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Form **990-T**

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

OMB No 1545-0687

## 2018

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

Go to [www.irs.gov/Form990T](http://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

Department of the Treasury  
Internal Revenue Service

|   |               |   |   |
|---|---------------|---|---|
| <b>A</b> <input type="checkbox"/> Check box if address changed<br><br><b>B</b> Exempt under section<br><input checked="" type="checkbox"/> 501(c)(3)<br><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br><input type="checkbox"/> 529(a) | Print or Type | Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions )<br><b>Children's Hospital Medical Center</b> | <b>D</b> Employer identification number (Employees' trust, see instructions)<br><b>31-0833936</b> |
|   |               | Number, street, and room or suite no. If a P.O. box, see instructions<br><b>3333 Burnet Avenue</b>  | <b>E</b> Unrelated business activity code (See instructions)<br><b>621500</b>                     |
|   |               | City or town, state or province, country, and ZIP or foreign postal code<br><b>Cincinnati, OH 45229-3039</b>                                  |   |

**C** Book value of all assets at end of year 6,457,499,425.

**F** Group exemption number (See instructions) **G** Check organization type  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Enter the number of the organization's unrelated trades or businesses. 7 Describe the only (or first) unrelated trade or business here **Reference Lab**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

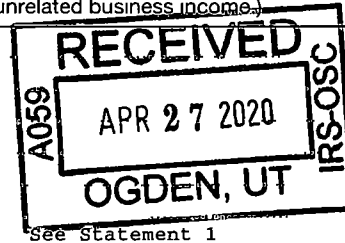
**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation.

**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            |
|---|---|------------------------------|--------------|--------------------|
| 1 a                                       | Gross receipts or sales <u>21,765,628.</u>  |                              |              |                    |
| b   | Less returns and allowances   |                              |              |                    |
|   | <b>c Balance</b>  | <b>1c</b> <u>21,765,628.</u> |              |                    |
| 2   | Cost of goods sold (Schedule A, line 7)   | <b>2</b>                     |              |                    |
| 3   | Gross profit. Subtract line 2 from line 1c  | <b>3</b> <u>21,765,628.</u>  |              | <b>21,765,628.</b> |
| 4 a                                       | Capital gain net income (attach Schedule D)   | <b>4a</b>                    |              |                    |
| b   | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                      | <b>4b</b>                    |              |                    |
| c   | Capital loss deduction for trusts   | <b>4c</b>                    |              |                    |
| 5   | Income (loss) from a partnership or an S corporation (attach statement)               | <b>5</b>                     |              |                    |
| 6   | Rent income (Schedule C)  | <b>6</b>                     |              |                    |
| 7   | Unrelated debt-financed income (Schedule E)   | <b>7</b>                     |              |                    |
| 8   | Interest, annuities, royalties, and rents from a controlled organization (Schedule F) | <b>8</b>                     |              |                    |
| 9   | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)      | <b>9</b>                     |              |                    |
| 10  | Explored exempt activity income (Schedule I)  | <b>10</b>                    |              |                    |
| 11  | Advertising income (Schedule J)   | <b>11</b>                    |              |                    |
| 12  | Other income (See instructions; attach schedule)                                      | <b>12</b>                    |              |                    |
| 13  | <b>Total.</b> Combine lines 3 through 12  | <b>13</b> <u>21,765,628.</u> |              | <b>21,765,628.</b> |

**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)   | <b>14</b>  |                    |
| 15 | Salaries and wages   | <b>15</b>  |                    |
| 16 | Repairs and maintenance  | <b>16</b>  |                    |
| 17 | Bad debts  | <b>17</b>  |                    |
| 18 | Interest (attach schedule) (see instructions)  | <b>18</b>  |                    |
| 19 | Taxes and licenses   | <b>19</b>  |                    |
| 20 | Charitable contributions (See instructions for limitation rules) <b>Statement 3</b>                            | <b>20</b>  | <u>253,992.</u>    |
| 21 | Depreciation (attach Form 4562)  | <b>21</b>  |                    |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return  | <b>22a</b> |                    |
| 23 | Depletion  | <b>23</b>  |                    |
| 24 | Contributions to deferred compensation plans   | <b>24</b>  |                    |
| 25 | Employee benefit programs  | <b>25</b>  |                    |
| 26 | Excess exempt expenses (Schedule I)  | <b>26</b>  |                    |
| 27 | Excess readership costs (Schedule J)   | <b>27</b>  |                    |
| 28 | Other deductions (attach schedule)   | <b>28</b>  | <u>19,224,707.</u> |
| 29 | <b>Total deductions.</b> Add lines 14 through 28   | <b>29</b>  | <u>19,478,699.</u> |
| 30 | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13           | <b>30</b>  | <u>2,286,929.</u>  |
| 31 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | <b>31</b>  |                    |
| 32 | Unrelated business taxable income. Subtract line 31 from line 30   | <b>32</b>  | <u>2,286,929.</u>  |



642 A 20

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Lines 33-38. Total amount: 6,867,699.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Lines 39-44. Total amount: 1,442,217.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Lines 45a-55. Total amount: 1,128,159.

Part VI Statements Regarding Certain Activities and Other Information

Table with 3 columns: Question number, Question text, and Yes/No columns. Questions 56-58.

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: [Handwritten Signature] Date: 4/13/2020 Title: VP, Chief Accounting Officer

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

Table with 4 columns: Print/Type preparer's name, Preparer's signature, Date, Check self-employed if, PTIN. Includes firm name: Deloitte Tax LLP.

**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) |
| (2) |
| (3) |
| (4) |

2. Rent received or accrued

| (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) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (1)   |   |   |
| (2)   |   |   |
| (3)   |   |   |
| (4)   |   |   |
| Total   | 0.  | Total 0.  |

(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) ▶ 0.

**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>   |   |  | Enter here and on page 1, Part I, line 7, column (A) 0. | Enter here and on page 1, Part I, line 7, column (B) 0.             |
| <b>Total dividends-received deductions</b> 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)                                |   |   |  |   |  |
|                                    |   |   | Add columns 5 and 10<br>Enter here and on page 1, Part I, line 8, column (A)         | Add columns 6 and 11<br>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 III** **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> | 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)  |          | %                                      |  |
| <b>Total. Enter here and on page 1, Part II, line 14</b> |          |  | 0.   |

Form 990-T

Contributions

Statement 1

Description/Kind of Property

Method Used to Determine FMV

Amount

Contributions

N/A

2,516,825.

