	Form	990-T	Ex	cempt Organization		siness Income der section 603			ո	OMB No 1545-00 7
•	roms	, 000	For color	ndar year 2018 or other tax year begin			•			୬ଲ40
•	_		For cale	Go to www.irs.gov/Form990						<u> </u>
		ment of the Treasury I Revenue Service	l ▶ Do	not enter SSN numbers on this form a					3)	Open to Public Inspection for 501(c)(3) Organizations Only
	A	Check box if	P 00			ne changed and see instruc				er identification number
36	·· L	address changed							(Employ	ees' trust, see instructions)
MAWE SEA	B Exe	mpt under section		_CHILDREN'S HOSPITAL						
		501(C <u>)(23</u>)	Print	Number, street, and room or suite no 1					34-07	14357
P ,		408(e) 220(e)	or					ļ ī		ted business activity code
ê.		408A 530(a)	1,700	ONE PERKINS SQUARE					(See ins	(ructions)
CATE	\vdash	529(a)	1	City or town, state or province, country	y, and Z	IP or foreign postal code				
		k value of all assets	1	AKRON, OH 44308					44611	0
VOV	at e	nd of year	F Gro	up exemption number (See instructi	ions)	>				
	1	.422952377.	G Che	eck organization type X 501	(c) co	rporation 50)1(c)	trust	401(a) t	rust Other trust
14	H Er	nter the number of	the orga	inization's unrelated trades or busine	sses	▶ 5		Describe	he only	(or first) unrelated
~	tra	ade or business her	re ▶RET	TAIL PHARMACY		If only o	ne, o	complete Parts I-V	If more	than one, describe the
2019	fır	st in the blank spa	addition	al						
رسي		ide or business, th								
		•		corporation a subsidiary in an affili			агу с	ontrolled group?.		▶ Yes X No
				identifying number of the parent co	rporati	on 🕨				
မွှ				LICIA LAMANCUSA		1	hone	e number ▶ 330		
30 Received in 30 Batching Ogden				or Business Income	T	(A) Income	_	(B) Expens	es	(C) Net
<u>5</u> .8	1 a	Gross receipts or	sales	1,059,483	١.	F77 0C	,			
		Less returns and allows				577,963				
8 2	2		-	Iule A, line 7)	2	-32,70	$\overline{}$	 		-32,705.
8 J	3	•		2 from line 1c	3	32,70	<u>-</u>			32,703.
_	4a			attach Schedule D)	4a 4b	i		RECEIV	FD	
NOV	b	• • • • •		Part II, line 17) (attach Form 4797)	4c		2			O
12	С 5			trusts	5		뜅	NOV 182		S
_	6			n an 3 corporation (attach statement),	6		낆	100 1 6 2	013 	8
2019	7	•	•	ncome (Schedule E)	7		-4	000=11		E
30	8			ents from a controlled organization (Schedule F)				OGDEN.	UT	,
	9			01(c)(7) (9), or (17) organization (Schedule G)						
	10			income (Schedule I)	10					
	11	Advertising incon	ne (Sched	dule J)	11					
	12			ctions, attach schedule) ,	12					
5	13			rough 12		-32,70				-32,705.
7019	Pai			Taken Elsewhere (See inst				, ,	xcept fo	or contributions,
ر ت				t be directly connected with t						T
<i>-</i> 2 →	14	•		directors, and trustees (Schedule K)						66,593.
ر	15	-								66,593.
ر آ	16									
<u> </u>	17			· · · · · · · · · · · · · · · · · · ·					- 1	
ij	18			(see instructions)						
リンタン	19			See instructions for limitation rules)					F .	
	20 21			1 4562)			• • •		. 20	
5	22			d on Schedule A and elsewhere on r					22b	
ó	23	· ·		,						
**	24			compensation plans						
	25			ls , , , , , , ,						34,997.
	26			(Schedule I)					· -	
	27			Schedule J)						
	28			schedule)					·	18,614.
	29			es 14 through 28					1	120,204.
	30			ble income before net operating						-152,909.
	31			ng loss arising in tax years beginni						
	32			le income. Subtract line 31 from line	e 30 .	<u> </u>	<u> </u>	<u> </u>	. 32	-152,909.
	E o v I	Janeswork Bodus	tion Act	Notice see instructions						Form 990-T (2018)

