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AMENDED RETURN - SECTION 512(a)(7) REPEAL
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

Form **990-T**

OMB No 1545-0687

2017

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

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).

Department of the Treasury
Internal Revenue Service

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

A Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 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 Hospital Medical Center	D Employer identification number (Employees' trust, see instructions) 31-0833936
		Number, street, and room or suite no. If a P.O. box, see instructions. 3333 Burnet Avenue	E Unrelated business activity codes (See instructions) 621500 531120
		City or town, state or province, country, and ZIP or foreign postal code Cincinnati, OH 45229-3039	

C Book value of all assets at end of year: **5,711,861,189.**

F Group exemption number (See instructions.)

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**

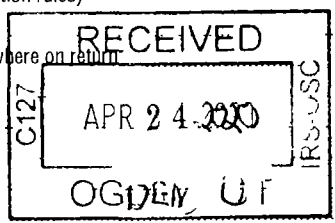
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? **Yes** **No**
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **Carolyn Karageorges** Telephone number **513-636-1611**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 30,828,414.			
b	Less returns and allowances			
c	Balance	30,828,414.		
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit Subtract line 2 from line 1c	30,828,414.		30,828,414.
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
4c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)	-2,117,996.		-2,117,996.
6	Rent income (Schedule C)	228,921.	167,227.	61,694.
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule) Statement 1	5,741,886.		5,741,886.
13	Total. Combine lines 3 through 12	34,681,225.	167,227.	34,513,998.

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)

14	Compensation of officers, directors, and trustees (Schedule K)			
15	Salaries and wages			
16	Repairs and maintenance			
17	Bad debts			
18	Interest (attach schedule)			
19	Taxes and licenses			
20	Charitable contributions (See instructions for limitation rules) Statement 4			442,677.
21	Depreciation (attach Form 4562)			
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 (Schedule I)			
27	Excess readership costs (Schedule J)			
28	Other deductions (attach schedule) See Statement 3			
29	Total deductions. Add lines 14 through 28			30,086,230.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			3,985,091.
31	Net operating loss deduction (limited to the amount on line 30)			
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			3,985,091.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)			1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			3,984,091.



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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 <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	1,097,753.
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	1,097,753.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a		41e	
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				
42 Subtract line 41e from line 40	42	1,097,753.		
43 Other taxes. Check if from: Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43			
44 Total tax. Add lines 42 and 43	44	1,097,753.		
45a Payments: A 2016 overpayment credited to 2017	45a	1,634,629.	46	2,334,629.
b 2017 estimated tax payments	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 _____ Total <input type="checkbox"/> Form 4136 _____ Other _____	45g			
46 Total payments. Add lines 45a through 45g	46			
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/>	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	1,236,876.		
50 Enter the amount of line 49 you want: Credited to 2018 estimated tax <input type="checkbox"/> 1,236,876. <input checked="" type="checkbox"/> Refunded	50	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 <input checked="" type="checkbox"/> 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.		<input checked="" type="checkbox"/>
53 Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$		

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.

Matthew W. VanRoggeveen | 4/9/20 | VP, Chief Accounting Officer

Signature of officer Date Title

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	Alicia Janish	<i>Alicia Janish</i>	3/31/2020	<input type="checkbox"/>	P00741382
	Firm's name <input checked="" type="checkbox"/> Deloitte Tax LLP	Firm's EIN <input checked="" type="checkbox"/> 86-1065772			
	200 Renaissance Center, Suite 3900			Phone no. (313) 396-3000	
Firm's address <input checked="" type="checkbox"/> 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		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b					
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)
(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)	See Statement 7
(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)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)
		228,921. 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)		%		
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)				
Totals			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)				
Totals		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)						
Totals		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)	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)		%	
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	3,984,091.
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	4,000,447.
4 Adjusted current earnings (ACE) adjustment:		
a ACE from line 10 of the ACE worksheet in the instructions	4a	4,000,447.
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.
• 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	4,000,447.
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	4,000,447.
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	4,000,447.
10 Multiply line 9 by 20% (0.20)	10	800,089.
11 Alternative minimum tax foreign tax credit (AMTFTC). See instructions	11	
12 Tentative minimum tax. Subtract line 11 from line 10	12	403,333.
13 Regular tax liability before applying all credits except the foreign tax credit	13	1,097,753.
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

Statement 8

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions.

