

Form 990-T

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

OMB No 1545-0687

For calendar year 2018 or other tax year beginning OCT 1, 2018, and ending SEP 30, 2019

2018

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)

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

C&F 989 989

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: X 501(c)(3), 408(e), 408A, 529(a)

Print or Type

SEATTLE CHILDREN'S HOSPITAL

91-0564748

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

E Unrelated business activity code (See instructions)

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

621500

C Book value of all assets at end of year: 3,878,355,666

F Group exemption number (See instructions.) 8041

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

H Enter the number of the organization's unrelated trades or businesses: 3. Describe the only (or first) unrelated trade or business here: SEE STATEMENT 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? STMT 4: X Yes, No

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

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include 1a Gross receipts or sales (106,589), 2 Cost of goods sold, 3 Gross profit (106,589), 13 Total (106,589).

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include 14 Compensation of officers, 15 Salaries and wages (6,731), 16 Repairs and maintenance (212), 19 Taxes and licenses (2,054), 20 Charitable contributions (7,190), 21 Depreciation (1,530), 22 Less depreciation, 25 Employee benefit programs (1,791), 28 Other deductions (21,367), 29 Total deductions (40,875), 30 Unrelated business taxable income before net operating loss deduction (65,714), 32 Unrelated business taxable income (65,714).

RECEIVED LB ON 700 AUG 23 2020 IRS KANSAS CITY, MO

SCANNED JAN 27 2021

20 Received in NOV 23 2020

28 31

617 1

341

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38 with handwritten annotations 38 and 39.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44 with handwritten annotations 40 and 49.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-55 with handwritten annotations 46c, 46e, 49, 51b, 52, 53, 54, 55.

Part VI Statements Regarding Certain Activities and Other Information

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions 56, 57, and 58.

Sign Here

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

Signature of officer: [Handwritten Signature] Date: 8/10/2020 Title: SENIOR VP & CFO

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

Table with 5 columns: Print/Type preparer's name, Preparer's signature, Date, Check self-employed, and PTIN. Includes firm information: CLARK NUBER, P.S., 10900 NE 4TH STREET, SUITE 1400, BELLEVUE, WA 98004.

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						Yes	No
b	Other costs (attach schedule)	4b							
5	Total Add lines 1 through 4b	5							

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

(see instructions)

1 Description of property			
(1)			
(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.		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)
Total dividends-received deductions included in column 8			0.	0.

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10 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.

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)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1 Part I line 11 col (A) 0.	Enter here and on page 1 Part I line 11, col (B) 0.				Enter here and on page 1, Part II, line 27 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	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT 1
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LABORATORY TEST SERVICES
DUE TO A SOFTWARE LIMITATION SIX-DIGIT CODES WERE USED

TO FORM 990-T, PAGE 1

FORM 990-T	CONTRIBUTIONS	STATEMENT 2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CONTRIBUTIONS GENERATED IN CURRENT YEAR	N/A	21,656,145.
TOTAL TO FORM 990-T, PAGE 1, LINE 20		21,656,145.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
MEDICAL SUPPLIES		3,153.
OFFICE EXPENSES		260.
PURCHASED SERVICES AND CONTRACTED STAFF		233.
TRAVEL & CONFERENCES		5.
ACCOUNTING FEES		1,020.
MISCELLANEOUS EXPENSES		17.
INDIRECT COSTS		16,679.
TOTAL TO FORM 990-T, PAGE 1, LINE 28		21,367.

FORM 990-T	PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER	STATEMENT 4
CORPORATION'S NAME		IDENTIFYING NO
SEATTLE CHILDREN'S HEALTHCARE SYSTEM		91-1250116

SEATTLE CHILDREN'S HOSPITAL
 EIN 91-0564748
 FORM 990-T, PART II, LINE 20
 9/30/2019

CHARITABLE CONTRIBUTION CARRYFORWARD SCHEDULE

YEAR END	ORIGINAL AMOUNT	CURRENT YEAR AMOUNT AVAILABLE	CURRENT YEAR AMOUNT UTILIZED	AMOUNT EXPIRED	AMOUNT CARRYFORWARD
09/30/14	\$ 16,382,409	\$ 16,382,409		\$ 16,382,409	\$ -
09/30/15	\$ 17,028,629	\$ 16,996,997			\$ 16,996,997
09/30/16	\$ 18,305,340	\$ 18,252,102			\$ 18,252,102
09/30/17	\$ 21,298,927	\$ 21,274,873			\$ 21,274,873
09/30/18	\$ 20,862,100	\$ 20,854,939			\$ 20,854,939
09/30/19	\$ 21,656,145	\$ 21,656,145	\$ 42,321		\$ 21,613,824
	\$ 115,417,465	\$ 42,321	\$ 16,382,409	\$ 98,992,735	

