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Form **990-T**

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

OMB No 1545-0687

2017

For calendar year 2017 or other tax year beginning OCT 1, 2017, and ending SEP 30, 2018

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

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

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

Department of the Treasury
Internal Revenue Service

A Check box if address changed

B Exempt under section
 501(c)(3)
 408(e) 220(e)
 408A 530(a)
 529(a)

Name of organization (Check box if name changed and see instructions)
SEATTLE CHILDREN'S HOSPITAL

Employer identification number (Employees' trust, see instructions)
91-0564748

Number, street, and room or suite no. If a P.O. box, see instructions
PO BOX 5371, MS: RC-507

Unrelated business activity codes (See instructions)
621500

City or town, state or province, country, and ZIP or foreign postal code
SEATTLE, WA 98145-5005

C Book value of all assets at end of year: **3,605,274,314.**

F Group exemption number (See instructions): **8041**

G Check organization type: 501(c) corporation 501(c) trust 401(a) trust Other trust

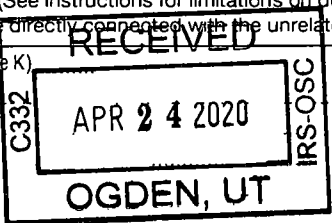
H Describe the organization's primary unrelated business activity: **LABORATORY AND RESEARCH**

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: **SEE STATEMENT 3**

J The books are in care of: **WARREN E. HEWITT, VP FINANCE** Telephone number: **206-987-4846**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	968,816.		
2	Less returns and allowances			
3	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c	968,816.		968,816.
4a	Capital gain net income (attach Schedule D)			
4b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
4c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)	-78,658.		-78,658.
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions, attach schedule)			
13	Total. Combine lines 3 through 12	890,158.		890,158.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)		(A) Income	(B) Expenses	(C) Net
14	Compensation of officers, directors, and trustees (Schedule K)			
15	Salaries and wages			350,288.
16	Repairs and maintenance			6,609.
17	Bad debts			
18	Interest (attach schedule)			
19	Taxes and licenses			
20	Charitable contributions (See instructions for limitation rules) SEE STATEMENT 4 SEE STATEMENT 1			3,271.
20	Depreciation (attach Form 4562)			7,161.
21			1,132.	
22a	Less depreciation claimed on Schedule A and elsewhere on return			1,132.
22b				
23	Depletion			
24	Contributions to deferred compensation plans			
25	Employee benefit programs			96,990.
26	Excess exempt expenses (Schedule I)			
27	Excess readership costs (Schedule J)			
28	Other deductions (attach schedule) SEE STATEMENT 2			359,260.
29	Total deductions. Add lines 14 through 28			824,711.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			65,447.
31	Net operating loss deduction (limited to the amount on line 30)			
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30			65,447.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)			1,000.
34	Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			64,447.



SCANNED JUL 17 2020

Received in JUN 25 2020 Batchung Ogden

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AMENDED RETURN

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input checked="" type="checkbox"/> See Instructions and:			
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (In that order):			
(1) \$	50,000.	(2) \$	25,000.
(3) \$	9,925,000.		
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$			
(2) Additional 3% tax (not more than \$100,000) \$			
c Income tax on the amount on line 34 SEE STATEMENT 7			35c 12,924.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:			
<input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)			
37 Proxy tax. See instructions			37
38 Alternative minimum tax			38
39 Tax on Non-Compliant Facility Income. See instructions			39
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40 12,924.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		41a		
b Other credits (see instructions)		41b		
c General business credit. Attach Form 3800		41c	12,924.	
d Credit for prior year minimum tax (attach Form 8801 or 8827)		41d		
e Total credits. Add lines 41a through 41d		41e	12,924.	
42 Subtract line 41e from line 40		42	0.	
43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)		43		
44 Total tax. Add lines 42 and 43		44	0.	
45a Payments: A 2016 overpayment credited to 2017		45a	160,240.	
b 2017 estimated tax payments		45b	57,000.	
c Tax deposited with Form 8868		45c	398,490.	
d Foreign organizations; Tax paid or withheld at source (see instructions)		45d		
e Backup withholding (see instructions)		45e		
f Credit for small employer health insurance premiums (Attach Form 8941)		45f		
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input checked="" type="checkbox"/> Other 48,950. Total		45g	48,950.	
46 Total payments. Add lines 45a through 45g SEE STATEMENT 6		46	664,680.	
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>		47		
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		48		
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		49	664,680.	
50 Enter the amount of line 49 you want: Credited to 2018 estimated tax Refunded		50	664,680.	

