

Form 990-T

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

OMB No 1545-0047 2018 Open to Public Inspection for 501(c)(3) Organizations Only

For calendar year 2018 or other tax year beginning 2018, and ending 2018

Go to www.irs.gov/Form990T for instructions and the latest information.

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

Department of the Treasury Internal Revenue Service

A 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 Exempt under section

CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON

34-0714357

- 501(c) 03, 408(e) 220(e), 408A 530(a), 529(a)

Number, street, and room or suite no. If a P O box, see instructions

E Unrelated business activity code (See instructions)

ONE PERKINS SQUARE

446110

City or town, state or province, country, and ZIP or foreign postal code

AKRON, OH 44308

C Book value of all assets at end of year

F Group exemption number (See instructions)

1422952377

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: 5 Describe the only (or first) unrelated trade or business here: RETAIL PHARMACY

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

J The books are in care of ALICIA LAMANCUSA Telephone number 330-543-8171

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, etc.

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

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, etc.

For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2018)

POSTMARK DATE NOV 14 2019

Received In 30 Batching Ogden NOV 21 2019

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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38 for unrelated business taxable income calculation.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-45d, 46-49, 50a-50g, 51-55 for tax and payments.

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

Table with 3 columns: Line number, Description, and Yes/No. Includes lines 56-58 regarding foreign activities and tax-exempt interest.

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

Sign Here: Signature of officer, Date (11/11/19), Title (CHIEF FINANCIAL OFFICER), and a box for IRS discussion.

Paid Preparer Use Only: Print/Type preparer's name (TERENCE M KENNEDY), Preparer's signature, Date (11/10/2019), Firm's name (ERNST & YOUNG US LLP), Firm's address (950 MAIN AVENUE, SUITE 1800, CLEVELAND, OH 44113), Firm's EIN (34-6565596), and Phone no (216-861-5000).

**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	610,668.
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)**	4b	610,668.				
5	Total. Add lines 1 through 4b	5	610,668				X

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

(see instructions) \*\*4B ATCH 2

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	Total	
(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).

**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				

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

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 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.

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 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.

Totals

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 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).

Totals

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 columns: 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, 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).

Totals

Schedule J—Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss) (col 2 minus col 3), 5. Circulation income, 6. Readership costs, 7. Excess readership costs (column 6 minus column 5, but not more than column 4).

Totals (carry to Part II, line (5))

**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> . . . . . ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
<b>Totals, Part II (lines 1-5)</b> . . . . . ▶						

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2 Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total</b> Enter here and on page 1, Part II, line 14 . . . . . ▶			

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

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

OMB No 1545-0687

**2018**

For calendar year 2018 or other tax year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20\_\_\_\_\_.

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

Name of organization

CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON

Employer identification number

34-0714357

Unrelated business activity code (see instructions) ▶ 621500

Describe the unrelated trade or business ▶ LABORATORY SERVICES

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 341,977.			
b	Less returns and allowances 153,945. c Balance ▶	1 c	188,032.	
2	Cost of goods sold (Schedule A, line 7) . . . . . ATCH. 3	2	12,196.	
3	Gross profit Subtract line 2 from line 1c . . . . .	3	175,836.	175,836.
4 a	Capital gain net income (attach Schedule D) . . . . .	4 a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . .	4 b		
c	Capital loss deduction for trusts . . . . .	4 c		
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) . . . . .	12		
13	<b>Total.</b> Combine lines 3 through 12. . . . .	13	175,836.	175,836

**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		24,728.
16	Repairs and maintenance . . . . .	16		2,582.
17	Bad debts . . . . .	17		
18	Interest (attach schedule) (see instructions) . . . . .	18		
19	Taxes and licenses . . . . .	19		
20	Charitable contributions (See instructions for limitation rules) . . . . .	20		
21	Depreciation (attach Form 4562) . . . . .	21	1,815	
22	Less depreciation claimed on Schedule A and elsewhere on return . . . . .	22a		1,815.
23	Depletion . . . . .	23		
24	Contributions to deferred compensation plans . . . . .	24		
25	Employee benefit programs . . . . .	25		7,032.
26	Excess exempt expenses (Schedule I) . . . . .	26		
27	Excess readership costs (Schedule J) . . . . .	27		
28	Other deductions (attach schedule) . . . . . ATCH. 4	28		17,840
29	<b>Total deductions</b> Add lines 14 through 28. . . . .	29		53,997.
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30		121,839.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) . . . . .	31		
32	<b>Unrelated business taxable income</b> Subtract line 31 from line 30 . . . . .	32		121,839

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

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

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

OMB No 1545-0687

**2018**

For calendar year 2018 or other tax year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20\_\_\_\_.