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	990-T (2Q18)		Page 2
Pav	Total Unrelated Business Taxable Income	,	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions)	33	127,008.
34	Amounts paid for disallowed fringes	34	473,016.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	Instructions)	35	600,024.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
	of lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,		
	enter the smaller of zero or line 36	38	0.
Par	t IV Tax Computation		· · · · · · · · · · · · · · · · · · ·
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on		
. •	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40	
44	Proxy tax. See instructions	41	
41	Alternative minimum tax (trusts only).	42	
42 43	Tax on Noncompliant Facility Income. See instructions	43	······································
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies		
Par		44]	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	-	
	Other credits (see instructions)	1	
C	General business credit Altach Form 3800 (see instructions)		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	1	
	10th 00th 10th 10th 10th 10th 10th 10th	45e	
46	Subtract line 45e from line 44	46	
47	Other laxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (altach schedule).		
48	Total tax. Add lines 46 and 47 (see instructions)		0.
49	2018 net 965 tax hability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
	Payments A 2017 overpayment credited to 2018		
	2018 estimated tax payments	1	
	Tax deposited with Form 8868		
	Foreign organizations Tax paid or withheld at source (see instructions)	<u> </u>	
е	Backup withholding (see instructions)		
f	Credit for small employer health insurance premiums (attach Form 8941) 50f		
g	Other credits, adjustments, and payments Form 2439		
	Form 4136 Other Total ▶ 50g	1	
51	Total payments. Add lines 50a through 50g	51	60,000
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	60,000.
55	Enter the amount of line 54 you want	55	60,000.
Pai	tVI Statements Regarding Certain Activities and Other Information (see instruction	s)	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	other authority	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	ay have to file	:
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign country	·
	here >		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	ign trust?	. X
	If "Yes," see instructions for other forms the organization may have to file	•	
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
	Under penalties of perjury I declare that I have examined this return including accompanying schedules and statements, and to the b	pest of my knowledge	e and belief, it is
Sig	true, correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		
Her		ay the IRS discus th the preparer	
			Yes No
—	Print/Type preparer's name Preparer's signature Date	k If PTIN	
Paid	Chec		089502
-	Darer Firm's name ERNST & YOUNG US LLP	s EIN ► 34-65	
Use		eno 216-861	
	Limit addition by the second and a second and a second and second		990-T (3018)

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Form 990-T (2018)											· · · · · · · · · · · · · · · · · · ·	Page 3
Schedule A - Cost of Go	ods So	ld. Ent	er method	of invent	ory '	valuation	<u> </u>		,			
1 Inventory at beginning of year					6	Inventory	at end of yea	ar	6			
2 Purchases					7	Cost of	goods so	ld. Subtract line				
3 Cost of labor	3					6 from	line 5 En	iter here and in				
4 a Additional section 263A cos	ts					Part 1, line	2		_ 7		610,6	568.
(attach schedule)	4a				8	Do the	rules of	section 263A (w	ith re	espect to	Yes	No
b Other costs (attach schedule) * .* 4b			,668.				or acquired for				
5 Total. Add lines 1 through 4				,668				<u> </u>		<u></u>	<u> </u>	Х
Schedule C - Rent Income			operty a	nd Perso	nal	Property	Leased V	Vith Real Proper	ty)			
(see instructions) **	4B AT	CH 2										
1. Description of property												
(1)												
(2)												
(3)												
(4)							_					
	2. Re	nt receiv	ed or accrue	ed]				
(a) From personal property (if the property is more than more than 50%)			percenta	age of rent fo	or per	conal property sonal property ed on profit or	exceeds	3(a) Deductions di in columns 2(a				ome
(1)												
(2)			-									
(3)												
(4)	_											
Total			Total									
(c) Total income. Add totals of col							•	(b) Total deduction Enter here and on	page '			
here and on page 1, Part I, line 6,						`		Part I, line 6, colun	in (B)	<u> </u>		
Schedule E - Unrelated De	Dt-Fina	ncea in	come (se	e instruct	ions	<i></i>	3 [Deductions directly con	nected	with or alloca	ble to	
1 Description of debt	financed n	ropedy				me from or bt-financed		debt-financ				
1 Description of debe	-прапоса р	roperty			rope			ht line depreciation ich schedule)		b) Other ded) attach sche)		
(1)												
(2)												
(3)												
(4)												•
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of debt-	rage adjus or allocab financed p tach scher	le to roperty	4	Colu divid colu	led_		ıncome reportable n 2 x column 6)	(col	Allocable de umn 6 x total 3(a) and 3	of colun	
(1)						%						
(2)						%						
(3)						%						
(4)						%						
Totals							Part I, lir	re and on page 1, ne 7, column (A)		er here and t I, line 7, co		
Total dividends-received deduction	ons includ	ded in co	lumn 8					▶				