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

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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: *Kathryn J. Okimoto* Date: 11/7/2020 Title: SENIOR VP & CFO
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KATHRYN J. OKIMOTO	KATHRYN J. OKIMOTO	03/31/20		P00746598
	Firm's name	Firm's EIN			
	CLARK NUBER, P.S.	91-1194016			
	10900 NE 4TH STREET, SUITE 1400				
	Firm's address			Phone no.	
	BELLEVUE, WA 98004			425-454-4919	

AMENDED RETURN

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				
4b	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		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)			(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)	Enter here and on page 1, Part I, line 7, column (B)
			0.	0.
Total dividends-received deductions included in column 8				0.

AMENDED RETURN

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 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)	
Totals			0.	0.	

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)
Totals		0.		0.

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

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

AMENDED RETURN

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	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)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T	CONTRIBUTIONS	STATEMENT	1
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DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV		AMOUNT
CONTRIBUTIONS GENERATED IN CURRENT YEAR	N/A		20,862,100.
TOTAL TO FORM 990-T, PAGE 1, LINE 20			20,862,100.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	2
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DESCRIPTION	AMOUNT
MEDICAL SUPPLIES	14,342.
OFFICE EXPENSES	7,083.
PURCHASED SERVICES AND CONTRACTED STAFF	186,208.
TRAVEL & CONFERENCES	56,741.
ACCOUNTING FEES	3,252.
MISCELLANEOUS EXPENSES	20,616.
INDIRECT COSTS	71,018.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	
	359,260.

FORM 990-T	PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER	STATEMENT	3
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CORPORATION'S NAME	IDENTIFYING NO
SEATTLE CHILDREN'S HEALTHCARE SYSTEM	91-1250116

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 4

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2012	2,978,841
FOR TAX YEAR 2013	16,382,409
FOR TAX YEAR 2014	16,996,997
FOR TAX YEAR 2015	18,252,102
FOR TAX YEAR 2016	21,221,635

TOTAL CARRYOVER	75,831,984
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TOTAL CURRENT YEAR 10% CONTRIBUTIONS	20,862,100
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TOTAL CONTRIBUTIONS AVAILABLE	96,694,084
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TAXABLE INCOME LIMITATION AS ADJUSTED	7,161
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EXCESS 10% CONTRIBUTIONS	96,686,923
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EXCESS 100% CONTRIBUTIONS	0
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TOTAL EXCESS CONTRIBUTIONS	96,686,923
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ALLOWABLE CONTRIBUTIONS DEDUCTION	7,161
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TOTAL CONTRIBUTION DEDUCTION	7,161
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FORM 990-T

LINE 35C TAX COMPUTATION

STATEMENT 7

1.	TAXABLE INCOME		64,447
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT . .		50,000
3.	LINE 1 LESS LINE 2		14,447
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT . .		14,447
5.	LINE 3 LESS LINE 4		0
6.	INCOME SUBJECT TO 34% TAX RATE		0
7.	INCOME SUBJECT TO 35% TAX RATE		0
8.	15 PERCENT OF LINE 2		7,500
9.	25 PERCENT OF LINE 4		3,612
10.	34 PERCENT OF LINE 6		0
11.	35 PERCENT OF LINE 7		0
12.	ADDITIONAL 5% SURTAX		0
13.	ADDITIONAL 3% SURTAX		0
14.	TOTAL INCOME TAX		<u>11,112</u>
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017		<u>13,534</u>
		DAYS	
16.	TAX PRORATED FOR NUMBER OF DAYS IN 2017	92	2,801
17.	TAX PRORATED FOR NUMBER OF DAYS IN 2018	273	10,123
18.	TOTAL TAX PRORATED	<u>365</u>	<u>12,924</u>

SEATTLE CHILDREN'S HOSPITAL
 EIN 91-0564748
 FORM 990-T, AMENDED RETURN
 9/30/2018

AMENDED RETURN STATEMENT

THE FORM 990-T IS BEING AMENDED AS A RESULT OF THE REPEAL OF SECTION 512(A) (7) THE FOLLOWING TAX RETURN LINES HAVE CHANGED AS A RESULT OF THE AMENDED RETURN