1 Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626			1	4,000,447.
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)(4)(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	4,000,447.

Form 990-T

Other Income

Statement 1

<u>Description</u>	<u>Amount</u>
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.
Total to Form 990-T, Page 1, line 12	5,741,886.

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

2,763,448.

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

2,763,448.

Form 990-T

Other Deductions

Statement 3

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 4
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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	442,677

Excess 10% Contributions	6,407,357
Excess 100% Contributions	0
Total Excess Contributions	6,407,357

Allowable Contributions Deduction	442,677
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Total Contribution Deduction	442,677
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Form 990-T	Line 35c Tax Computation	Statement 6
1. Taxable Income	3,984,091	
2. Lesser of Line 1 or First Bracket Amount . .	50,000	
3. Line 1 Less Line 2	3,934,091	
4. Lesser of Line 3 or Second Bracket Amount . .	25,000	
5. Line 3 Less Line 4	3,909,091	
6. Income Subject to 34% Tax Rate	3,909,091	
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	1,329,091	
11. 35 Percent of Line 7	0	
12. Additional 5% Surtax	11,750	
13. Additional 3% Surtax	0	
14. Total Income Tax		<u>1,354,591</u>
15. Tax at 21% Rate effective after 12/31/2017	<u>836,659</u>	
	Days	
16. Tax Prorated for Number of Days in 2017	184	682,862
17. Tax Prorated for Number of Days in 2018	181	414,891
18. Total Tax Prorated	<u>365</u>	<u>1,097,753</u>

Form 990-T Deductions Connected with Rental Income Statement 7

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 8
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		444,494
Excess Contributions		7,255,075
Allowable Contributions		444,494
AMT charitable deduction		444,494
Regular contribution deduction		442,677
AMT contribution adjustment		-1,817

Children's Hospital Medical Center

31-0833936

Form 4626

Other AMT Adjustments

Statement 9

Description

Amount

Charitable Contributions

-1,817.

Total to Form 4626, Line 2o

-1,817.

Tentative Minimum Tax (TMT) Proration

Statement 10

Tentative minimum tax for the entire year . . .		800,089.	
		<u>800,089.</u>	
TMT in effect before 01/01/2018		800,089.	
		<u>800,089.</u>	
TMT in effect after 12/31/2017		0.	
		<u>0.</u>	
	Days		
TMT prorated for number of days in 2017 . . . 184		403,333.	
TMT prorated for number of days in 2018 . . . 181		0.	
		<u>403,333.</u>	
TMT prorated	<u>365</u>		<u>403,333.</u>

Credit for Prior Year Minimum Tax - Corporations

▶ Attach to the corporation's tax return
▶ Go to www.irs.gov/Form8827 for the latest information.

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).	1,097,753.
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.	403,333.
7a	Subtract line 6 from line 5. If zero or less, enter -0-.	694,420.
7b	For a corporation electing to accelerate the minimum tax credit, enter the bonus depreciation amount attributable to the minimum tax credit (see instructions).	
7c	Add lines 7a and 7b.	694,420.
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	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	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	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.	

Statement to Amended Return

The following lines changed within the amended Form 990-T:

Page 1: Lines 12, 13, 20, 29, 30, 32, 34

Page 2: Lines 35c, 40, 42, 44, 49

Form 4626: Lines 1, 3, 4a, 5, 7, 9, 10, 12, 13

Form 8827: Lines 5, 6, 7a, 7c

All changes were related to the retroactive repeal of Internal Revenue Code Section ("IRC Sec.") 512(a)(7).