TOTAL CHARITABLE CONTRIBUTION CARRYFORWARD TO 09/30/2020 \$ 98,992,735

THE CURRENT YEAR CHARITABLE CONTRIBUTION DEDUCTION IS BASED ON THE AGGREGATE NET INCOME FOR THE ORGANIZATION

FORM 990-T NET INCOME BEFORE CHARITABLE CONTRIBUTIONS	\$ 72,904
SCH M, ACTIVITY 1, NET INCOME BEFORE CHARITABLE CONTRIBUTIONS	\$ 351,307
SCH M, ACTIVITY 2, NET INCOME BEFORE CHARITABLE CONTRIBUTIONS	\$ -
LESS SPECIFIC DEDUCTION	\$ (1,000)
TAXABLE INCOME FOR CHARITABLE CONTRIBUTION LIMITATION	\$ 423,211
CHARITABLE CONTRIBUTION DEDUCTION LIMIT	\$ 42,321
ALLOCATION OF DEDUCTION	
CHARITABLE CONTRIBUTION DEDUCTION, FORM 990-T, LINE 20	\$ 7,190
CHARITABLE CONTRIBUTION DEDUCTION, ACTIVITY 1, LINE 20	\$ 35,131
TOTAL CHARITABLE CONTRIBUTION DEDUCTION	\$ 42,321

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

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

ENTITY 2
OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning OCT 1, 2018, and ending SEP 30, 2019

Department of the Treasury
Internal Revenue Service (99)

▶ 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

Name of the organization **SEATTLE CHILDREN'S HOSPITAL** Employer identification number **91-0564748**

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

Describe the unrelated trade or business ▶ **DRUG STUDIES, LAB EDUCATION & BUSINESS CONSULTING**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales	<u>1,835,789.</u>			
b Less returns and allowances				
c Balance ▶		1c 1,835,789.		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit Subtract line 2 from line 1c		3 1,835,789.		1,835,789.
4 a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions, attach schedule)		12		
13 Total. Combine lines 3 through 12		13 1,835,789.		1,835,789.

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	648,429.	
16 Repairs and maintenance		16		
17 Bad debts		17	54,400.	
18 Interest (attach schedule) (see instructions)		18		
19 Taxes and licenses		19	7,443.	
20 Charitable contributions (See instructions for limitation rules)		20	35,131.	
21 Depreciation (attach Form 4562)	SEE STATEMENT 5	21	167,206.	
22 Less depreciation claimed on Schedule A and elsewhere on return		22a	167,206.	22b 0.
23 Depletion		23		
24 Contributions to deferred compensation plans		24		
25 Employee benefit programs		25	167,206.	
26 Excess exempt expenses (Schedule I)		26		
27 Excess readership costs (Schedule J)		27		
28 Other deductions (attach schedule)	SEE STATEMENT 6	28	607,004.	
29 Total deductions. Add lines 14 through 28		29	1,519,613.	
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13		30	316,176.	
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		31		
32 Unrelated business taxable income Subtract line 31 from line 30		32	316,176.	

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

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

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b					
5	Total Add lines 1 through 4b	5			8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>

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.		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)
Total dividends-received deductions included in column 8			0.	0.

FORM 990-T (M)

OTHER DEDUCTIONS

STATEMENT 6

<u>DESCRIPTION</u>	<u>AMOUNT</u>
MEDICAL SUPPLIES	36,389.
OFFICE EXPENSES	19,417.
PURCHASED SERVICES AND CONTRACTED STAFF	237,107.
TRAVEL AND CONFERENCES	115,134.
MISCELLANEOUS EXPENSES	59,647.
INDIRECT COSTS	136,250.
ACCOUNTING FEES	3,060.
TOTAL TO SCHEDULE M, PART II, LINE 28	607,004.

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

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

ENTITY 3
OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning OCT 1, 2018, and ending SEP 30, 2019

Department of the Treasury
Internal Revenue Service (99)

▶ 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

Name of the organization SEATTLE CHILDREN'S HOSPITAL Employer identification number 91-0564748

Unrelated business activity code (see instructions) ▶ 525990

Describe the unrelated trade or business ▶ INVESTMENT IN PARTNERSHIP

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances				
c Balance ▶	1c			
2 Cost of goods sold (Schedule A, line 7)	2			
3 Gross profit Subtract line 2 from line 1c	3			
4 a Capital gain net income (attach Schedule D)	4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach statement) <u>STATEMENT 7</u>	5	-49,857.		-49,857.
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	-49,857.		-49,857.

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

14 Compensation of officers, directors, and trustees (Schedule K)	14			
15 Salaries and wages	15			
16 Repairs and maintenance	16			
17 Bad debts	17			
18 Interest (attach schedule) (see instructions)	18			
19 Taxes and licenses	19			
20 Charitable contributions (See instructions for limitation rules)	20			
21 Depreciation (attach Form 4562)	21			
22 Less depreciation claimed on Schedule A and elsewhere on return	22a			
23 Depletion	23			
24 Contributions to deferred compensation plans	24			
25 Employee benefit programs	25			
26 Excess exempt expenses (Schedule I)	26			
27 Excess readership costs (Schedule J)	27			
28 Other deductions (attach schedule) <u>SEE STATEMENT 8</u>	28			1,020.
29 Total deductions. Add lines 14 through 28	29			1,020.
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30			-50,877.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31			
32 Unrelated business taxable income Subtract line 31 from line 30	32			-50,877.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

FORM 990-T (M)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 7
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DESCRIPTION	NET INCOME OR (LOSS)
INVESTMENT IN PARTNERSHIP - NET RENTAL REAL ESTATE INCOME	-49,857.
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5	-49,857.

