	Form	990-T	E	xempt Orgai					ax Ret	urn	<u>,</u>	OMB N	o 1545-0687
_		•	_		nd proxy tax und				20 2010	190	91	2	<b>N10</b>
ڔؠ			For cal	lendar year 2018 or other tax yea	ir beginning OCT 1, 20				30, 2019	10	<b>→</b>		U IO
40		tment of the Treasury al Revenue Service	•	Do not enter SSN number	-					(c)(3)	O <sub>1</sub>	oen to Pu	iblic Inspection for rganizations Only
00	1	Check box if address changed Name of organization ( Check box if name changed and see instructions.)								D Employ	er identif	ication number	
											91-0564748		
	X										E Unrelate	d busine	ess activity code
	F										(See ins	tructions	,
											]		
		529(a)		SEATTLE, WA 98145-5005 62									
	C Boo	ok value of all assets end of year		F Group exemption numb			3041						
		3,878,355,				poration				401(a)			Other trust
				tion's unrelated trades or b	usinesses	3			he only (or f	•			
		de or business here					<del> </del>	•	complete Par				,
				ce at the end of the previou	is sentence, complete Pa	arts i and	i II, complete a S	cheaure i	vi for each a	aaitiona	ii trade o	ſ	
		siness, then complete f		oration a subsidiary in an a	offiliated aroun or a parei	nt_euheu	diary controlled a	roun?	STMT 4	<b></b>	X Yes		No .
				ifying number of the paren		nt Subsit	and y controlled y	обр					,,
				ARREN'E. HEWITT,				Telepho	ne number	▶ 20	6-987	-4846	
	Pa	rt I Unrelated	Trad	le or Business Inc	ome		(A) Income		(B) Ex	penses			(C) Net
	1 a	Gross receipts or sale	s	106,589.				ĺ					
	b	Less returns and allow	vances		c Balance	10	106	589.					
		Cost of goods sold (Se		•		2	106						106 500
2021		Gross profit Subtract				3	106	589.					106,589.
		Capital gain net incom	•	•	4707)	4a							
<u>-</u>				1797, Part II, line 17) (attach Form 4797)  for trusts  4b  4c									
F2		Capital loss deduction		thip or an S corporation (at		<del>  </del>							
JAN		Rent income (Schedul		mp or an o corporation (at	6								
		Unrelated debt-finance	•	ne (Schedule E)		7							
ANNED	8	Interest, annuities, roya	alties, ar	nd rents from a controlled o	rganization (Schedule F)	8							
¥	9	Investment income of	a sectio	n 501(c)(7), (9), or (17) or	ganization (Schedule G)	9							
Z		Exploited exempt activ	•			10			···				
පි		Advertising income (S		•		11							
<u>"</u>		Other income (See ins		•		12	106	589.			_		106,589.
		Total. Combine lines		it Taken Elsewhere	See instructions fo	13 I							100,303.
				itions, deductions must					ncome)				
	14	Compensation of offi	cers, dır	ectors, and trustees (Sche	dule K)	:-VE	D LB OH 7	Ü			14_		
	15	Salaries and wages			,,,,,		DLB OH 7				15		6,731.
	16	Repairs and maintena	ance			AUG	<b>26</b> 7 7 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2			-	16		212.
	17	Bad debts	tulo) (oo	an antrustings)							17		<del></del>
	18 19	Interest (attach sched Taxes and licenses	Jule) (Se	e instructions)	irs	KAN	BAS CITY, I	V.O			19		2,054.
	20		ns (See	instructions for limitation	rules) STATEMENT	5	SEE STA	TEMENT	2		20		7,190.
83	21	Depreciation (attach f	,				21	I	1,	530.			
E 20	22			Schedule A and elsewhere	on return		228				22b		1,530.
<u>₹</u> 8	23	Depletion									23		
20 Received in Batching Oorlan	24	Contributions to defe	rred con	npensation plans							_24		
₹ <u>₹</u>	25	Employee benefit pro	-								25		1,791.
	26	Excess exempt expen		•							26		
	27	Excess readership co	•	· ·			SEE STA	TEMENT	. 3	}	27 28		21,367.
⋛	28 29	Other deductions (att Total deductions. Ad		•					· -	24	29		40,875.
•	30			come before net operating	loss deduction Subtrac	t line 29	from line 13		•	-0	30		65,714.
ب	31			oss arising in tax years beg				ns)		ا نر	31		
NOV 7 3 7070	32	,	-	come Subtract line 31 from	•			<u> </u>		411	32		65,714.
_		LALOR IN LALO	Danes	work Reduction Act Notice						. /	•	Form	990-T (2018)