Form **990-T** (2018)

Page 4

Schedule F-Interest, Ann	uities, Royalties	, and Re	nts Fro	om Contro	lled Or	ganizati	ons (see	instruction	ons)	
,				ontrolled Or						
`1. Name of controlled organization	2. Employer identification number	er i		ated income instructions)	ı	of specified nts made	included	column 4 ti in the contro on's gross in	olling	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organi	zations									
7. Taxable Income	8 Net unrelated in (loss) (see instruct			Total of specific		includ	rt of column ed in the con ation's gross	ntrolling		I. Deductions directly inected with income in column 10
(1)										
(2)										
(3)										
(4)								-		
Totals	ncome of a Sec	tion 50°	1(c)(7),	(9), or (17	·	Enter Part I	columns 5 a here and on , line 8, colui	page 1, mn (A)	Ent	dd columns 6 and 11 ler here and on page 1, rt I, line 8, column (B)
1. Description of income	2. Amount of	income		3 Deduction directly contact (attach sci	nnected			t-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)
(1)										
(2)								,,		
(3)	 									
(4)	Enter here and									Enter here and on page 1,
Totals		Come, C	enses ctly led with	4 Net incorfrom unrela or business 2 minus co	ne (loss) ted trade (column	5. Gros	s income tivity that	6. Expe		7 Excess exempt expenses (column 6 minus
1 Description of exploned activity	from trade or business	produc unre business	lated	If a gain, o cols 5 thr	omputé	is not unrelated business income		column 5		column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)										
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter her page 1 line 10,	, Part I,							Enter here and on page 1, Part II, line 26
Schedule J- Advertising I	<u></u>	uctions)		<u>. L. </u>						
Part I Income From Per			Conso	lidated Ba	sis				• • •	
District and Distr										
1 Name of periodical	2 Gross advertising income	3. D advertisi	rect ng costs	4. Adver gain or (lo 2 minus o a galn, co cols 5 thr	ss) (col ol 3) If empute	1	culation come	6. Read		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	<u> </u>									
(2)				7				<u> </u>		
(3)				1						
(4)				7						
· · · · · · · · · · · · · · · · · · ·						<u> </u>		<u> </u>		
Totals (carry to Part II, line (5))	.]			<u> </u>	·	<u></u>	· · · · · · · · · · · · · · · · · · ·	<u></u>	····	5 990 T (2242)

Form **990-T** (2018)

Total Enter here and on page 1, Part II, line 14

Income From Per 2 through 7 on a l			rate Basis (For	each périodical	listed in Part II	, fill in columns
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6. Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶			_			
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (8)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						
Schedule K - Compensatio	n of Officers, D	Directors, and Tr	rustees (see insti	ructions)		
1 Name		2	Title	3. Percent of time devoted to business	4. Compensation unrelated	
(1)				%		
(2)				%		
(3)				%	····	
		i		1		

Form 990-T (2018)

SCHEDULE M (Form 990-T)

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

0140	414	1545	Acc.

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

Department of the Treasury Internal Revenue Service

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

Name of organization CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON

Employer identification number

34-0714357

Unrelated business activity code (see instructions) ▶ 621500

Other income (See instructions, attach schedule)

Total. Combine lines 3 through 12......