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501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

Name of organization

CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON

Employer identification number

34-0714357

Unrelated business activity code (see instructions) ▶ 453000

Describe the unrelated trade or business ▶ BOOK SALES

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales <u>5,169.</u>			
b	Less returns and allowances <u>                    </u> c Balance ▶			
	<b>1 c</b>	5,169.		
2	Cost of goods sold (Schedule A, line 7) . . . . .	<b>2</b>		
3	Gross profit Subtract line 2 from line 1c . . . . .	<b>3</b>	5,169.	5,169
4 a	Capital gain net income (attach Schedule D) . . . . .	<b>4 a</b>		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . . . .	<b>4 b</b>		
c	Capital loss deduction for trusts . . . . .	<b>4 c</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	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>	5,169.	5,169.

**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>20</b>		
21	Depreciation (attach Form 4562) . . . . .	<b>21</b>		
22	Less depreciation claimed on Schedule A and elsewhere on return . . . . .	<b>22 a</b>		
		<b>22 b</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>		
29	<b>Total deductions.</b> Add lines 14 through 28 . . . . .	<b>29</b>		
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	<b>30</b>		5,169.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) . . . . .	<b>31</b>		
32	<b>Unrelated business taxable income</b> Subtract line 31 from line 30 . . . . .	<b>32</b>		5,169.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

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

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

OMB No 1545 0887

**2018**

For calendar year 2018 or other tax year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20\_\_\_\_

Department of the Treasury  
Internal Revenue Service

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

Name of organization: **CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON** Employer identification number: **34-0714357**

Unrelated business activity code (see instructions) ▶ **541900**

Describe the unrelated trade or business ▶ **AUSTEN SIMULATION CENTER**

<b>Part I</b> Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales <u>256,109.</u>			
b	Less returns and allowances <u>                    </u> c Balance ▶	1 c	256,109	
2	Cost of goods sold (Schedule A, line 7) . . . . . <u>ATCH, 5</u>	2	84,054.	
3	Gross profit Subtract line 2 from line 1c . . . . .	3	172,055.	172,055
4 a	Capital gain net income (attach Schedule D) . . . . .	4 a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . .	4 b		
c	Capital loss deduction for trusts . . . . .	4 c		
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) . . . . .	12		
13	<b>Total.</b> Combine lines 3 through 12 . . . . .	13	172,055.	172,055.

**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	205,549.	
16	Repairs and maintenance . . . . .	16	6,106.	
17	Bad debts . . . . .	17		
18	Interest (attach schedule) (see instructions) . . . . .	18		
19	Taxes and licenses . . . . .	19		
20	Charitable contributions (See instructions for limitation rules) . . . . .	20		
21	Depreciation (attach Form 4562) . . . . .	21	2,067.	
22	Less depreciation claimed on Schedule A and elsewhere on return . . . . .	22a		22b 2,067.
23	Depletion . . . . .	23		
24	Contributions to deferred compensation plans . . . . .	24		
25	Employee benefit programs . . . . .	25	39,137.	
26	Excess exempt expenses (Schedule I) . . . . .	26		
27	Excess readership costs (Schedule J) . . . . .	27		
28	Other deductions (attach schedule) . . . . . <u>ATCH 6</u>	28	259,852.	
29	<b>Total deductions.</b> Add lines 14 through 28 . . . . .	29	512,711.	
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30	-340,656.	
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) . . . . .	31		
32	<b>Unrelated business taxable income</b> Subtract line 31 from line 30 . . . . .	32	-340,656.	

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018



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

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

OMB No 1545-0687

**2018**

For calendar year 2018 or other tax year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20\_\_\_\_.

Department of the Treasury  
Internal Revenue Service

▶ 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 organization **CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON** Employer identification number **34-0714357**

Unrelated business activity code (see instructions) ▶ **523000**

Describe the unrelated trade or business ▶ **ACTIVITIES FROM PARTNERSHIPS**

<b>Part I</b> Unrelated Trade or Business Income		(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>1 c</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>4 a</b>		
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4 b</b>		
<b>c</b>	Capital loss deduction for trusts	<b>4 c</b>		
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement) <b>ATCH 7</b>	<b>5</b>	- 7, 335.	- 7, 335.
<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>	- 7, 335	- 7, 335.