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

2,516,825.

Form 990-T

Other Deductions

Statement 2

Description

Amount

|  |             |
|--|-------------|
| Miscellaneous Lab Sales Expenses       | 105,395.    |
| HEMONC Deductions and Expenses         | 1,553,523.  |
| Test Referrals Deductions and Expenses | 11,844,364. |
| Human Genetics Expenses                | 5,196,298.  |
| Nephrology and Hypertension Expenses   | 148,510.    |
| Heart Institute Expenses               | 14,326.     |
| Tax Preparation Fees                   | 6,113.      |
| CRC Deductions and Expenses            | 7,022.      |
| Endocrinology                          | 216.        |
| Mass Spectrometry Expenses             | 348,940.    |

Total to Form 990-T, Page 1, line 28

19,224,707.

Form 990-T

Contributions Summary

Statement 3

## Qualified Contributions Subject to 100% Limit

## Carryover of Prior Years Unused Contributions

For Tax Year 2013

For Tax Year 2014

For Tax Year 2015

1,599,749

For Tax Year 2016

2,044,160

For Tax Year 2017

2,763,448

Total Carryover

6,407,357

Total Current Year 10% Contributions

2,516,825

Total Contributions Available

8,924,182

Taxable Income Limitation as Adjusted

253,992

Excess 10% Contributions

8,670,190

Excess 100% Contributions

0

Total Excess Contributions

8,670,190

Allowable Contributions Deduction

253,992

Total Contribution Deduction

253,992



**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

Entity 1

OMB No 1545-0687

**2018**

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

Department of the Treasury  
Internal Revenue Service (99)

▶ **Go to [www.irs.gov/Form990T](http://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

Name of the organization Children's Hospital Medical Center Employer identification number 31-0833936

Unrelated business activity code (see instructions) ▶ 523000

Describe the unrelated trade or business ▶ Airway Therapeutics, LLC

| <b>Part I Unrelated Trade or Business Income</b>  |                    | (A) Income | (B) Expenses | (C) Net     |
|---|--------------------|------------|--------------|-------------|
| <b>1 a</b> Gross receipts or sales  |                    |            |              |             |
| <b>b</b> Less returns and allowances  |                    |            |              |             |
|   | <b>c Balance ▶</b> | <b>1c</b>  |              |             |
| <b>2</b> Cost of goods sold (Schedule A, line 7)  |                    | <b>2</b>   |              |             |
| <b>3</b> Gross profit Subtract line 2 from line 1c  |                    | <b>3</b>   |              |             |
| <b>4 a</b> Capital gain net income (attach Schedule D)  |                    | <b>4a</b>  |              |             |
| <b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                           |                    | <b>4b</b>  |              |             |
| <b>c</b> Capital loss deduction for trusts  |                    | <b>4c</b>  |              |             |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <u>Statement 4</u> |                    | <b>5</b>   |              |             |
|   |                    |            | -1,019,150.  | -1,019,150. |
| <b>6</b> Rent income (Schedule C)   |                    | <b>6</b>   |              |             |
| <b>7</b> Unrelated debt-financed income (Schedule E)  |                    | <b>7</b>   |              |             |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)      |                    | <b>8</b>   |              |             |
| <b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)           |                    | <b>9</b>   |              |             |
| <b>10</b> Exploited exempt activity income (Schedule I)   |                    | <b>10</b>  |              |             |
| <b>11</b> Advertising income (Schedule J)   |                    | <b>11</b>  |              |             |
| <b>12</b> Other income (See instructions, attach schedule)  |                    | <b>12</b>  |              |             |
| <b>13 Total.</b> Combine lines 3 through 12   |                    | <b>13</b>  | -1,019,150.  | -1,019,150. |

**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.)

|  |  |            |  |             |
|--|--|------------|--|-------------|
| <b>14</b> Compensation of officers, directors, and trustees (Schedule K)   |  | <b>14</b>  |  |             |
| <b>15</b> Salaries and wages   |  | <b>15</b>  |  |             |
| <b>16</b> Repairs and maintenance  |  | <b>16</b>  |  |             |
| <b>17</b> Bad debts  |  | <b>17</b>  |  |             |
| <b>18</b> Interest (attach schedule) (see instructions)  |  | <b>18</b>  |  |             |
| <b>19</b> Taxes and licenses   |  | <b>19</b>  |  |             |
| <b>20</b> Charitable contributions (See instructions for limitation rules) <u>Statement 5</u>                            |  | <b>20</b>  |  | 0.          |
| <b>21</b> Depreciation (attach Form 4562)  |  | <b>21</b>  |  |             |
| <b>22</b> Less depreciation claimed on Schedule A and elsewhere on return  |  | <b>22a</b> |  |             |
|  |  | <b>22b</b> |  |             |
| <b>23</b> Depletion  |  | <b>23</b>  |  |             |
| <b>24</b> Contributions to deferred compensation plans   |  | <b>24</b>  |  |             |
| <b>25</b> Employee benefit programs  |  | <b>25</b>  |  |             |
| <b>26</b> Excess exempt expenses (Schedule I)  |  | <b>26</b>  |  |             |
| <b>27</b> Excess readership costs (Schedule J)   |  | <b>27</b>  |  |             |
| <b>28</b> Other deductions (attach schedule) <u>See Statement 7</u>  |  | <b>28</b>  |  | 286.        |
| <b>29 Total deductions.</b> Add lines 14 through 28  |  | <b>29</b>  |  | 286.        |
| <b>30</b> Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13            |  | <b>30</b>  |  | -1,019,436. |
| <b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) |  | <b>31</b>  |  |             |
| <b>32</b> Unrelated business taxable income Subtract line 31 from line 30  |  | <b>32</b>  |  | -1,019,436. |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

| Form 990-T (M)   | Income (Loss) from Partnerships | Statement 4             |
|--|---------------------------------|-------------------------|
| Description  |                                 | Net Income<br>or (Loss) |
| Airway Therapeutics, LLC - Ordinary Business Income (loss) |                                 | -1,019,150.             |
| Total Included on Schedule M, Part I, line 5               |                                 | -1,019,150.             |