Describe the unrelated trade or business ▶ LABORATORY SERVICES Partil Unrelated Trade or Business Income (C) Net (A) income (B) Expenses 341,977. 1a Gross receipts or sales 153,945. c Balance ▶ 188,032. 1 c b Less returns and allowances Cost of goods sold (Schedule A, line 7) ATCH. 3 . 12,196. 2 2 175,836. 175,836. Gross profit Subtract line 2 from line 1c 3 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). . 4b Income (loss) from a partnership or an S corporation (attach 5 5 6 6 Unrelated debt-financed income (Schedule E). Interest, annuities, royalties, and rents from a controlled 8 9 Investment income of a section 501(c)(7), (9), or (17) 9 10 10 Exploited exempt activity income (Schedule I) Advertising income (Schedule J) 11 11

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

12

175,836.

Compensation of officers, directors, and trustees (Schedule K)	14	
Salaries and wages	15	24,728.
		2,582.
	i I	
Taxes and licenses	19	
	1 `	
Depreciation (attach Form 4562)		
Less depreciation claimed on Schedule A and elsewhere on return	22b	1,815.
Depletion	23	
	1	
		7,032.
	1 1	
	28	17,840
	29	53,997.
	30	121,839.
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	31	
Unrelated business taxable income Subtract line 31 from line 30		121,839
	Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I). Excess readership costs (Schedule J). Other deductions (attach schedule) Total deductions Add lines 14 through 28. Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions).	Repairs and maintenance

For Paperwork Reduction Act Notice, see Instructions

Schedule M (Form 990-T) 2018

175,836

12

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB	Ma	1545	OG B

21 ₪

For calendar year 2018 or other tax year beginning _______, 2018, and ending ______, 20 ____.

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

Open to Public Inspection for

Department of the Treasury Internal Revenue Service Name of organization

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

Employer identification number

34-0714357

Unrelated business activity code (see instructions) ► 453000

Describe the unrelated trade or business ► BOOK SALES

CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON

Pai	Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1a	Gross receipts or sales 5, 169.	7		<u></u>		· · · · · · · · · · · · · · · · · · ·
b	Less returns and allowances c Balance I	▶ 1c	5,169.			
2	Cost of goods sold (Schedule A, line 7)				i	
3	Gross profit Subtract line 2 from line 1c		5,169.			5,169
4 a	Capital gain net income (attach Schedule D)					
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)					
c	Capital loss deduction for trusts	·		· · · · · · · · · · · · · · · · · · ·		
5	Income (loss) from a partnership or an S corporation (attach					
-	statement)					
6	Rent income (Schedule C)					
7	Unrelated debt-financed income (Schedule E)	·				
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)					
11	Advertising income (Schedule J)	·				
12	Other income (See instructions, attach schedule)					
13	Total Combine lines 3 through 12		5,169.			5,169.
14	deductions must be directly connected with the i		<u></u>		14	
15	Salaries and wages					<u> </u>
16	Repairs and maintenance					
17	Bad debis				$\overline{}$	
18	Interest (attach schedule) (see instructions)					·
19	Taxes and licenses					
20	Charitable contributions (See instructions for limitation rules				20	
21	Depreciation (attach Form 4562)		21			
22	Less depreciation claimed on Schedule A and elsewhere on				22b	
23	Depletion				23	
24	Contributions to deferred compensation plans					
25	Employee benefit programs				25	
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)				27	
28	Other deductions (attach schedule)				28	
29	Total deductions. Add lines 14 through 28				29	
30	Unrelated business taxable income before net operatin				30	5,169.
31	Deduction for net operating loss arising in tax years					
	instructions)	-	•	•	31	
32	Unrelated business taxable income Subtract line 31 from lin				32	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			
	No	1545	OBR7

Department of the Treasury Internal Revenue Service

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

► 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)

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

Par	tli Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 256,109.				
b	Less returns and allowances c Balance ▶	1 c	256,109		
2	Cost of goods sold (Schedule A, line 7) ATCH. 5 .	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)	4a			
b	Nel gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			L
С	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)	1			
	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	Total. Combine lines 3 through 12	13	172,055.		172,055.