617

Part	III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	381,890.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
•	lines 33 and 34	36	381,890.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	3	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	.   "	
30	enter the smaller of zero or line 36	38	380,890.
Part 1			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	3	79,987.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
40	Tax rate schedule or Schedule D (Form 1041)		
44	Proxy tax. See instructions		
41		<del>                                      </del>	
42	Alternative minimum tax (trusts only)	<del>                                    </del>	
43	Tax on Noncompliant Facility Income. See Instructions  Tetal Add lines 41 42 and 42 to line 30 or 40 whichever applies	40	79,987.
Part \	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies  / Tax and Payments	-1-44-1	13,361.
		<u> </u>	
_	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  Other credits (see instructions)  45a  45b	<b>⊣</b>	
b	Other credits (see instructions) General business credit. Attach Form 3800 Credit for progressing majorium by (ottob Form 3801 or 9807)	8	
G	Credit for properties the (attach Form 9901 or 9907)	<del>" </del>	
0	Credit for prior year infilling tax (attach rulin 660 f of 6627)	히내	23,408.
e 40		41e	56,579.
46	Subtract line 45e from line 44  Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach perhaps)	. <del>  <b>T</b>  </del>	30,373.
47	E-1 61	( ) 18	56,579.
48	Total tax. Add lines 46 and 47 (see instructions)	\	0.
49 50 -	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	<del>*  </del>	
	Payments: A 2017 overpayment credited to 2018  2018 estimated tax payments  750,000	<del>,      </del>	
		~	
C	Tax deposited with Form 8868  Foreign organizations: Tax paid or withheld at source (see instructions)  50d	<del>- </del>	
		<b>-</b>	
	,	<del>- </del>	
		-	
9	Other credits, adjustments, and payments: Form 2439  Form 4136  Other  Total   50g		
51	Total payments. Add lines 50a through 50g	<b>⊣</b> ∡	750,000.
51 52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	750,000.
. 53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	► 33	
, 55 54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	14	693,421.
7 55	Enter the amount of line 54 you want. Credited to 2019 estimated tax	\$5	593,421.
Part	Statements Regarding Certain Activities and Other Information (see instruction)	1 40 1 .	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
00	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		100 110
	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 trust?	<del></del>	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 penalty, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know	ledge and bellef, it is true	3,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	M	
Here	IN AMERICAN A VINA VINA VINA VINA VINA AMERICAN AMERICAN VINA VINA AMERICAN VINA VINA VINA VINA VINA VINA VINA VI	May the IRS discuss this the preparer shown below	
	7. 7. 11.	instructions)? X Ye	
	Print/Type preparer's name Preparer's signature Date Check	If PTIN	
Paid	self- employe	1	
Prepa	PARTITION OF THOSE PARTITION OF	P00746598	
Use O	-	91-11940	16
UJE U	10900 NE 4TH STREET, SUITE 1400		
	Firm's address BELLEVUE, WA 98004 Phone no.	425-454-4919	•
823711 01-	09-19	Form 99	90-T (2018)