Form 990-T (M)

Contributions

Statement 5

| <u>Description/Kind of Property</u>   | <u>Method Used to Determine FMV</u> | <u>Amount</u> |
|---------------------------------------|-------------------------------------|---------------|
| Contributions                         | N/A                                 | 117,847.      |
| Total to Schedule M, Part II, line 20 |                                     | 117,847.      |

| Form 990-T (M)      | Contribution Limitations                  |  | Statement 6            |
|---------------------|---|--|------------------------|
|                     | Contributions Subject<br>to the 10% limit | Qualified Disaster<br>Relief Contributions | Total<br>Contributions |
| Total Contributions | 117,847.                                  | 0.   | 117,847.               |
| 10% Taxable Income  | 0.  |  |                        |
| Current Year Amount | 0.  | -1,019,436.                                | 0.                     |

Form 990-T (M)

Other Deductions

Statement 7

Description

Amount

Tax Preparation Fees

286.

Total to Schedule M, Part II, line 28

286.

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

Entity 2

OMB No 1545-0687

**2018**

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

Department of the Treasury  
Internal Revenue Service (99)

▶ Go to [www.irs.gov/Form990T](http://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

Name of the organization Children's Hospital Medical Center Employer identification number 31-0833936

Unrelated business activity code (see instructions) ▶ 523000

Describe the unrelated trade or business ▶ Clarigent Health

| <b>Part I Unrelated Trade or Business Income</b>  |           | (A) Income | (B) Expenses | (C) Net   |
|---|-----------|------------|--------------|-----------|
| <b>1 a</b> Gross receipts or sales  |           |            |              |           |
| <b>b</b> Less returns and allowances  |           |            |              |           |
| <b>c</b> Balance ▶  | <b>1c</b> |            |              |           |
| <b>2</b> Cost of goods sold (Schedule A, line 7)  | <b>2</b>  |            |              |           |
| <b>3</b> Gross profit. Subtract line 2 from line 1c   | <b>3</b>  |            |              |           |
| <b>4 a</b> Capital gain net income (attach Schedule D)  | <b>4a</b> |            |              |           |
| <b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                           | <b>4b</b> |            |              |           |
| <b>c</b> Capital loss deduction for trusts  | <b>4c</b> |            |              |           |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <u>Statement 8</u> | <b>5</b>  | -628,316.  |              | -628,316. |
| <b>6</b> Rent income (Schedule C)   | <b>6</b>  |            |              |           |
| <b>7</b> Unrelated debt-financed income (Schedule E)  | <b>7</b>  |            |              |           |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)      | <b>8</b>  |            |              |           |
| <b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)           | <b>9</b>  |            |              |           |
| <b>10</b> Exploited exempt activity income (Schedule I)   | <b>10</b> |            |              |           |
| <b>11</b> Advertising income (Schedule J)   | <b>11</b> |            |              |           |
| <b>12</b> Other income (See instructions, attach schedule)  | <b>12</b> |            |              |           |
| <b>13 Total.</b> Combine lines 3 through 12   | <b>13</b> | -628,316.  |              | -628,316. |

**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.)

|  |            |  |  |           |
|--|------------|--|--|-----------|
| <b>14</b> Compensation of officers, directors, and trustees (Schedule K)   | <b>14</b>  |  |  |           |
| <b>15</b> Salaries and wages   | <b>15</b>  |  |  |           |
| <b>16</b> Repairs and maintenance  | <b>16</b>  |  |  |           |
| <b>17</b> Bad debts  | <b>17</b>  |  |  |           |
| <b>18</b> Interest (attach schedule) (see instructions)  | <b>18</b>  |  |  |           |
| <b>19</b> Taxes and licenses   | <b>19</b>  |  |  |           |
| <b>20</b> Charitable contributions (See instructions for limitation rules) <u>Statement 9</u>                            | <b>20</b>  |  |  | 0.        |
| <b>21</b> Depreciation (attach Form 4562)  | <b>21</b>  |  |  |           |
| <b>22</b> Less depreciation claimed on Schedule A and elsewhere on return  | <b>22a</b> |  |  |           |
| <b>23</b> Depletion  | <b>23</b>  |  |  |           |
| <b>24</b> Contributions to deferred compensation plans   | <b>24</b>  |  |  |           |
| <b>25</b> Employee benefit programs  | <b>25</b>  |  |  |           |
| <b>26</b> Excess exempt expenses (Schedule I)  | <b>26</b>  |  |  |           |
| <b>27</b> Excess readership costs (Schedule J)   | <b>27</b>  |  |  |           |
| <b>28</b> Other deductions (attach schedule) <u>See Statement 11</u>   | <b>28</b>  |  |  | 176.      |
| <b>29 Total deductions.</b> Add lines 14 through 28  | <b>29</b>  |  |  | 176.      |
| <b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13           | <b>30</b>  |  |  | -628,492. |
| <b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | <b>31</b>  |  |  |           |
| <b>32</b> Unrelated business taxable income Subtract line 31 from line 30  | <b>32</b>  |  |  | -628,492. |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Form 990-T (M)

Income (Loss) from Partnerships

Statement 8

Description

Net Income  
or (Loss)

Clarigent Health - Ordinary Business Income (loss)

-628,316.

Total Included on Schedule M, Part I, line 5

-628,316.

| Form 990-T (M)                        | Contributions                | Statement 9 |
|---------------------------------------|------------------------------|-------------|
| Description/Kind of Property          | Method Used to Determine FMV | Amount      |
| Contributions                         | N/A                          | 72,654.     |
| Total to Schedule M, Part II, line 20 |                              | 72,654.     |



Form 990-T (M)

Contribution Limitations

Statement 10

|                     | Contributions Subject<br>to the 10% limit | Qualified Disaster<br>Relief Contributions | Total<br>Contributions |
|---------------------|---|--|------------------------|
| Total Contributions | 72,654.                                   | 0.   | 72,654.                |
| 10% Taxable Income  | 0.  |  |                        |
| Current Year Amount | 0.  | -628,492.                                  | 0.                     |

Form 990-T (M)

Other Deductions

Statement 11

Description

Amount

Tax Preparation Fees

176.