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	1 1	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)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	2,067
23	Depletion	23	
24	Contributions to deferred compensation plans	1 1	
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)	28	259,852.
29	Total deductions. 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	I	
	instructions)	31	
32	Unrelated business taxable income 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

(A) Income

OMB No 1545-0687

Department of the Treasury Internal Revenue Service

1a Gross receipts or sales b Less returns and allowances

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

c Balance

1 c

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

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

(C) Net

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

Part I Unrelated Trade or Business Income

Employer identification number

CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON Unrelated business activity code (see instructions) ▶ 523000

34-0714357

(B) Expenses

Describe the unrelated trade or business ► ACTIVITIES FROM PARTNERSHIPS

U	Less retorns and anomalices					
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			-	
С	Capital loss deduction for trusts	4 c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement) ATCH. 7	5	-7,335.			-7,335.
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	Total. Combine lines 3 through 12	13	-7,335			-7,335.
	dadiiii dalii dadaa aa i dadaa diraadii aanaa abadiii dadaa aa da		ad baaaaaa			
	deductions must be directly connected with the ur	relati	ed business income)			
14	deductions must be directly connected with the ur Compensation of officers, directors, and trustees (Schedule K)		<u> </u>		14	
14 15						
	Compensation of officers, directors, and trustees (Schedule K)				15	
15	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages				15 16	
15 16	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages				15 16 17	
15 16 17	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions). Taxes and licenses				15 16 17 18 19	
15 16 17 18	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitation rules)				15 16 17 18 19	
15 16 17 18 19	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562)		21		15 16 17 18 19	
15 16 17 18 19 20	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitation rules)		21		15 16 17 18 19	
15 16 17 18 19 20 21	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions). Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on red Depletion.		21 22a		15 16 17 18 19 20 22b 23	
15 16 17 18 19 20 21 22	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions). Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on re-		21 22a		15 16 17 18 19 20 22b 23	
15 16 17 18 19 20 21 22 23	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on re Depletion Contributions to deferred compensation plans Employee benefit programs		21 22a		15 16 17 18 19 20 22b 23	
15 16 17 18 19 20 21 22 23 24	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on re Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I)		21 22a		15 16 17 18 19 20 22b 23 24 25 26	
15 16 17 18 19 20 21 22 23 24 25	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on red Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I). Excess readership costs (Schedule J)		21 22a		15 16 17 18 19 20 22b 23 24 25 26	
15 16 17 18 19 20 21 22 23 24 25 26	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions). Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on red Depletion. Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I). Excess readership costs (Schedule J). Other deductions (attach schedule)		21 22a		15 16 17 18 19 20 22b 23 24 25 26 27	
15 16 17 18 19 20 21 22 23 24 25 26 27	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on red Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I). Excess readership costs (Schedule J)		21 22a		15 16 17 18 19 20 22b 23 24 25 26 27	
15 16 17 18 19 20 21 22 23 24 25 26 27	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on re Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 28. Unrelated business taxable income before net operating	eturn	deduction Subtract line	29 from line 13	15 16 17 18 19 20 22b 23 24 25 26 27	-7,335.
15 16 17 18 19 20 21 22 23 24 25 26 27 28	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on re Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating Deduction for net operating loss arising in tax years	eturn	deduction Subtract line aning on or after Janua	29 from line 13 ry 1, 2018 (see	15 16 17 18 19 20 22b 23 24 25 26 27 28 29 30	-7,335.
15 16 17 18 19 20 21 22 23 24 25 26 27 28 29	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on re Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 28. Unrelated business taxable income before net operating	eturn	deduction Subtract line ining on or after Januar	29 from line 13 ry 1, 2018 (see	15 16 17 18 19 20 22b 23 24 25 26 27 28 29 30	-7,335. -7,335.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON

