rules for figuring E&P:			
a	Intangible drilling costs	5a		
b	Circulation expenditures	5b		
c	Organizational expenditures	5c		
d	LIFO inventory adjustments	5d		
e	Installment sales	5e		
f	Total other E&P adjustments. Combine lines 5a through 5e		5f	
6	Disallowance of loss on exchange of debt pools		6	
7	Acquisition expenses of life insurance companies for qualified foreign contracts		7	
8	Depletion		8	
9	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property		9	
10	Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626		10	5,469,599.

Form 990-T	Description of Organization's Primary Unrelated Business Activity	Statement	1
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Reference Lab, Rental Income, Investment Partnerships & Transportation Fringe Benefit

To Form 990-T, Page 1

Form 990-T	Other Income	Statement	2
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Description	Amount
Radiology Reads on External Tests	506,708.
Telemedicine	161,175.
PRCSG Study	464,021.
Pathology	2,191,765.
Nephrology	263,535.
Project Search	945,904.
Seven Hills Bioreagents	104,094.
Background Checks	13,074.
NICU Solutions Agreement	1,627.
Pharmacometric Services	458,216.
NMC Collaboration	154,478.
Interpreters	241,941.
Novartis	233,748.
Sports Medicine DNA Program	1,600.
Disallowed Transportation Fringe Benefits	1,632,391.
Total to Form 990-T, Page 1, line 12	7,374,277.

Form 990-T	Contributions	Statement	3
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Description/Kind of Property	Method Used to Determine FMV	Amount
Contributions	N/A	2,763,448.
Total to Form 990-T, Page 1, line 20		2,763,448.

Form 990-T	Other Deductions	Statement 4
Description	Amount	
Simulation Center Expenses		47,694.
Miscellaneous Lab Sales Expenses		95,264.
HEMONC Deductions and Expenses		1,908,829.
Test Referrals Deductions and Expenses		12,480,141.
Human Genetics Expenses		6,560,530.
Nephrology and Hypertension Expenses		173,736.
Heart Institute Expenses		122,134.
Share Facilities Expenses		3,990,930.
Mass Spectrometry Expenses		405,691.
Tax Preparation Fees		7,700.
Radiology Reads on External Tests		444,731.
Telemedicine (External)		86,189.
Rheumatology (External)		274,447.
Pathology (External)		1,120,240.
Nephrology (External)		263,535.
CRC Deductions and Expenses		13,947.
Endocrinology		144.
Project Search (External)		1,324,892.
Seven Hills Bioreagents (External)		106,651.
Background Checks (External)		7,062.
Interpreters		129,939.
Pharmacometric Services		274,934.
NMC Collaboration		82,727.
Experimental Heme		165.
Novartis (External)		162,940.
Sports Medicine DNA Program (External)		1,038.
Total to Form 990-T, Page 1, line 28		30,086,230.

Form 990-T	Contributions Summary	Statement	5
Qualified Contributions Subject to 100% Limit			
Carryover of Prior Years Unused Contributions			
For Tax Year 2012			
For Tax Year 2013	271,786		
For Tax Year 2014	26,277		
For Tax Year 2015	1,744,363		
For Tax Year 2016	2,044,160		
Total Carryover		4,086,586	
Total Current Year 10% Contributions		2,763,448	
Total Contributions Available		6,850,034	
Taxable Income Limitation as Adjusted		605,916	
Excess 10% Contributions		6,244,118	
Excess 100% Contributions		0	
Total Excess Contributions		6,244,118	
Allowable Contributions Deduction			605,916
Total Contribution Deduction			605,916

Form 990-T	Income (Loss) from Partnerships		Statement 6
Partnership Name	Gross Income	Deductions	Net Income or (Loss)
Airway Therapeutics LLC	-1,753,292.	0.	-1,753,292.
Ausio Pharmaceutical	-109,231.	0.	-109,231.
Child Health Investment I	-458.	0.	-458.
Child Health Investment II	-403.	0.	-403.
Cincy Tech Fund I	-14,518.	0.	-14,518.
Cincytech Fund I followon LLC	-13,175.	0.	-13,175.
Cincy Tech Fund II	-7,740.	0.	-7,740.
Cincy Tech Fund III	-7,842.	0.	-7,842.
Cincy Tech Fund IV	-48,783.	0.	-48,783.
Cintrifuse	-2,116.	0.	-2,116.
Fort Washington Private Equity Investors VII	18,657.	52,751.	-34,094.
Growthbridge	279.	0.	279.
Tri-State Growth Capital Fund I	-20,297.	0.	-20,297.
Tri-State Growth Capital Fund II	-106,326.	0.	-106,326.
Total to Form 990-T, Page 1, line 5	-2,065,245.	52,751.	-2,117,996.