Schedule A - Cost of Goods Sold. Enter	method of inver	ntory v	aluation N/A					
1 Inventory at beginning of year 1			Inventory at end of year	ar		6		
2 Purchases 2		7	Cost of goods sold. S	ubtract l	ine 6			
3 Cost of labor 3			from line 5. Enter here	and in f	Part I,			
4 a Additional section 263A costs		7	line 2			7		
(attach schedule) 4a		8	Do the rules of section	263A (1	with respect to		Yes	No
b Other costs (attach schedule)  4b property produced or acquir			acquired	for resale) apply to				
5 Total Add lines 1 through 4b 5		1	the organization?					
Schedule C - Rent Income (From Real (see instructions)	Property and	l Per	sonal Property L	.ease	d With Real Prop	erty)		
1 Description of property								
(1)								
(5)						-		
(3)								
(4)							-	
2 Rent receiv	ed or accrued							
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	of rent for p	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) a	connec nd 2(b) (i	ted with the income in attach schedule)	
(1)								
(2)								
(3)		_						
(4)								
Total 0.	Total			0.				
(c) Total income Add totals of columns 2(a) and 2(b) Enhere and on page 1, Part I, line 6, column (A)	<b>•</b>			0.	(b) Total deductions. Enter here and on page 1, Part I line 6, column (B)	<b>&gt;</b>		٥.
Schedule E - Unrelated Debt-Financed	Income (see	instruc	ctions)				<u> </u>	
		2	Gross income from		3 Deductions directly con to debt-finance			
Description of debt-financed property )			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)					<u> </u>			
(2)					<u> </u>			
(3)								
(4)								
debt on or allocable to debt-financed of or a property (attach schedule) debt-fina.	adjusted basis illocable to nced property n 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 column 3(a) and 3(b))	
(1)		1	%					
(2)		1	%				<u> </u>	
(3)			%					_
(4)			%					_
					nter here and on page 1, art I, line 7, column (A)		Inter here and on page 1, Part I, line 7, column (B)	
Totals			•		0	.]		٥.
Total dividends-received deductions included in column	8							0.

				Exempt	Controlled O	rganizatio	ons					
1. Name of controlled organizat	tion	2 Em Identifi num	cation	3. Net uni (loss) (see	related income a instructions)		al of specified nents made	5 Part of column 4 that is included in the controlling organization's gross income		olling	6 Deductions directly connected with income in column 5	
(1)	- 1	·										
(2)												
(3)												
(4)											<del>-</del> -	
Nonexempt Controlled Organi	zations						_					
7 Taxable Income	8. Net un	related incom		9. Total	of specified payr made	nents	10 Part of column the controllingross	nn 9 that ng organ s income	uzation's	11. De with	ductions directly connected income in column 10	
(1)												
(2)												
(3)												
(4)												
							Add colun Enter here and line 8, c		1, Part I, \\)	Enter h	ld columns 6 and 11 ere and on page 1, Part I, line 8, column (B)	
Totals						<u> </u>			0.		0	
Schedule G - Investme	nt Incom	e of a S	Section	501(c)(7	7), (9), or ( <sup>-</sup>	17) Org	anization					
(see insti	ructions)						3 Deductio	ns	4.0.		5. Total deductions	
1 Desc	cription of incom	10			2. Amount of	income	directly conne (attach sched	cted	4 Set-a (attach s		and set-asides (col 3 plus col 4)	
(1)	•			-				_				
(2)											j	
(3)												
(4)	-											
Totals					Enter here and o Part I, line 9, co						Enter here and on page Part I, line 9, column (B)	
Schedule I - Exploited	Exempt /	Activity	Incom	e, Other	Than Adv	- 1	g Income					
(see instru 1 Description of exploited activity	2. Gr unrelated to income trade or bi	usiness from	directly of with proof un	spenses connected oduction related as income	4 Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a cols 5	5 Gross inco from activity t is not unrelat business inco	hat ed	6 Exp attribute colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)												
(2)												
(3)												
(4)	Enter here page 1, line 10, c	Part I,	page	ere and on 1, Part I, , col (B)							Enter here and on page 1, Part II line 26	
Totals <u> </u>		0.		0.	L			-			0	
Schedule J - Advertisi												
Part I Income From I	Periodica	als Repo	orted o	n a Cons	solidated	Basis						
1 Name of periodical		2. Gross advertising income	adv	3 Direct entising costs	4 Advert or (loss) (co cot 3) If a ga cols 5 th	of 2 minus ain compute	5 Circulat		6. Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)									_			
(2)					_							
(3)										]		
(4)											<u> </u>	
Totals (carry to Part II, line (5))	▶		0.	C	o.						C	
											5 000 T (00	