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

OMB No 1545-0172

Attachment Sequence No 179

34-0714357

Department of the Treasury Internal Revenue Service Name(s) shown on return

Identifying number

Busi	ness or activity to which this form relates							
_G	ENERAL DEPRECIATION						······································	
Pa	rt I Election To Expense C							
	Note: If you have any lis	ted property, con	plete Part	V before	you comp	lete Part I		
1	Maximum amount (see instructions)							
2	Total cost of section 179 property pla							
3	Threshold cost of section 179 proper	•						
4 5	Reduction in limitation Subtract line Dollar limitation for lax year Subtract line 4 from separately, see instructions	line 1 if zero or less enter .	0. If marned filing					
6	(a) Description				siness use only			
7	Listed property Enter the amount from	m line 29			7	<u> </u>		
8	Total elected cost of section 179 pro	perty Add amounts i	n column (c),	lines 6 and	7		8	
9	Tentative deduction Enter the smalle	r of line 5 or line 8					9	
10	Carryover of disallowed deduction from							
11	Business income limitation. Enter the							
12	Section 179 expense deduction Add	lines 9 and 10, but of	don't enter me	ore than line	: 11 <u></u>	 	12	
13	Carryover of disallowed deduction to				<u>► 13</u>			
	e: Don't use Part II or Part III below fo							
Pa	rt II Special Depreciation A	llowance and Ot	her Depred	iation (D	on't include	listed propert	y See inst	ructions)
14	Special depreciation allowance for	r qualified property	y (other tha	in listed	property) pla	aced in servic	e	
	during the tax year. See instructions							
15	Property subject to section 168(f)(1)							
16	Other depreciation (including ACRS)						16	
PE	rt.III MACRS Depreciation (I	Don't include listed			tions)			
				tion A				3,882
17	MACRS deductions for assets place							3,882
18	If you are electing to group any a	•	_				<u> </u>	
	asset accounts, check here Section B - Assets						reciation S	vstam
	Section B - Assets	(b) Month and year	(c) Basis for			General Dep	eciation 6	ystem
	(a) Classification of property	placed in service	(business/inv only - see in	estment use	period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	 				 			
	5-year properly				<u> </u>			
	7-year property	<u> </u>			 			
	d 10-year property							
	15-year property		ļ					
	20-year property				25 yrs		Ş/L	
	g 25-year property	 			27 5 yrs	MM	S/L	
1	h Residential rental property				27 5 yrs	MM	S/L	
	- ' - '	<u> </u>			39 yrs	MM	S/L	
	Nonresidential real property				1	MM	S/L	
	Section C - Assets F	Placed in Service [)uring 2018	Tax Year	Using the A			System
20:	Class life						S/L	
	b 12-year	<u> </u>			12 yrs		S/L	-
	c 30-year	 	†		30 yrs	MM	S/L	
	d 40-year	 	 		40 yrs	MM	S/L	· · · · · · · · · · · · · · · · · · ·
	art IV Summary (See instruct	ions)	<u></u>		<u> </u>	· · · · · · · · · · · · · · · · · · ·	L	·
21	Listed property Enter amount from In						21	
22	Total. Add amounts from line 12,				column (a)	and line 21 E	· · ·	
	here and on the appropriate lines of v	our return Partnersh	ips and Sicori	orations - s	ee instruction			3,882
23	For assets shown above and place portion of the basis attributable to se	ed in service during ection 263A costs	g the curren	t year, ent	er the 23			