Total to Schedule M, Part II, line 28

176.

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

Entity 3

OMB No 1545-0687

**2018**

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

▶ **Go to [www.irs.gov/Form990T](http://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

Department of the Treasury  
Internal Revenue Service (99)

Name of the organization Children's Hospital Medical Center Employer identification number 31-0833936

Unrelated business activity code (see instructions) ▶ 523000

Describe the unrelated trade or business ▶ Investment in Partnerships

| <b>Part I Unrelated Trade or Business Income</b> |   | (A) Income | (B) Expenses | (C) Net   |
|--|---|------------|--------------|-----------|
| 1 a  | Gross receipts or sales   |            |              |           |
| b  | Less returns and allowances   |            |              |           |
| c Balance ▶                                      |   | <b>1c</b>  |              |           |
| 2  | Cost of goods sold (Schedule A, line 7)   | <b>2</b>   |              |           |
| 3  | Gross profit Subtract line 2 from line 1c   | <b>3</b>   |              |           |
| 4 a  | Capital gain net income (attach Schedule D)   | <b>4a</b>  | 9,790.       | 9,790.    |
| b  | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                      | <b>4b</b>  | 49,191.      | 49,191.   |
| c  | Capital loss deduction for trusts   | <b>4c</b>  |              |           |
| 5  | Income (loss) from a partnership or an S corporation (attach statement) Statement 12  | <b>5</b>   | -281,001.    | -281,001. |
| 6  | Rent income (Schedule C)  | <b>6</b>   |              |           |
| 7  | Unrelated debt-financed income (Schedule E)   | <b>7</b>   |              |           |
| 8  | Interest, annuities, royalties, and rents from a controlled organization (Schedule F) | <b>8</b>   |              |           |
| 9  | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)      | <b>9</b>   |              |           |
| 10   | Exploited exempt activity income (Schedule I)   | <b>10</b>  |              |           |
| 11   | Advertising income (Schedule J)   | <b>11</b>  |              |           |
| 12   | Other income (See instructions, attach schedule)                                      | <b>12</b>  |              |           |
| 13   | <b>Total.</b> Combine lines 3 through 12  | <b>13</b>  | -222,020.    | -222,020. |

**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)   | <b>14</b>  |           |
| 15 | Salaries and wages   | <b>15</b>  |           |
| 16 | Repairs and maintenance  | <b>16</b>  |           |
| 17 | Bad debts  | <b>17</b>  |           |
| 18 | Interest (attach schedule) (see instructions)  | <b>18</b>  |           |
| 19 | Taxes and licenses   | <b>19</b>  |           |
| 20 | Charitable contributions (See instructions for limitation rules) Statement 13 Stmt 14                          | <b>20</b>  | 0.        |
| 21 | Depreciation (attach Form 4562)  | <b>21</b>  |           |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return  | <b>22a</b> |           |
| 23 | Depletion  | <b>22b</b> |           |
| 24 | Contributions to deferred compensation plans   | <b>23</b>  |           |
| 25 | Employee benefit programs  | <b>24</b>  |           |
| 26 | Excess exempt expenses (Schedule I)  | <b>25</b>  |           |
| 27 | Excess readership costs (Schedule J)   | <b>26</b>  |           |
| 28 | Other deductions (attach schedule) See Statement 15  | <b>27</b>  |           |
| 29 | <b>Total deductions.</b> Add lines 14 through 28   | <b>28</b>  | 41.       |
| 30 | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13           | <b>29</b>  | 41.       |
| 31 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | <b>30</b>  | -222,061. |
| 32 | Unrelated business taxable income Subtract line 31 from line 30  | <b>31</b>  |           |
|    |  | <b>32</b>  | -222,061. |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

| Form 990-T (M)   | Income (Loss) from Partnerships | Statement 12            |
|--|---------------------------------|-------------------------|
| Description  |                                 | Net Income<br>or (Loss) |
| Ausio Pharmaceutical - Ordinary Business Income (loss)                       |                                 | -73,400.                |
| Cincytech Fund 1 followon LLC - Ordinary Business Income (loss)              |                                 | -4,567.                 |
| Cincy Tech Fund I - Ordinary Business Income (loss)                          |                                 | -983.                   |
| Cincy Tech Fund II - Ordinary Business Income (loss)                         |                                 | -19,635.                |
| Cincy Tech Fund III - Ordinary Business Income (loss)                        |                                 | -175.                   |
| Cincy Tech Fund IV - Ordinary Business Income (loss)                         |                                 | -12,197.                |
| Cintrifuse - Ordinary Business Income (loss)                                 |                                 | -8,124.                 |
| Cintrifuse Syndicate Fund II - Ordinary Business Income (loss)               |                                 | -475.                   |
| Fort Washington Private Equity Investors VII - Ordinary Business Income (los |                                 | -70,877.                |
| Growthbridge - Ordinary Business Income (loss)                               |                                 | 487.                    |
| Tri-State Growth Capital Fund I - Ordinary Business Income (loss)            |                                 | -11,021.                |
| Tri-State Growth Capital Fund II - Ordinary Business Income (loss)           |                                 | -80,034.                |
| Total Included on Schedule M, Part I, line 5                                 |                                 | -281,001.               |

Form 990-T (M)

Contributions

Statement 13

Description/Kind of Property

Method Used to Determine FMV

Amount

Contributions

N/A

16,738.

Total to Schedule M, Part II, line 20

16,738.

Form 990-T (M)

Contribution Limitations

Statement 14

|                     | Contributions Subject<br>to the 10% limit | Qualified Disaster<br>Relief Contributions | Total<br>Contributions |
|---------------------|---|--|------------------------|
| Total Contributions | 16,738.                                   | 0.   | 16,738.                |
| 10% Taxable Income  | 0.  |  |                        |
| Current Year Amount | 0.  | -222,061.                                  | 0.                     |

Form 990-T (M)

Other Deductions

Statement 15

Description

Amount

Tax Preparation Fees

41.