# Form 990-T (2018) SEATTLE CHILDREN'S HOSPITAL 91-0564748 [Partill Income From Periodicals Reported on a Separate Basis columns 2 through 7 on a line-by-line basis ) (For each periodical listed in Part II, fill in

1 Name of periodical	j	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.
		Enter here and on page 1 Part I line 11 col (A)	Enter here and on page 1 Part I line 11, col (B)				Enter here and on page 1, Part II, line 27
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	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		<b></b>	0.

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

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, L	JINE 20	21,656,145.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION	·.	AMOUNT
MEDICAL SUPPLIES OFFICE EXPENSES PURCHASED SERVICES AND CONTRACT TRAVEL & CONFERENCES ACCOUNTING FEES MISCELLANEOUS EXPENSES INDIRECT COSTS  TOTAL TO FORM 990-T, PAGE 1, L		. 3,153. 260. 233. 5. 1,020. 17. 16,679.
FORM 990-T PARENT CORPORATI	ON'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	ORI	GINAL AMOUNT	CURRENT YEAR	-	URRENT YEAR UNT UTILIZED	AM	OUNT EXPIRED	C	AMOUNT ARRYFORWARD
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	<b>,</b> \$	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	ş	42,321

### SCHEDULE M (Form 990-T)

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

and ending SEP 30, 2019

2018

OMB No 1545-0687

ENTITY

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning - OCT -1 , -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)

501(c)(3) Organizations Only

Name of the organization Employer identification number SEATTLE CHILDREN'S HOSPITAL 91-0564748 541900 Unrelated business activity code (see instructions) DRUG STUDIES LAB EDUCATION & BUSINESS CONSULTING Describe the unrelated trade or business Part | Unrelated Trade or Business Income (C) Net (B) Expenses (A) Income 1,835,789. 1 a Gross receipts or sales 1,835,789 b Less returns and allowances c Balance 1c Cost of goods sold (Schedule A, line 7) 2 2 1,835,789 1,835,789 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) 4h c Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach statement) Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 Other income (See instructions, attach schedule) 12 1,835,789 1,835,789. Total. Combine lines 3 through 12

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

		T	
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)  SEE STATEMENT 5	20	35,131.
21	Depreciation (attach Form 4562) 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