Form	4562 (2018)											34	-0/14	351	Page :
Pa		operty (Include ent, recreation, o			certair	n oth	er vel	nicles	, certa	in aır	craft,	and	proper	ty use	ed fo
	Note: For a	iny vehicle for wh is (a) through (c) of	ich you are	using	the st	andard 3, and	d mileag Section	e rate C if ap	e or dec oplicable	lucting	lease e	expense	e, comp	lete or	ıly 24a
	Section A -	Depreciation and	Other Info	rmatio	n (Cauti	on: Se	e the ins	structi	ons for li	mits for	passe	nger au	tomobile	es)	
24a	Do you have evidend	e to support the bus	iness/investm	ent use	claimed?	<u> </u>	'es	No :	24b If "\	es," is t	he evide	nce writt	en?	Yes	No.
•	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment us percentage	e Cost	(d) or other ba		(e) isis for depre usiness/inve use only	stment	(f) Recovery period	Met	g) hod/ ention	Depre	h) eciation action	Elected 8	(I) section 17 ⁹ ost
25	Special depreciati	on allowance for sed more than 50%								•	. 25				
26	Property used mo								<u></u>	<u>····</u>	- 1 - 2 - 2	·		L	
		Ţ	T	%								I		I	
				%									•		
			,	%			•								
27	Property used 50%	% or less in a qualif	ed business	use											
				%						S/L -]	
				%						S/L -				ļ	
			L	%						S/L -		<u> </u>		1	
	Add amounts in co											<u>l</u>	-,		
29	Add amounts in co	olumn (i), line 26 E									<u></u>	<u></u>	. 29	<u> </u>	
							on Use								
	plete this section for													rovided	venicie
	or employees, mot ar	15WCF the questions in	100011011011		a)	г	(b)	I	(c)	·	d)	т	e)	1 ,	(f)
30	Total business/inv	estment miles driv lude commuting m			icle 1		hicle 2	Ve	ehicle 3		icle 4		icle 5		ncle 6
31	Total commuting r		í				-								
	Total other p	personal (nonco	mmuting)				,								
33	Total miles drive		(
	lines 30 through 3	2			_					ļ <u> </u>		ļ			
34	Was the vehicle	e available for	personal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-duty	hours?			ļ						ļ	<u> </u>	ļ		<u> </u>
35	Was the vehicle	used primarily by	y a more											}	
		related person?					ļ			ļ	ļ	 	ļ		-
36	Is another vehicuse?	cle available for	·										ĺ		
		ection C - Questi		ploye	rs Who	Prov	ide Vel	nicles	for Use	by Th	eir Em	ploye	es		
	wer these question e than 5% owners	ns to determine if	you meet a	an exc										who a	ren't
	Do you maintain				ohibite	all ner	rsonal iii	se of	vehicles	Inclu	dina co	mmutir	na hv	Yes	No
20	•	he instructions for				-						-			
39	Do you treat all us														1
40	Do you provide r	more than five ve	hicles to v	our en	nplovee	s obta	aın infor	 matio	n from	 your e	nplove	es abo	ut the		_
-	•	s, and retain the inf	-							-					
41	Do you meet the re		erning qualif	ied aut	tomobile	e demo	onstratio	n use	? See ins	truction	s				
.Pa	rt VI Amortizat	· · · · · · · · · · · · · · · · · · ·													
	(a) Description		(b) Date amort		An	(c) nortizabl) le amount		(d) Code se		Amorti perio	zation	Amortiza	(f) ation for t	this year
42	Amortization of co	ests that begins dur	ina vour 20		year (se	e instr	uctions)				perce	ntage			
					, = = , (50			T							
	· · · · · · · · · · · · · · · · · · ·				<u> </u>			-+	,	· ·					
43	Amortization of co	sts that began bef	ore your 20	18 tax	year							43			
	Total. Add amour	nts in column (f) S	ee the instr	uctions	for whe	ere to r	eport		<u> </u>			44			
													Fo	rm 456	2 (201

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.

34-0714357 ATTACHMENT 3

LABORATORY SERVICES

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

В	INVENTORY AT BEGINNING OF YEAR PURCHASES		
6 7	INVENTORY AT END OF YEAR	 12,	196.
8	DO THE RULES OF SECTION 263A (WITH RESPECT TO PROPERTY PRODUCED OR ACQUIRED FOR RESALE) APPLY TO THE ORGANIZATION?	YES	NO X

34-0714357

ATTACHMENT 4

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

PURCHASED SERVICES MISCELLANEOUS EXPENSES 16,923.

917.

'PART II - LINE 28 - OTHER DEDUCTIONS

17,840.

34-0714357 ATTACHMENT 5

AUSTEN SIMULATION CENTER

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

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

ATTACHMENT 6

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

PURCHASED SERVICES
FACILITY AND EQUIPMENT RENTAL

38,010.

FACILITY AND EQUIPMENT RENTAL

199,333.

MISCELLANEOUS EXPENSES

22,509.

PART II - LINE 28 - OTHER DEDUCTIONS

259,852.

34-0714357

ATTACHMENT 7

ACTIVITIES FROM PARTNERSHIPS

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

AKRON DEVELOPMENT FUND I, LTD AKRON BIOINVESTMENT FUND II, LTD

-6,603.

-732.

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

-.7,335.