Total to Schedule M, Part II, line 28

41.

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

Entity 4

OMB No 1545-0687

**2018**

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

Department of the Treasury  
Internal Revenue Service (99)

▶ **Go to [www.irs.gov/Form990T](http://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

Name of the organization Children's Hospital Medical Center Employer identification number 31-0833936

Unrelated business activity code (see instructions) ▶ 541700  
Describe the unrelated trade or business ▶ Shared Facilities/Research

| <b>Part I Unrelated Trade or Business Income</b>   |                   | (A) Income                  | (B) Expenses | (C) Net           |
|--|-------------------|-----------------------------|--------------|-------------------|
| <b>1 a</b> Gross receipts or sales   | <u>8,091,228.</u> |                             |              |                   |
| <b>b</b> Less returns and allowances   |                   |                             |              |                   |
| <b>c</b> Balance ▶   |                   | <b>1c</b> <u>8,091,228.</u> |              |                   |
| <b>2</b> Cost of goods sold (Schedule A, line 7)   |                   | <b>2</b>                    |              |                   |
| <b>3</b> Gross profit Subtract line 2 from line 1c   |                   | <b>3</b> <u>8,091,228.</u>  |              | <u>8,091,228.</u> |
| <b>4 a</b> Capital gain net income (attach Schedule D)   |                   | <b>4a</b>                   |              |                   |
| <b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                      |                   | <b>4b</b>                   |              |                   |
| <b>c</b> Capital loss deduction for trusts   |                   | <b>4c</b>                   |              |                   |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement)               |                   | <b>5</b>                    |              |                   |
| <b>6</b> Rent income (Schedule C)  |                   | <b>6</b>                    |              |                   |
| <b>7</b> Unrelated debt-financed income (Schedule E)   |                   | <b>7</b>                    |              |                   |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F) |                   | <b>8</b>                    |              |                   |
| <b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)      |                   | <b>9</b>                    |              |                   |
| <b>10</b> Exploited exempt activity income (Schedule I)  |                   | <b>10</b>                   |              |                   |
| <b>11</b> Advertising income (Schedule J)  |                   | <b>11</b>                   |              |                   |
| <b>12</b> Other income (See instructions, attach schedule)                                     |                   | <b>12</b>                   |              |                   |
| <b>13</b> Total. Combine lines 3 through 12  |                   | <b>13</b> <u>8,091,228.</u> |              | <u>8,091,228.</u> |

**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.)

|  |            |            |                   |
|--|------------|------------|-------------------|
| <b>14</b> Compensation of officers, directors, and trustees (Schedule K)   |            | <b>14</b>  |                   |
| <b>15</b> Salaries and wages   |            | <b>15</b>  |                   |
| <b>16</b> Repairs and maintenance  |            | <b>16</b>  |                   |
| <b>17</b> Bad debts  |            | <b>17</b>  |                   |
| <b>18</b> Interest (attach schedule) (see instructions)  |            | <b>18</b>  |                   |
| <b>19</b> Taxes and licenses   |            | <b>19</b>  |                   |
| <b>20</b> Charitable contributions (See instructions for limitation rules) <u>Statement 16</u>                           |            | <b>20</b>  | <u>19,978.</u>    |
| <b>21</b> Depreciation (attach Form 4562)  | <b>21</b>  |            |                   |
| <b>22</b> Less depreciation claimed on Schedule A and elsewhere on return  | <b>22a</b> | <b>22b</b> |                   |
| <b>23</b> Depletion  |            | <b>23</b>  |                   |
| <b>24</b> Contributions to deferred compensation plans   |            | <b>24</b>  |                   |
| <b>25</b> Employee benefit programs  |            | <b>25</b>  |                   |
| <b>26</b> Excess exempt expenses (Schedule I)  |            | <b>26</b>  |                   |
| <b>27</b> Excess readership costs (Schedule J)   |            | <b>27</b>  |                   |
| <b>28</b> Other deductions (attach schedule) <u>See Statement 17</u>   |            | <b>28</b>  | <u>4,969,475.</u> |
| <b>29</b> Total deductions. Add lines 14 through 28  |            | <b>29</b>  | <u>4,989,453.</u> |
| <b>30</b> Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13            |            | <b>30</b>  | <u>3,101,775.</u> |
| <b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) |            | <b>31</b>  |                   |
| <b>32</b> Unrelated business taxable income Subtract line 31 from line 30  |            | <b>32</b>  | <u>3,101,775.</u> |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018



**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 |  |  |   |  | <input type="checkbox"/> | <input type="checkbox"/>            |
| b Other costs (attach schedule)                    | 4b |  |  |   |  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 Total. Add lines 1 through 4b                    | 5  |  |  |   |  |                          | X                                   |

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

1. Description of property

(1)  
(2)  
(3)  
(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) |   |
| (1)   |   |   |
| (2)   |   |   |
| (3)   |   |   |
| (4)   |   |   |
| Total   | 0.  | Total 0.  |

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)  0.

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)  0.

**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) <input type="checkbox"/> 0. | Enter here and on page 1, Part I, line 7, column (B) <input type="checkbox"/> 0. |
| Total dividends-received deductions included in column 8  |  |  | <input type="checkbox"/>   | <input type="checkbox"/> 0.  |

| Form 990-T (M)                        | Contributions                | Statement 16 |
|---------------------------------------|------------------------------|--------------|
| Description/Kind of Property          | Method Used to Determine FMV | Amount       |
| Contributions                         | N/A                          | 19,978.      |
| Total to Schedule M, Part II, line 20 |                              | 19,978.      |

Form 990-T (M)

Other Deductions

Statement 17

Description

Amount

Shared Facilities/Research Expenses

4,967,202.

Tax Preparation Fees

2,273.

Total to Schedule M, Part II, line 28

4,969,475.