Form 990-T	Line 35c Tax Computation	Statement	7
1.	Taxable Income	5,453,243	
2.	Lesser of Line 1 or First Bracket Amount . .	50,000	
3.	Line 1 Less Line 2	5,403,243	
4.	Lesser of Line 3 or Second Bracket Amount . .	25,000	
5.	Line 3 Less Line 4	5,378,243	
6.	Income Subject to 34% Tax Rate	5,378,243	
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	1,828,603	
11.	35 Percent of Line 7	0	
12.	Additional 5% Surtax	11,750	
13.	Additional 3% Surtax	0	
14.	Total Income Tax		<u>1,854,103</u>
15.	Tax at 21% Rate effective after 12/31/2017	<u>1,145,181</u>	
	Days		
16.	Tax Prorated for Number of Days in 2017 184	934,671	
17.	Tax Prorated for Number of Days in 2018 181	567,884	
18.	Total Tax Prorated	<u>365</u>	<u>1,502,555</u>

Form 990-T Deductions Connected with Rental Income Statement 8

Description	Activity Number	Amount	Total
Depreciation and Utilities		1,324.	
- SubTotal -	1		1,324.
Utilities, Housekeeping, Interest Expense and Depreciation		165,903.	
- SubTotal -	2		165,903.
Total to Form 990-T, Schedule C, Column 3			167,227.

Form 4626	AMT Contributions	Statement	9
Carryover of Prior Years Unused Contributions			
For Tax Year 2012			
For Tax Year 2013	320,725		
For Tax Year 2014	429,857		
For Tax Year 2015	2,141,379		
For Tax Year 2016	2,044,160		
Total Carryover		4,936,121	
Current Year Contributions		2,763,448	
Total Contributions		7,699,569	
10% of Taxable Income as Adjusted		607,733	
Excess Contributions		7,091,836	
Allowable Contributions		607,733	
AMT charitable deduction		607,733	
Regular contribution deduction		605,916	
AMT contribution adjustment		-1,817	

Form 4626	Other AMT Adjustments	Statement 10
<u>Description</u>		<u>Amount</u>
Charitable Contributions		-1,817.
Total to Form 4626, Line 2o		-1,817.

Name Children's Hospital Medical Center		Employer identification number 31-0833936
1	Alternative minimum tax (AMT) for 2016. Enter the amount from line 14 of the 2016 Form 4626	
2	Minimum tax credit carryforward from 2016. Enter the amount from line 9 of the 2016 Form 8827	
3	Enter any 2016 unallowed qualified electric vehicle credit (see instructions)	
4	Add lines 1, 2, and 3	
5	Enter the corporation's 2017 regular income tax liability minus allowable tax credits (see instructions)	1,502,555.
6	Is the corporation a "small corporation" exempt from the AMT for 2017 (see instructions)? • Yes. Enter 25% of the excess of line 5 over \$25,000. If line 5 is \$25,000 or less, enter -0- • No. Complete Form 4626 for 2017 and enter the tentative minimum tax from line 12	551,456.
7a	Subtract line 6 from line 5. If zero or less, enter -0-	951,099.
7b	b For a corporation electing to accelerate the minimum tax credit, enter the bonus depreciation amount attributable to the minimum tax credit (see instructions)	
7c	c Add lines 7a and 7b	951,099.
8a	8a Enter the smaller of line 4 or line 7c. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions	
8b	b Current year minimum tax credit. Enter the smaller of line 4 or line 7a here and on Form 1120, Schedule J, Part I, line 5d (or the applicable line of your return). If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions. If you made an entry on line 7b, go to line 8c. Otherwise, skip line 8c	
8c	c Subtract line 8b from line 8a. This is the refundable amount for a corporation electing to accelerate the minimum tax credit. Include this amount on Form 1120, Schedule J, Part II, line 19c (or the applicable line of your return)	
9	9 Minimum tax credit carryforward to 2018. Subtract line 8a from line 4. Keep a record of this amount to carry forward and use in future years	