יגי	U6	- 5

31111 330 1 (2010)				
	CENTUITE	CUTI DDEN'	0	TOCOLUSI

91-0564748

	raye	3
8		
		_

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory v	aluation N/A			
1 Inventory at beginning of year	Inventory at beginning of year 1 6 Inventory at end of year				ar		6
2 Purchases	2	7 Cost of goods sold. Subtract			ubtract I	ine 6	
3 Cost of labor	3	from line 5. Enter here and in				P P	
4a Additional section 263A costs		line 2					7
(attach schedule)	4a		8	Do the rules of section	1 263A (v	with respect to	Yes No
b Other costs (attach schedule)	4b	• •	1	property produced or	•	•	
5 Total Add lines 1 through 4b	5		1	the organization?		, ., .,	Х
Schedule C - Rent Income		Property and	Pers		ease	d With Real Prope	rty)
(see instructions)							
1 Description of property							
(1)		•					
(2)							
(3)						<del></del>	
(4)				<u> </u>			
	2 Rent receive	ed or accrued					
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of then	` of rent for p	Innoare	onal property (if the percenta property exceeds 50% or if id on profit or income)	ige	3(a) Deductions directly co columns 2(a) and	onnected with the income in 2(b) (attach schedule)
(1)							
(2)						<del></del>	<del></del>
(3)							
(4)							
Total	0.	Total			0.		
(c) Total income Add totals of columns	2(a) and 2(b) En	ter				(b) Total deductions	
here and on page 1, Part I, line 6, column	1 (A)	<b></b>			0.	Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	nstruc	ctions)			
			2	Gross income from		Deductions directly connect to debt-financed	
Description of debt-financed property		-	or allocable to debt- financed property	(a)	Streight 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)	of or a debt-finar	adjusted basis illocable to nced property 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)				%	Ì		
(2)				%			
(3)				%			-
(4)				%			
						ater here and on page 1, art I, line 7, column (A)	Enter here and on page 1, Part I line 7, column (B)
Totals				•		0.	0.
Total dividends-received deductions in	icluded in column	8				<b>.</b>	0.
			_	·			

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 6
DESCRIPTION		AMOUNT
MEDICAL SUPPLIES OFFICE EXPENSES PURCHASED SERVICES AND C TRAVEL AND CONFERENCES MISCELLANEOUS EXPENSES INDIRECT COSTS ACCOUNTING FEES	ONTRACTED STAFF	36,389. 19,417. 237,107. 115,134. 59,647. 136,250. 3,060.
TOTAL TO SCHEDULE M, PAR	T II, LINE 28	607,004.

### SCHEDULE M (Form 990-T)

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

, and ending SEP 30, 2019

Employer identification number

91-0564748

2018

OMB No 1545-0687

ENTITY

Department of the Treasury Internal Revenue Service (99) Name of the organization For calendar year 2018 or other tax year beginning  $$\operatorname{\textsc{OCT}}$1, 2018$ ▶ 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).

SEATTLE CHILDREN'S HOSPITAL

501(c)(3) Organizations Only

Unrelated business activity code (see instructions) ▶ INVESTMENT IN PARTNERSHIP Describe the unrelated trade or business Part I Unrelated Trade or Business Income (B) Expenses (C) Net (A) Income 1 a Gross receipts or sales Balance > **b** Less returns and allowances Cost of goods sold (Schedule A, line 7) 2 2 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 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 7 -49 857 -49 857 5 6 Rent income (Schedule C) Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 Other income (See instructions, attach schedule) 12 12 -49.857. Total. Combine lines 3 through 12 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) Compensation of officers, directors, and trustees (Schedule K) 14 15 15 Salaries and wages 16 16 Repairs and maintenance 17 17 Bad debts 18 Interest (attach schedule) (see instructions) 18 Taxes and licenses 19 19 20 20 Charitable contributions (See instructions for limitation rules) 21 Depreciation (attach Form 4562) 22b 22 Less depreciation claimed on Schedule A and elsewhere on return 23 23 Depletion Contributions to deferred compensation plans 24 24 Employee benefit programs 25 26 Excess exempt expenses (Schedule I) 26 27 Excess readership costs (Schedule J)

SEE STATEMENT 8

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

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

Other deductions (attach schedule)

Total deductions. Add lines 14 through 28

Schedule M (Form 990-T) 2018

29

30

31

1,020.

1,020.

-50,877.

-50 877.

instructions)

27

28

29

31

FORM 990-T (M)	INCOME (LOSS) FROM PARTNERS	HIPS STATEMENT 7
•		NEW INCOME
DESCRIPTION		NET INCOME OR (LOSS)
INVESTMENT IN PARTN	ERSHIP - NET RENTAL REAL ESTATE	INCOME -49,857.
	-49,857.	
TOTAL INCLUDED ON S	CUEDOFE M' LAKI I' PINE 2	,
TOTAL INCLUDED ON S	CREDULE M, PART I, LINE 3	
FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 8
FORM 990-T (M)		STATEMENT 8

**General Business Credit** 

► Go to www.irs.gov/Form3800 for instructions and the latest information.