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 8
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DESCRIPTION	AMOUNT
ACCOUNTING FEES	1,020.
TOTAL TO SCHEDULE M, PART II, LINE 28	1,020.

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

2018
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	14,231
2	Passive activity credits from line 2 of all Parts III with box B checked	2	
3	Enter the applicable passive activity credits allowed for 2018 See instructions	3	
4	Carryforward of general business credit to 2018 Enter the amount from line 2 of Part III with box C checked See instructions for statement to attach	4	9,177
5	Carryback of general business credit from 2019 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	23,408

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, line 11a, and Schedule 2 (Form 1040), line 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	79,987
8	Alternative minimum tax		
	<ul style="list-style-type: none"> Individuals Enter the amount from Form 6251, line 11 Corporations Enter -0- Estates and trusts Enter the amount from Schedule I (Form 1041), line 56 	8	
9	Add lines 7 and 8	9	79,987
10a	Foreign tax credit	10a	
b	Certain allowable credits (see instructions)	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	79,987
12	Net regular tax Subtract line 10c from line 7 If zero or less, enter -0-	12	79,987
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000 See instructions	13	13,747
14	Tentative minimum tax		
	<ul style="list-style-type: none"> Individuals Enter the amount from Form 6251, line 9 Corporations Enter -0- Estates and trusts Enter the amount from Schedule I (Form 1041), line 54 	14	0
15	Enter the greater of line 13 or line 14	15	13,747
16	Subtract line 15 from line 11 If zero or less, enter -0-	16	66,240
17	Enter the smaller of line 6 or line 16	17	23,408
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization		

For Paperwork Reduction Act Notice, see separate instructions.

Part II Allowable Credit *(continued)*

Note: If you are not required to report any amounts on line 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 2018. 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	66,240
28	Add lines 17 and 26.	28	23,408
29	Subtract line 28 from line 27. If zero or less, enter -0-.	29	42,832
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 2018. See instructions.	33	
34	Carryforward of business credit to 2018. 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 2019. 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 Schedule 3 (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	23,408

Name(s) shown on return

SEATTLE CHILDREN'S HOSPITAL

Identifying number

91-0564748

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 General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H 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)		
b Reserved		
c Increasing research activities (Form 6765)		
d Low-income housing (Form 8586, Part I only)		
e Disabled access (Form 8826) (see instructions for limitation)		
f Renewable electricity, refined coal, and Indian coal production (Form 8835)		
g Indian employment (Form 8845)		
h Orphan drug (Form 8820)		
i New markets (Form 8874)		
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)		
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)		14,231
l Biodiesel and renewable diesel fuels (attach Form 8864)		
m Low sulfur diesel fuel production (Form 8896)		
n Distilled spirits (Form 8906)		
o Nonconventional source fuel (carryforward only)		
p Energy efficient home (Form 8908)		
q Energy efficient appliance (carryforward only)		
r Alternative motor vehicle (Form 8910)		
s Alternative fuel vehicle refueling property (Form 8911)		
t Enhanced oil recovery credit (Form 8830)		
u Mine rescue team training (Form 8923)		
v Agricultural chemicals security (carryforward only)		
w Employer differential wage payments (Form 8932)		
x Carbon oxide sequestration (Form 8933)		
y Qualified plug-in electric drive motor vehicle (Form 8936)		
z Qualified plug-in electric vehicle (carryforward only)		
aa Employee retention (Form 5884-A)		
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))		
zz Other Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)		
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I		14,231
3 Enter the amount from Form 8844 here and on the applicable line of Part II		
4a Investment (Form 3468, Part III) (attach Form 3468)		
b Work opportunity (Form 5884)		
c Biofuel producer (Form 6478)		
d Low-income housing (Form 8586, Part II)		
e Renewable electricity, refined coal, and Indian coal production (Form 8835)		
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)		
g Qualified railroad track maintenance (Form 8900)		
h Small employer health insurance premiums (Form 8941)		
i Increasing research activities (Form 6765)		
j Employer credit for paid family and medical leave (Form 8994)		
z Other		
5 Add lines 4a through 4z and enter here and on the applicable line of Part II		0
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II		14,231

Name(s) shown on return

SEATTLE CHILDREN'S HOSPITAL

Identifying number

91-0564748

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 General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H 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	9,177
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 oxide 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	9,177
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	
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 Employer credit for paid family and medical leave (Form 8994)	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	9,177