Eorm	990-T	E				siness Income Ta		eturn	ОМВ	No 1545-0687			
FOIII		(and proxy tax under section 6033(e)) 806 For calendar year 2017 or other tax year beginning $07/01$, 2017, and ending $06/30$, 20 18											
Depar	ment of the Treasury				_	nstructions and the latest inf			۷				
Interna	l Revenue Service	▶ Do	► 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										
A <u></u>	Check box if address changed		Name of organization (Check box if name changed and see instructions) D Employer identification number (Employees' trust, see instructions)										
B Exe	mpt under section		THE CHILDREN'S HOSPITAL										
	501(C)(23_)	Print	Number, street, and ro	om or suite no	lf a P C	box, see instructions	_	31-0	0537130				
	408(e) 220(e)	or Type							elated busine	ss activity codes			
	408A530(a)		3333 BURNET						mondelions)				
	529(a) k value of all assets		City or town, state or p		•	ZIP or foreign postal code		9000	100				
	nd of year	F Gro	up exemption number					3000					
2	839568530.		ck organization type	`			ust	401(a) trust	Other trust			
						VESTMENT INCOME							
						roup or a parent-subsidiary con	trolled g	roup?	▶ L	Yes X No			
			identifying number of		rporati	on >							
			MICHAEL L. BAI			T		> 513-803	-1106				
			or Business Inco	me 	т—	(A) Income	(B)	Expenses		(C) Net			
_	Gross receipts or s	-		_ c Balance ▶									
ь 2	Cost of goods sol		ule A, line 7)		1c 2		_			 			
3		,	2 from line 1c		3				 				
	•		ttach Schedule D)		4a								
b			Part II, line 17) (attach F		4b			DECE	WED				
С	Capital loss dedu	ction for t	rusts		4c			MLUL		70			
5	Income (loss) from	partnershij	os and S corporations (att	ach statement)	5_		윊		4 2030				
6	Rent income (Sch	edule C)			6			MAY 1	1 2019	100			
7			come (Schedule E) .		7		岡			15			
8			nts from controlled organizat		8		- -	OGDE	N. UT				
9 10			1(c)(7). (9), or (17) organizal ncome (Schedule I)		10		-	OGDE					
11			lule J)		11		_		 - - 	·			
12	•	•	tions, attach schedule		12					··-			
13	•		ough 12		13	0.							
Par	t II Deduction	ns Not	Taken Elsewhere	(See inst		ons for limitations on dec		ns) (Except	for contri	butions,			
	deduction	s must	be directly conne	ected with t	he ur	related business incom-	<u>e)</u>						
14	*					<i>.</i>							
15													
16 17	•												
18													
19	•	•			•								
20													
21						21			_	_ .			
22	Less depreciation	claimed	on Schedule A and el	sewhere on re	eturn	22a		221	<u> </u>				
23													
24													
25 26													
26 27													
													
4 3													
	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 Net operating loss deduction (limited to the amount on line 30). SEE ATTACHMENT 2									0.			
	Net operating loss					ract line 31 from line 30							
30 31		ss taxable	e income before spec	inc deduction									
30 31	Unrelated busines		·			or exceptions)		<u>33</u>					
30 31 32	Unrelated busines Specific deduction Unrelated busine	n (Genera ess taxa	ally \$1,000, but see li ble income Subtrac	ne 33 instruc t line 33 fr	tions fo	ne 32 If line 33 is greater	than I	ine 32,					
30 31 32 33 34	Unrelated busines Specific deduction Unrelated busine enter the smaller of	n (Genera ess taxa of zero or	ally \$1,000, but see li ble income Subtrac	ne 33 instruction in the same	tions fo		than I	ine 32,		П. m 990-Т (2017)			