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

Entity 5

OMB No 1545-0687

**2018**

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

▶ **Go to [www.irs.gov/Form990T](http://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

Department of the Treasury  
Internal Revenue Service (99)

Name of the organization Children's Hospital Medical Center Employer identification number 31-0833936

Unrelated business activity code (see instructions) ▶ 531120

Describe the unrelated trade or business ▶ Rental Income

| <b>Part I Unrelated Trade or Business Income</b>   |                    | (A) Income | (B) Expenses | (C) Net |
|--|--------------------|------------|--------------|---------|
| <b>1 a</b> Gross receipts or sales   |                    |            |              |         |
| <b>b</b> Less returns and allowances   | <b>c Balance ▶</b> |            |              |         |
| <b>2</b> Cost of goods sold (Schedule A, line 7)   | <b>1c</b>          |            |              |         |
| <b>3</b> Gross profit Subtract line 2 from line 1c   | <b>2</b>           |            |              |         |
| <b>4 a</b> Capital gain net income (attach Schedule D)   | <b>3</b>           |            |              |         |
| <b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                      | <b>4a</b>          |            |              |         |
| <b>c</b> Capital loss deduction for trusts   | <b>4b</b>          |            |              |         |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement)               | <b>4c</b>          |            |              |         |
| <b>6</b> Rent income (Schedule C)  | <b>5</b>           | 172,769.   | 108,263.     | 64,506. |
| <b>7</b> Unrelated debt-financed income (Schedule E)   | <b>6</b>           |            |              |         |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F) | <b>7</b>           |            |              |         |
| <b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)      | <b>8</b>           |            |              |         |
| <b>10</b> Exploited exempt activity income (Schedule I)  | <b>9</b>           |            |              |         |
| <b>11</b> Advertising income (Schedule J)  | <b>10</b>          |            |              |         |
| <b>12</b> Other income (See instructions, attach schedule)                                     | <b>11</b>          |            |              |         |
| <b>13 Total.</b> Combine lines 3 through 12  | <b>12</b>          | 172,769.   | 108,263.     | 64,506. |
|  | <b>13</b>          | 172,769.   | 108,263.     | 64,506. |

**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.)

|  |            |  |  |         |
|--|------------|--|--|---------|
| <b>14</b> Compensation of officers, directors, and trustees (Schedule K)   | <b>14</b>  |  |  |         |
| <b>15</b> Salaries and wages   | <b>15</b>  |  |  |         |
| <b>16</b> Repairs and maintenance  | <b>16</b>  |  |  |         |
| <b>17</b> Bad debts  | <b>17</b>  |  |  |         |
| <b>18</b> Interest (attach schedule) (see instructions)  | <b>18</b>  |  |  |         |
| <b>19</b> Taxes and licenses   | <b>19</b>  |  |  |         |
| <b>20</b> Charitable contributions (See instructions for limitation rules) <span style="float:right">Statement 18 Stmt 19</span> | <b>20</b>  |  |  | 6,446.  |
| <b>21</b> Depreciation (attach Form 4562)  | <b>21</b>  |  |  |         |
| <b>22</b> Less depreciation claimed on Schedule A and elsewhere on return  | <b>22a</b> |  |  |         |
| <b>23</b> Depletion  | <b>22b</b> |  |  |         |
| <b>24</b> Contributions to deferred compensation plans   | <b>23</b>  |  |  |         |
| <b>25</b> Employee benefit programs  | <b>24</b>  |  |  |         |
| <b>26</b> Excess exempt expenses (Schedule I)  | <b>25</b>  |  |  |         |
| <b>27</b> Excess readership costs (Schedule J)   | <b>26</b>  |  |  |         |
| <b>28</b> Other deductions (attach schedule) <span style="float:right">See Statement 20</span>                                   | <b>27</b>  |  |  |         |
| <b>29 Total deductions.</b> Add lines 14 through 28  | <b>28</b>  |  |  | 49.     |
| <b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13                   | <b>29</b>  |  |  | 6,495.  |
| <b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)         | <b>30</b>  |  |  | 58,011. |
| <b>32</b> Unrelated business taxable income Subtract line 31 from line 30  | <b>31</b>  |  |  |         |
|  | <b>32</b>  |  |  | 58,011. |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

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

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

2. Rent received or accrued

|       |    | (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) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)<br>See Statement 25 |
|-------|----|---|---|---|
| (1)   | 0. |   | 116,767.  | 103,243.  |
| (2)   | 0. |   | 39,418.   | 0.  |
| (3)   | 0. |   | 16,584.   | 5,020.  |
| (4)   |    |   |   |   |
| Total | 0. | Total   | 172,769.  |   |

(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) ▶ 108,263.

**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)                |
| Total dividends-received deductions included in column 8  |   |   |  |   |

Form 990-T (M)

Contributions

Statement 18

Description/Kind of Property

Method Used to Determine FMV

Amount

Contributions

N/A

935,613.

Total to Schedule M, Part II, line 20

935,613.

Form 990-T (M)

Contribution Limitations

Statement 19

|                     | <u>Contributions Subject<br/>to the 10% limit</u> | <u>Qualified Disaster<br/>Relief Contributions</u> | <u>Total<br/>Contributions</u> |
|---------------------|---|--|--------------------------------|
| Total Contributions | 935,613.  | 0.   | 935,613.                       |
| 10% Taxable Income  | 6,446.  |  |                                |
| Current Year Amount | 6,446.  |  | 6,446.                         |

Form 990-T (M)

Other Deductions

Statement 20

Description

Amount

Tax Preparation Fees

49.

Total to Schedule M, Part II, line 28

49.