FORM 990-T	AS FILED	AS AMENDED	CHANGE
PART I - UNRELATED TRADE OR BUSINESS INCOME			
LINE 3 - GROSS PROFIT	\$ 968,816	\$ 968,816	\$ -
LINE 5 - INCOME (LOSS) FROM A PARTNERSHIP	\$ (78,658)	\$ (78,658)	\$ -
LINE 12 - OTHER INCOME	\$ 3,071,695	\$ -	\$ (3,071,695)
LINE 13 - TOTAL INCOME	\$ 3,961,853	\$ 890,158	\$ (3,071,695)
PART II - DEDUCTIONS NOT TAKEN ELSEWHERE			
LINE 15 - SALARIES AND WAGES	\$ (350,288)	\$ (350,288)	\$ -
LINE 16 - REPAIRS AND MAINTENANCE	\$ (6,609)	\$ (6,609)	\$ -
LINE 19 - TAXES AND LICENSES	\$ (3,271)	\$ (3,271)	\$ -
LINE 20 - CHARITABLE CONTRIBUTIONS	\$ (314,330)	\$ (7,161)	\$ 307,169
LINE 21 - DEPRECIATION	\$ (1,132)	\$ (1,132)	\$ -
LINE 25 - EMPLOYEE BENEFIT PROGRAMS	\$ (96,990)	\$ (96,990)	\$ -
LINE 28 - OTHER DEDUCTIONS	\$ (359,260)	\$ (359,260)	\$ -
LINE 29 - TOTAL DEDUCTIONS	\$ (1,131,880)	\$ (824,711)	\$ 307,169
LINE 30 - UBTI BEFORE NET OPERATING LOSS	\$ 2,829,973	\$ 65,447	\$ (2,764,526)
LINE 33 - SPECIFIC DEDUCTION	\$ (1,000)	\$ (1,000)	\$ -
LINE 34 - UNRELATED BUSINESS TAXABLE INCOME	\$ 2,828,973	\$ 64,447	\$ (2,764,526)
PART III - TAX COMPUTATION			
LINE 35C - INCOME TAX	\$ 686,781	\$ 12,924	\$ (673,857)
LINE 40 - TOTAL TAX	\$ 686,781	\$ 12,924	\$ (673,857)
PART IV - TAX AND PAYMENTS			
LINE 41C - GENERAL BUSINESS CREDIT	\$ (22,101)	\$ (12,924)	\$ 9,177
LINE 44 - TOTAL TAX	\$ 664,680	\$ -	\$ (664,680)
LINE 45A - 2016 OVERPAYMENT CREDITED TO 2017	\$ 160,240	\$ 160,240	\$ -
LINE 45B - 2017 ESTIMATED TAX PAYMENTS	\$ 57,000	\$ 57,000	\$ -
LINE 45C - TAX DEPOSITED WITH FORM 8868	\$ 398,490	\$ 398,490	\$ -
LINE 45G - OTHER CREDITS AND PAYMENTS	\$ -	\$ 48,950	\$ 48,950
LINE 46 - TOTAL PAYMENTS	\$ 615,730	\$ 664,680	\$ 48,950
LINE 48 - TAX DUE	\$ 48,950	\$ -	\$ (48,950)
LINE 49 - OVERPAYMENT	\$ -	\$ 664,680	\$ 664,680
LINE 50 - AMOUNT CREDITED TO 2018 ESTIMATED TAX	\$ -	\$ -	\$ -
LINE 50 - AMOUNT REFUNDED	\$ -	\$ 664,680	\$ 664,680

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/Form3800 for instructions and the latest information.
▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

2017
Attachment
Sequence No **22**

Name(s) shown on return **SEATTLE CHILDREN'S HOSPITAL** Identifying number **91-0564748**

Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)
(See instructions and complete Part(s) III before Parts I and II)