را 'ر Form	990-T (2017) THE CHILDREN'S HOSPITAL	31-0537130	Page 2
	t 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		
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)		
_	(1) \$ (2) \$ (3) \$		
b	Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$]	
	(2) Additional 3% tax (not more than \$100,000)]	
С	Income tax on the amount on line 34	35c	
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	
	t IV Tax and Payments		
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a		
	Other credits (see instructions)	ļ	
С	General business credit Attach Form 3800 (see instructions)		
d	Credit for prior year minimum tax (attach Form 8801 or 8827),	 	
е	Total credits Add lines 41a through 41d	41e	
42	Subtract line 41e from line 40	42	
43	Other taxes Check if from Form 4255 Form 8611 Form 8697 Other (attach schedule).	43	0.
44	Total tax Add lines 42 and 43	44	<u> </u>
	Payments A 2016 overpayment credited to 2017		
	2017 estimated tax payments		
C	Tax deposited with Form 8868		
	Foreign organizations Tax paid or withheld at source (see instructions)		
	Backup withholding (see instructions)	1	
	Credit for small employer health insurance premiums (Attach Form 8941)		
y	Form 4136 Other Total 45g		
46	Total payments Add lines 45a through 45g	46	
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	
50	Enter the amount of line 49 you want Credited to 2018 estimated tax Refunded	50	
	Statements Regarding Certain Activities and Other Information (see instructions	s)	
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization ma	y have to file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the	foreign country	
	here		X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign to the control of the control o	gn trust?	X
	If YES, see instructions for other forms the organization may have to file		
53	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the b true, correct, and companylete Declaration of prepaper tother than taxpayer) is based on all information of which preparer has any knowledge	est of my knowledge a	ind belief, it is
Sig		y the IRS discuss	this return
Her	e / / / / / / / / / / / / / / / / / / /	h the preparer sh	
		e instructions)? X Ye	s No
Paid	Print/Type preparer's name Preparer's signature Date Check		
	AARON HERSHBERGER Claron D. Hushburger 5/15/2019 self-e	1	61884
	Only Firm's name BKD, LLP Firm's oddess 312 MAINUT STREET SUITE 3000 CINCINNATI OH 45202 phonometric properties of the control of the c	EIN ►44-01602	
	TEMPORARIOS - TECHNOLOUS STRUCT STRUCT SHITE SHILL CINCINDAVE OF ASSAULT	コーペートノリ・	- ~ ~ 1111

Firm's address ▶ 312 WALNUT STREET, SUITE 3000, CINCINNATI, OH 45202 Phone no

Form **990-T** (2017)

513-621-8300

Form 990-T (2017)											Page 3
Schedule A - Cost of Go	oods Sold. Er	ter method	d of invento	ry va	luation	>			,		
1 Inventory at beginning of y	ear 1		_	6 I	nventory a	at end of yea	ar	6			
2 Purchases				7 (Cost of	goods so	ld Subtract line				
3 Cost of labor	3			6	from I	line 5 En	ter here and in				
4a Additional section 263A co	osts			F	Part I, line	2		7			
(attach schedule)	4a			8 D	Oo the	rules of	section 263A (v	vith r	espect to	Yes	No
b Other costs (attach schedu				р	property	produced	or acquired for	resa	ile) apply	/ [
5 Total Add lines 1 through				te	o the orga	anization?.	<u> </u>	<u> </u>	<u> ,</u>		Х
Schedule C - Rent Income	(From Real P	roperty a	nd Persor	nal P	roperty	Leased V	Vith Real Prope	rty)			
(see instructions)											
1 Description of property											
(1)											
(2)											
(3)											
(4)											
	2. Rent recei	ved or accru	ed								
for personal property is more than 10% but not percentage of rent				personal property (if the personal property exceeds in based on profit or income) 3(a) Deductions directly connected with in columns 2(a) and 2(b) (attach schools based on profit or income)							
(1)		*****		_							
(2)											
(3)	***************************************										
(4)											
Total		Total									
(c) Total income Add totals of cohere and on page 1, Part I, line 6,		•				_	(b) Total deduction Enter here and or Part I, line 6, colui	page 1			
Schedule E - Unrelated De			e instructio	ns)			1 0.11, 0, 00.00	,,,, (<u>,</u> ,			
		1000			from 01	3 0	eductions directly con			able to	
1 Description of deb	t-financed property		2 Gross ii allocable to			(-) ()	debt-financ			• •	
			pro	operty (a) Straight					b) Other de attach sch		
(1)											
(2)											
(3)							·				
(4)	··· <u>·</u> ····										
4 Amount of average 5 Average adjusted basis acquisition debt on or of or allocable to debt-financed debt-financed property			4 0	divided / Gross income reportable (column			ımn 6 x tota	Allocable deductions mn 6 x total of columns 3(a) and 3(b))			
(1)					%						
(2)					%						
(3)					%						
(4)					%						
Totals					▶		e and on page 1, e 7, column (A)	Ente Pari	er here and t I, line 7, d	d on page column (l	e 1, B)
Total dividends-received deducti	ions included in co	olumn 8					<u></u> . ▶				

Form **990-T** (2017)