Form 990-T (M) Deductions Connected with Rental Income Statement 25

| Description   | Activity<br>Number | Amount   | Total    |
|---|--------------------|----------|----------|
| Utilities, Housekeeping, Interest<br>Expense and Depreciation |                    | 103,243. |          |
| - SubTotal -  | 1                  |          | 103,243. |
| Depreciation and Utilities                                    |                    | 5,020.   |          |
| - SubTotal -  | 3                  |          | 5,020.   |
| Total to Form 990-T, Schedule C, Column 3                     |                    |          | 108,263. |

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

Entity 6

OMB No 1545-0687

**2018**

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

Department of the Treasury  
Internal Revenue Service (99)

▶ Go to [www.irs.gov/Form990T](http://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

Name of the organization Children's Hospital Medical Center Employer identification number 31-0833936

Unrelated business activity code (see instructions) ▶ 900099

Describe the unrelated trade or business ▶ External Billings

| <b>Part I Unrelated Trade or Business Income</b> |   | (A) Income | (B) Expenses | (C) Net    |
|--|---|------------|--------------|------------|
| 1 a  | Gross receipts or sales   |            |              |            |
| b  | Less returns and allowances   |            |              |            |
| c  | Balance ▶   | 1c         |              |            |
| 2  | Cost of goods sold (Schedule A, line 7)   | 2          |              |            |
| 3  | Gross profit Subtract line 2 from line 1c   | 3          |              |            |
| 4 a  | Capital gain net income (attach Schedule D)   | 4a         |              |            |
| b  | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                      | 4b         |              |            |
| c  | Capital loss deduction for trusts   | 4c         |              |            |
| 5  | Income (loss) from a partnership or an S corporation (attach statement)               | 5          |              |            |
| 6  | Rent income (Schedule C)  | 6          |              |            |
| 7  | Unrelated debt-financed income (Schedule E)   | 7          |              |            |
| 8  | Interest, annuities, royalties, and rents from a controlled organization (Schedule F) | 8          |              |            |
| 9  | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)      | 9          |              |            |
| 10   | Exploited exempt activity income (Schedule I)   | 10         |              |            |
| 11   | Advertising income (Schedule J)   | 11         |              |            |
| 12   | Other income (See instructions, attach schedule) Stmt 21                              | 12         | 4,512,475.   | 4,512,475. |
| 13   | <b>Total.</b> Combine lines 3 through 12  | 13         | 4,512,475.   | 4,512,475. |

**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)   | 14  |            |
| 15 | Salaries and wages   | 15  |            |
| 16 | Repairs and maintenance  | 16  |            |
| 17 | Bad debts  | 17  |            |
| 18 | Interest (attach schedule) (see instructions)  | 18  |            |
| 19 | Taxes and licenses   | 19  |            |
| 20 | Charitable contributions (See instructions for limitation rules) Statement 22 Stmt 23                          | 20  | 157,998.   |
| 21 | Depreciation (attach Form 4562)  | 21  |            |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return  | 22a | 22b        |
| 23 | Depletion  | 23  |            |
| 24 | Contributions to deferred compensation plans   | 24  |            |
| 25 | Employee benefit programs  | 25  |            |
| 26 | Excess exempt expenses (Schedule I)  | 26  |            |
| 27 | Excess readership costs (Schedule J)   | 27  |            |
| 28 | Other deductions (attach schedule) See Statement 24  | 28  | 2,932,493. |
| 29 | <b>Total deductions.</b> Add lines 14 through 28   | 29  | 3,090,491. |
| 30 | Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13            | 30  | 1,421,984. |
| 31 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | 31  |            |
| 32 | Unrelated business taxable income Subtract line 31 from line 30  | 32  | 1,421,984. |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Form 990-T (M)

Other Income

Statement 21

| <u>Description</u>                   | <u>Amount</u> |
|--------------------------------------|---------------|
| Radiology Reads on External Tests    | 684,995.      |
| Telemedicine                         | 256,247.      |
| PRCSG Study                          | 415,478.      |
| Pathology                            | 1,809,682.    |
| Project Search                       | 33,955.       |
| Seven Hills Bioreagents              | 104,929.      |
| Pharmacometric Services              | 246,680.      |
| NMC Collaboration                    | 238,045.      |
| Interpreters                         | 175,583.      |
| Parkview Health/Cradle Cincinnati    | 153,750.      |
| Akron Children's Hospital TTTS       | 12,444.       |
| Infectious Diseases                  | 380,687.      |
| Total to Schedule M, Part I, line 12 | 4,512,475.    |

| Form 990-T (M)                        | Contributions                | Statement 22 |
|---------------------------------------|------------------------------|--------------|
| Description/Kind of Property          | Method Used to Determine FMV | Amount       |
| Contributions                         | N/A                          | 521,791.     |
| Total to Schedule M, Part II, line 20 |                              | 521,791.     |

Form 990-T (M)

Contribution Limitations

Statement 23

|                     | Contributions Subject<br>to the 10% limit | Qualified Disaster<br>Relief Contributions | Total<br>Contributions |
|---------------------|---|--|------------------------|
| Total Contributions | 521,791.                                  | 0.   | 521,791.               |
| 10% Taxable Income  | 157,998.                                  |  |                        |
| Current Year Amount | 157,998.                                  |  | 157,998.               |

Form 990-T (M)

Other Deductions

Statement 24

| <u>Description</u>                    | <u>Amount</u>     |
|---------------------------------------|-------------------|
| Radiology Reads on External Tests     | 580,166.          |
| Telemedicine                          | 122,040.          |
| PRCSG Study                           | 379,130.          |
| Pathology                             | 996,337.          |
| Seven Hills Bioreagents               | 98,129.           |
| Pharmacometric Services               | 144,336.          |
| NMC Collaboration                     | 172,039.          |
| Interpreters                          | 96,279.           |
| Parkview Health/Cradle Cincinnati     | 8,096.            |
| Tax Preparation Fees                  | 1,267.            |
| Infectious Diseases                   | 334,674.          |
| <br>                                  |                   |
| Total to Schedule M, Part II, line 28 | <u>2,932,493.</u> |

**Capital Gains and Losses**  
▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,  
1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
▶ Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