OMB No 1545-0895 Attachment

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return

Sequence No 22 Identifying number

91-0564748 SEATTLE CHILDREN'S HOSPITAL Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT) Part I (See instructions and complete Part(s) III before Parts I and II) General business credit from line 2 of all Parts III with box A checked 1 14,231 1 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 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 Carryback of general business credit from 2019 Enter the amount from line 2 of Part III with 5 box D checked See instructions 23,408 6 Add lines 1, 3, 4, and 5 6 Part II Allowable Credit Regular tax before credits • 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 7 applicable line of your return 79,987 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 Alternative minimum tax · Individuals Enter the amount from Form 6251, line 11 8 · Corporations Enter -0-• Estates and trusts Enter the amount from Schedule I (Form 1041), line 56 Add lines 7 and 8 9 79,987 10a 10a Foreign tax credit Certain allowable credits (see instructions) 10b Add lines 10a and 10b 10c 0 Net income tax Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16 11 11 79,987 12 Net regular tax Subtract line 10c from line 7 If zero or less, enter -0- 12 Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000 See 13 instructions 13 13,747 14 Tentative minimum tax · Individuals Enter the amount from Form 6251, line 9 0 · Corporations Enter -0-14 · Estates and trusts Enter the amount from Schedule I (Form 1041), line 54 Enter the greater of line 13 or line 14 15 13,747 15 16 66,240 Subtract line 15 from line 11 If zero or less, enter -0-16 17 23,408 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,

For Paperwork Reduction Act Notice, see separate instructions.

or reorganization

Form 3800 (2018)

Part			
Note:	If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and e	nter - I	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 <b>smaller</b> 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  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			91-	0564748	
Part Įl		e inst	ructions)		
	ete a separate Part III for each box checked below. See instructions				
•	General Business Credit From a Non-Passive Activity E Reserved				
	General Business Credit From a Passive Activity F Reserved				
_	<u> </u>	Rucin	ess Credit Carry	fonwarde	
		DUSIII	ess Credit Carry	ioiwaius	
	General Business Credit Carrybacks H Reserved				_
	ou are filing more than one Part III with box A or B checked, complete and attach firs	st an a	idditional Part III i		
all P	arts III with box A or B checked. Check here if this is the consolidated Part III				<u> </u>
	(a) Description of credit		(b)	(c)	
Note: O	n any line where the credit is from more than one source, a separate Part III is needed for $\epsilon$	each	If claiming the cred from a pass-through		rıate
ass-thr	ough entity		entity, enter the Ell		
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		_	T
b	Reserved	1b		Y	
c	Increasing research activities (Form 6765)	1c	<u>. · · · - </u>	-	
	-	1d	_	<del> </del>	
d	Low-income housing (Form 8586, Part I only)			<del>-</del>	
е	Disabled access (Form 8826) (see instructions for limitation)	1e			<del>                                     </del>
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f			<u> </u>
g	Indian employment (Form 8845)	<u>1g</u>			<u> </u>
h	Orphan drug (Form 8820)	1h			ļ
i	New markets (Form 8874)	1i			
i	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		14,231	
	Biodiesel and renewable diesel fuels (attach Form 8864)	11		11,7001	1
' 	,		<del></del>		<del>                                     </del>
m	Low sulfur diesel fuel production (Form 8896)	1m		<del></del>	<del> </del>
n	Distilled spirits (Form 8906)	<u>1n</u>			<del> </del>
0	Nonconventional source fuel (carryforward only)	10			
р	Energy efficient home (Form 8908)	1p	<u></u>	ļ <u>-</u>	
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			
	Agricultural chemicals security (carryforward only)	1v			<del> </del>
٧		<del></del>		-	<del> </del>
W	Employer differential wage payments (Form 8932)	1w			<del>                                     </del>
X	Carbon oxide sequestration (Form 8933)	1x			<del> </del>
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1у			<del> </del>
Z	Qualified plug-in electric vehicle (carryforward only)	1z			<u> </u>
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		14,231	
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3	<u> </u>	· -	
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a			
	Work opportunity (Form 5884)	4b			
b					-
C	Biofuel producer (Form 6478)	4c			-
d	Low-income housing (Form 8586, Part II)	4d			-
е	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	_		<u> </u>
g	Qualified railroad track maintenance (Form 8900)	4g			<u> </u>
ĥ	Small employer health insurance premiums (Form 8941)	4h			L -
1	Increasing research activities (Form 6765)	4i			
i	Employer credit for paid family and medical leave (Form 8994)	4j			
z Z	Other	4z		<del>-</del>	
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		0	<del>                                     </del>
		6		14,231	<del>                                     </del>
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	_ 6		14,231 Form <b>3800</b>	/2040
				Form Jour	r (∠U 10)