1	General business credit from line 2 of all Parts III with box A checked	1	22,101
2	Passive activity credits from line 2 of all Parts III with box B checked <input type="text" value="2"/>	2	
3	Enter the applicable passive activity credits allowed for 2017 See instructions	3	
4	Carryforward of general business credit to 2017 Enter the amount from line 2 of Part III with box C checked See instructions for statement to attach	4	
5	Carryback of general business credit from 2018 Enter the amount from line 2 of Part III with box D checked See instructions	5	
6	Add lines 1, 3, 4, and 5	6	22,101

Part II Allowable Credit

7	Regular tax before credits <ul style="list-style-type: none"> Individuals Enter the sum of the amounts from Form 1040, lines 44 and 46, or the sum of the amounts from Form 1040NR, lines 42 and 44 Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the applicable line of your return Estates and trusts Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, or the amount from the applicable line of your return 	7	12,924
8	Alternative minimum tax <ul style="list-style-type: none"> Individuals Enter the amount from Form 6251, line 35 Corporations Enter the amount from Form 4626, line 14 Estates and trusts Enter the amount from Schedule I (Form 1041), line 56 	8	0
9	Add lines 7 and 8	9	12,924
10a	Foreign tax credit <input type="text" value="10a"/>	10a	
b	Certain allowable credits (see instructions) <input type="text" value="10b"/>	10b	
c	Add lines 10a and 10b	10c	0
11	Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16	11	12,924
12	Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0- <input type="text" value="12"/> 12,924	12	12,924
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000 (see instructions) <input type="text" value="13"/> 0	13	0
14	Tentative minimum tax <ul style="list-style-type: none"> Individuals Enter the amount from Form 6251, line 33 Corporations Enter the amount from Form 4626, line 12 Estates and trusts Enter the amount from Schedule I (Form 1041), line 54 	14	
15	Enter the greater of line 13 or line 14	15	0
16	Subtract line 15 from line 11 If zero or less, enter -0-	16	12,924
17	Enter the smaller of line 6 or line 16 C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization	17	12,924

For Paperwork Reduction Act Notice, see separate instructions.

Part II Allowable Credit (Continued)

Note: If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26

18	Multiply line 14 by 75% (0.75). See instructions.	18	
19	Enter the greater of line 13 or line 18.	19	
20	Subtract line 19 from line 11. If zero or less, enter -0-.	20	
21	Subtract line 17 from line 20. If zero or less, enter -0-.	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked.	22	
23	Passive activity credit from line 3 of all Parts III with box B checked	23	
24	Enter the applicable passive activity credit allowed for 2017. See instructions.	24	
25	Add lines 22 and 24.	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25.	26	0
27	Subtract line 13 from line 11. If zero or less, enter -0-.	27	12,924
28	Add lines 17 and 26.	28	12,924
29	Subtract line 28 from line 27. If zero or less, enter -0-.	29	0
30	Enter the general business credit from line 5 of all Parts III with box A checked.	30	
31	Reserved.	31	
32	Passive activity credits from line 5 of all Parts III with box B checked	32	
33	Enter the applicable passive activity credits allowed for 2017. See instructions.	33	
34	Carryforward of business credit to 2017. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach.	34	
35	Carryback of business credit from 2018. Enter the amount from line 5 of Part III with box D checked. See instructions.	35	
36	Add lines 30, 33, 34, and 35.	36	0
37	Enter the smaller of line 29 or line 36.	37	0
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return: <ul style="list-style-type: none"> • Individuals Form 1040, line 54, or Form 1040NR, line 51 • Corporations Form 1120, Schedule J, Part I, line 5c • Estates and trusts Form 1041, Schedule G, line 2b 	38	12,924

Name(s) shown on return SEATTLE CHILDREN'S HOSPITAL	Identifying number 91-0564748
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Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below (see instructions)

- | | |
|--|--|
| A <input checked="" type="checkbox"/> General Business Credit From a Non-Passive Activity | E <input type="checkbox"/> Reserved |
| B <input type="checkbox"/> General Business Credit From a Passive Activity | F <input type="checkbox"/> Reserved |
| C <input type="checkbox"/> General Business Credit Carryforwards | G <input type="checkbox"/> Eligible Small Business Credit Carryforwards |
| D <input type="checkbox"/> General Business Credit Carrybacks | H <input type="checkbox"/> Reserved |

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked Check here if this is the consolidated Part III

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	22,101
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Enhanced oil recovery credit (Form 8830)	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa Employee retention (Form 5884-A)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	22,101
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	0
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	22,101