**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)	<b>20</b>		
<b>21</b>	Depreciation (attach Form 4562)	<b>21</b>		
<b>22</b>	Less depreciation claimed on Schedule A and elsewhere on return	<b>22 a</b>		<b>22 b</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)	<b>28</b>		
<b>29</b>	Total deductions. Add lines 14 through 28	<b>29</b>		
<b>30</b>	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	<b>30</b>		- 7, 335.
<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>		- 7, 335.

For Paperwork Reduction Act Notice, see Instructions

Schedule M (Form 990-T) 2018

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Identifying number

CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON

34-0714357

Business or activity to which this form relates

GENERAL DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

Table with 5 main rows for general depreciation calculations and a table for property descriptions (lines 6-13).

Note: Don't use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for special depreciation allowance and other depreciation (lines 14-16).

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for MACRS deductions (lines 17-18).

Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year, residential rental, and nonresidential real property.

Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

Table with 4 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method. Rows include 12-year, 30-year, and 40-year class lives.

Part IV Summary (See instructions)

Table with 3 rows for summary calculations (lines 21-23).

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

Table with columns (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Includes rows 30-36 with sub-columns for Yes/No.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions

Table with rows 37-41 and columns Yes/No. Includes a note: Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles

Part VI Amortization

Table with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

ATTACHMENT 1

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

MISCELLANEOUS EXPENSES

18,614.

PART II - LINE 28 - OTHER DEDUCTIONS

18,614.

ATTACHMENT 2

FORM 990T - SCHEDULE A - LINE 4B - OTHER COSTS

MEDICAL SUPPLIES

610,668.

TOTAL OTHER COSTS

610,668.

LABORATORY SERVICES

SCHEDULE M LINE 2: SCHEDULE A - COST OF GOODS SOLD

1	INVENTORY AT BEGINNING OF YEAR . . .		
2	PURCHASES . . . . .		
3	COST OF LABOR . . . . .		
4A	ADDITIONAL SECTION 263A COSTS . . . .		
	B OTHER COSTS . . . . .	<u>12,196.</u>	
5	TOTAL. ADD LINES 1 THROUGH 4B . . . .	12,196.	
6	INVENTORY AT END OF YEAR . . . . .		
7	COST OF GOODS SOLD.		
	(SUBTRACT LINE 6 FROM LINE 5) . . . . .		<u>12,196.</u>
8	DO THE RULES OF SECTION 263A (WITH RESPECT TO PROPERTY PRODUCED OR ACQUIRED FOR RESALE) APPLY TO THE ORGANIZATION?	YES	NO X

SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

PURCHASED SERVICES	16,923.
MISCELLANEOUS EXPENSES	917.

PART II - LINE 28 - OTHER DEDUCTIONS	<u>17,840.</u>
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AUSTEN SIMULATION CENTER

SCHEDULE M LINE 2: SCHEDULE A - COST OF GOODS SOLD

1	INVENTORY AT BEGINNING OF YEAR . . .			
2	PURCHASES . . . . .			
3	COST OF LABOR . . . . .			
4A	ADDITIONAL SECTION 263A COSTS . . . .			
B	OTHER COSTS . . . . .		<u>84,054.</u>	
5	TOTAL. ADD LINES 1 THROUGH 4B . . . .		<u>84,054.</u>	
6	INVENTORY AT END OF YEAR . . . . .			
7	COST OF GOODS SOLD.			
	(SUBTRACT LINE 6 FROM LINE 5) . . . . .			<u>84,054.</u>
8	DO THE RULES OF SECTION 263A (WITH RESPECT TO PROPERTY PRODUCED OR ACQUIRED FOR RESALE) APPLY TO THE ORGANIZATION?		YES	NO X



SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

PURCHASED SERVICES	38,010.
FACILITY AND EQUIPMENT RENTAL	199,333.
MISCELLANEOUS EXPENSES	22,509.

PART II - LINE 28 - OTHER DEDUCTIONS	<u>259,852.</u>
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ACTIVITIES FROM PARTNERSHIPS

SCHEDULE M LINE 5 - INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

AKRON DEVELOPMENT FUND I, LTD	-6,603.
AKRON BIOINVESTMENT FUND II, LTD	-732.
INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS	<u>-7,335.</u>