Schedule F - Interest, Ann	uities, Royalties	, and	Rents	Fro	m Contro	lled Or	ganiz	zati	ons (see	instruction	ons)			
					ntrolled Ord									
1 Name of controlled organization	2 Employer identification number	iei į		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		olling	6 Deductions directly connected with income in column 5			
(1)							-							
(2)														
(3)														
(4)											'			
Nonexempt Controlled Organi	zations								L					
The state of the s	8 Net unrelated in	come			Total of specifie		10	Par	t of column	9 that is	1	1 Deductions directly		
7 Taxable Income	(loss) (see instruct				ayments made				ed in the co ation's gross		COI	nnected with income in column 10		
(1)	·													
(2)														
(3)														
(4)														
Totals						▶) Orga	Er Pi	nter h art I,	columns 5 a here and on line 8, colum	page 1, mn (A)	En	d columns 6 and 11 er here and on page 1, 1 I, line 8, column (B)		
1 Description of income	2 Amount of			<u> </u>	3 Deduction directly con (attach sch	tions nected			4 Se	t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)		
(1)					 									
(2)					•							· - -		
(3)														
(4)	-								·					
Totals ▶ Schedule I - Exploited Exe		line 9, column (A)				sina In	come	e (s	ee instru	ctions)		Enter here and on page 1, Part I, line 9, column (B)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 I conn prod ui	Expense directly nected with duction nected with the control of th	s nth of	4 Net income (loss from unrelated tradi or business (column 2 minus column 3) If a gain, compute cols 5 through 7		5 (from	Fross act not ur	s income livity that nrelated s income	6 Expe attributa colum	ble to	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)	page	here and e 1, Part 10, col (١,					Enter here and on page 1, Part II, line 26					
Totals ▶ Schedule J - Advertising In	come (see instru	ctions	١		<u> </u>							1		
Part I Income From Per				nsoli	dated Bas	is								
1 Name of periodical	2 Gross advertising income	3	Direct tising costs		4 Adverti gain or (loss 2 minus co a gain, con cols 5 throi	vertising (loss) (col s col 3) If compute		5 Circulation income		6 Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)														
(2)						İ						7 1		
(3)									•			7 (
(4)												7 !		
Totals (carry to Part II, line (5)) ▶												Form 990-T (2017)		

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)						<u> </u>
(3)						
(4)				·		
Totals from Part I ▶			, -		-	
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		٠		Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)			*	_ <u> </u>		,
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instri	uctions)		
		<u> </u>		3 Percent of	4 0	

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
1)		%	
2)		%	
3)		%	
1)		%	
otal. Enter here and on page 1, Part II, line 14			

Form **990-T** (2017)

- -
31-0537130
ATTACHMENT 1

FC	<u>DRM</u>	990-T:	FISCAL	YEAR	CORPOR	RATION	TAX	COMPU	<u>NOITA</u>	APPLYIN	G BLENDED	TAX	RATE
1	F131F		DUGTNE	00 00	/ N TO T TO - T	. N.COME	/ ID 70 /	CD1 D	, D.O. T.T.	T TNID 0	4.		
								•		, LINE 3	4).		
2	TAX	ON LI	NE 1 FIO	GURED	USING	THE T	AX RA	ATE SCI	HEDULE	OR TAX			
	CON	1PUTATI	ON WORKS	SHEET	FOR ME	MBERS	OF A	A CONTI	ROLLED	GROUP			
3	TAX	ON LI	NE 1 FIG	GURED	USING	THE 2	1% RA	ATE					
4	MUI	TIPLY	LINE 2 H	BY THE	E NUMBE	ROF	DAYS	184					
	ΙN	THE CO	RPORATION	ON'S 7	CAX YEA	R BEF	ORE (01/01/2	2018				
5	MUI	TIPLY	LINE 3 H	BY THE	E NUMBE	ROF	DAYS	181					
	IN	THE CO	RPORATION	C R'NC	CAX YEA	AR AFT	ER 12	2/31/20	017				
6	DIV	'IDE LI	NE 4 BY	THE T	COTAL N	IUMBER	OF I	DAYS 3	65				
	IN	THE CO	RPORATION	C R'NC	CAX YEA	AR							
7	DIV	IDE LI	NE 5 BY	THE T	OTAL N	IUMBER	OF I	DAYS 3	65				
	ΙN	THE CO	RPORATION	C R'NC	CAX YEA	λR							
													•
8	ADD	LINES	6 AND 1	7: THE	TOTAL	TAX	FOR 7	THE FIS	SCAL YE	EAR			

31-0537130

ATTACHMENT 2

FORM 990-T, PART I, LINE 31 - NET OPERATING LOSS DEDUCTION

VEND	NOL GENERATED	NOL	NOL CARRY FORWARD	
YEAR	GENERALED	UTILIZED	CARRIFORWARD	
JUNE 30, 2017	543,123	_	543,123	
	NOL DEDUCTION CARRIED FORWARD T	O JUNE 30, 2018	543,123	