Name(s) shown on return							
SE	ATT:	LE CHILDREN'S HOSPITAL		9	1-05	64748	
	art JI		e inst	ructions)			
		te a separate Part III for each box checked below. See instructions		<del></del>			
	•	General Business Credit From a Non-Passive Activity E Reserved					
	_	General Business Credit From a Passive Activity F Reserved					
	_	· · · · · · · · <u> </u>	Ruein	ass Cradit C	arryfor	warde	
		,	DuSiii	ess Credit C	arryioi	waius	
D		General Business Credit Carrybacks H Reserved				_	_
I		u are filing more than one Part III with box A or B checked, complete and attach firs	t an a	idditional Parl	t III cor		
	all P	arts III with box A or B checked. Check here if this is the consolidated Part III				<u></u>	<u> </u>
		(a) Description of credit		(b)		(c)	
Not	te: Or	n any line where the credit is from more than one source, a separate Part III is needed for e	ach	If claiming the from a pass-th		Enter the appropri amount	rate
		ough entity		entity, enter th	ne EIN	amount	
	1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a				
	b	Reserved	1b			:	
	c	Increasing research activities (Form 6765)	1c	· · <del>-</del> ·	1		
		· · · · · · · · · · · · · · · · · · ·	1d		1		
	d	Low-income housing (Form 8586, Part I only)					
	е	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	Omphan drug (Form 8820)	1h				
	i	New markets (Form 8874)	1i				
	1	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	
		Biodiesel and renewable diesel fuels (attach Form 8864)	11		- +	3,1.,	
	<u>'</u>						
	m	Low sulfur diesel fuel production (Form 8896)	1m		$\rightarrow$		
	n	Distilled spirits (Form 8906)	1n				
	0	Nonconventional source fuel (carryforward only)	10				
	Р	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				
		Agricultural chemicals security (carryforward only)	1v	-			
	<b>V</b>	· · · · · · · · · · · · · · · · · · ·			<del>-</del>		
	W	Employer differential wage payments (Form 8932)	1w			_	
	X	Carbon oxide sequestration (Form 8933)	1x				
	У	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	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				
	la	Investment (Form 3468, Part III) (attach Form 3468)	4a		+		
			4b				
	b	Work opportunity (Form 5884)				_	
	C	Biofuel producer (Form 6478)	4c			<del></del>	
	d	Low-income housing (Form 8586, Part II)	4d				
	е	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				
	i	Employer credit for paid family and medical leave (Form 8994)	4j				
	J Z	Other	4z		-+		
			5	<del>-</del>		0	
5		Add lines 4a through 4z and enter here and on the applicable line of Part II					
6	<u> </u>	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6			9,177	
						Form <b>3800</b>	(2018)