**2018**

|  |  |
|--|--|
| Name<br><br>Children's Hospital Medical Center | Employer identification number<br><br>31-0833936 |
|--|--|

| <b>Part I Short-Term Capital Gains and Losses</b> (See instructions.)   |                                  |                                 |   |   |
|---|----------------------------------|---------------------------------|---|---|
| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b |                                  |                                 |   |   |
| 1b Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked   |                                  |                                 |   |   |
| 2 Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked  |                                  |                                 |   |   |
| 3 Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked  |                                  |                                 |   | -1.   |
| 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37  |                                  |                                 | 4   |   |
| 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824   |                                  |                                 | 5   |   |
| 6 Unused capital loss carryover (attach computation)  |                                  |                                 | 6   | ( )   |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h   |                                  |                                 | 7   | -1.   |

| <b>Part II Long-Term Capital Gains and Losses</b> (See instructions.)  |                                  |                                 |  |   |
|--|----------------------------------|---------------------------------|--|---|
| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b |                                  |                                 |  |   |
| 8b Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked  |                                  |                                 |  |   |
| 9 Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked   |                                  |                                 |  |   |
| 10 Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked  |                                  |                                 |  | 9,791.  |
| 11 Enter gain from Form 4797, line 7 or 9  |                                  |                                 | 11   | 49,191.   |
| 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37   |                                  |                                 | 12   |   |
| 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824  |                                  |                                 | 13   |   |
| 14 Capital gain distributions  |                                  |                                 | 14   |   |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h   |                                  |                                 | 15   | 58,982.   |

| <b>Part III Summary of Parts I and II</b>   |  |  |    |         |
|---|--|--|----|---------|
| 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)                   |  |  | 16 |         |
| 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) |  |  | 17 | 58,981. |
| 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.           |  |  | 18 | 58,981. |

**Note:** If losses exceed gains, see **Capital losses** in the instructions.

### Sales and Other Dispositions of Capital Assets

OMB No 1545-0074

**2018**  
Attachment  
Sequence No **12A**

► Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return  
  
Children's Hospital Medical Center

Social security number or taxpayer identification no.  
  
31-0833936

*Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.*

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box A, B, or C below. Check only one box.** If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

| 1 | (a)<br>Description of property<br>(Example, 100 sh XYZ Co) | (b)<br>Date acquired<br>(Mo., day, yr) | (c)<br>Date sold or disposed of<br>(Mo, day, yr) | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost or other basis. See the Note below and see Column (e) in the instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions |                             | (h)<br>Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g) |
|---|--|--|--|----------------------------------|---|---|-----------------------------|---|
|   |  |  |  |                                  |   | (f)<br>Code(s)  | (g)<br>Amount of adjustment |   |
|   | Fort Washington Private Equity Investors                   |  |  |                                  |   |   |                             | <1.>  |
|   |  |  |  |                                  |   |   |                             |   |
|   |  |  |  |                                  |   |   |                             |   |
|   |  |  |  |                                  |   |   |                             |   |
|   |  |  |  |                                  |   |   |                             |   |
|   |  |  |  |                                  |   |   |                             |   |
|   |  |  |  |                                  |   |   |                             |   |
|   |  |  |  |                                  |   |   |                             |   |
|   |  |  |  |                                  |   |   |                             |   |
|   |  |  |  |                                  |   |   |                             |   |
|   |  |  |  |                                  |   |   |                             |   |
|   |  |  |  |                                  |   |   |                             |   |
|   |  |  |  |                                  |   |   |                             |   |
|   |  |  |  |                                  |   |   |                             |   |
|   |  |  |  |                                  |   |   |                             |   |
|   |  |  |  |                                  |   |   |                             |   |
|   |  |  |  |                                  |   |   |                             |   |
|   |  |  |  |                                  |   |   |                             |   |
|   |  |  |  |                                  |   |   |                             |   |
|   |  |  |  |                                  |   |   |                             |   |
|   |  |  |  |                                  |   |   |                             |   |
|   |  |  |  |                                  |   |   |                             |   |
|   |  |  |  |                                  |   |   |                             |   |
|   |  |  |  |                                  |   |   |                             |   |
|   |  |  |  |                                  |   |   |                             |   |
|   |  |  |  |                                  |   |   |                             |   |
|   |  |  |  |                                  |   |   |                             |   |
|   |  |  |  |                                  |   |   |                             |   |

**2 Totals.** Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked) ►

<1.>

**Note:** If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.



Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

Children's Hospital Medical Center

31-0833936

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note.** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

| 1        | (a)<br>Description of property<br>(Example: 100 sh XYZ Co)  | (b)<br>Date acquired<br>(Mo., day, yr) | (c)<br>Date sold or<br>disposed of<br>(Mo, day, yr) | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost or other<br>basis. See the<br><b>Note</b> below and<br>see <i>Column (e)</i> in<br>the instructions | Adjustment, if any, to gain or<br>loss. If you enter an amount<br>in column (g), enter a code in<br>column (f). See instructions. |                                | (h)<br>Gain or (loss).<br>Subtract column (e)<br>from column (d) &<br>combine the result<br>with column (g) |        |
|----------|---|--|---|----------------------------------|---|---|--------------------------------|---|--------|
|          |   |  |   |                                  |   | (f)<br>Code(s)  | (g)<br>Amount of<br>adjustment |   |        |
|          | Fort Washington Private<br>Equity Investors   |  |   |                                  |   |   |                                | 9,791.  |        |
|          |   |  |   |                                  |   |   |                                |   |        |
|          |   |  |   |                                  |   |   |                                |   |        |
|          |   |  |   |                                  |   |   |                                |   |        |
|          |   |  |   |                                  |   |   |                                |   |        |
|          |   |  |   |                                  |   |   |                                |   |        |
|          |   |  |   |                                  |   |   |                                |   |        |
|          |   |  |   |                                  |   |   |                                |   |        |
|          |   |  |   |                                  |   |   |                                |   |        |
|          |   |  |   |                                  |   |   |                                |   |        |
|          |   |  |   |                                  |   |   |                                |   |        |
|          |   |  |   |                                  |   |   |                                |   |        |
|          |   |  |   |                                  |   |   |                                |   |        |
|          |   |  |   |                                  |   |   |                                |   |        |
|          |   |  |   |                                  |   |   |                                |   |        |
|          |   |  |   |                                  |   |   |                                |   |        |
|          |   |  |   |                                  |   |   |                                |   |        |
|          |   |  |   |                                  |   |   |                                |   |        |
|          |   |  |   |                                  |   |   |                                |   |        |
|          |   |  |   |                                  |   |   |                                |   |        |
|          |   |  |   |                                  |   |   |                                |   |        |
| <b>2</b> | <b>Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶ |  |   |                                  |   |   |                                |   | 9,791. |

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.