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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Children's Hospital Medical Center

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
3333 BURNET AVENUE

City or town, state or country, and ZIP + 4
CINCINNATI, OH 452293039

D Employer identification number
31-0833936

E Telephone number
(513) 636-8778

G Gross receipts $ 1,591,648,571

F Name and address of principal officer
MICHAEL A FISHER
3333 BURNET AVENUE
CINCINNATI, OH 452293039

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW CINCINNATICHILDRENS ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1883 | **M** State of legal domicile OH

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
PROVISION OF PEDIATRIC HEALTHCARE TO PATIENTS

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	35
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	29
5	Total number of employees (Part V, line 2a)	5	13,082
6	Total number of volunteers (estimate if necessary)	6	601
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	59,015,435
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-13,231,521

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	189,702,017	213,838,287
9	Program service revenue (Part VIII, line 2g)	1,168,540,621	1,240,716,898
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,710,471	9,689,378
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	99,121,880	126,153,894
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,461,074,989	1,590,398,457
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	840,248,395	932,128,826
16a	Professional fundraising fees (Part IX, column (A), line 11e)	45,305	8,065
b	Total fundraising expenses (Part IX, column (D), line 25) ▶3,763,821		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	568,237,467	579,938,360
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,408,531,167	1,512,075,251
19	Revenue less expenses Subtract line 18 from line 12	52,543,822	78,323,206

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	2,099,231,537	2,189,842,873
21	Total liabilities (Part X, line 26)	984,742,128	993,595,668
22	Net assets or fund balances Subtract line 21 from line 20	1,114,489,409	1,196,247,205

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer — Date: 2011-05-11

▶ SCOTT J HAMLIN SR VP, CFO & CAO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Deloitte Tax LLP 250 East Fifth Street Suite 1900 Cincinnati, OH 45202			EIN ▶ Phone no ▶ (513) 784-7100

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER WILL BE THE LEADER IN IMPROVING CHILD HEALTH CCHMC WILL IMPROVE CHILD HEALTH AND TRANSFORM DELIVERY OF CARE THROUGH FULLY INTEGRATED, GLOBALLY RECOGNIZED RESEARCH, EDUCATION, AND INNOVATION FOR PATIENTS AND OUR COMMUNITY, THE NATION AND THE WORLD, THE CARE WE PROVIDE WILL ACHIEVE THE BEST MEDICAL AND QUALITY OF LIFE OUTCOMES, PATIENT AND FAMILY EXPERIENCES, AND VALUE, TODAY AND IN THE FUTURE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 1,326,849,322 including grants of $ 0) (Revenue $ 1,207,167,056)

CINCINNATI Children's Hospital Medical Center ("Cincinnati Children's"), located in Cincinnati, Ohio, is a private, not-for-profit IRC SEC 501(c)(3) corporation THAT owns and operates a comprehensive medical center that includes one of the nation's largest pediatric tertiary care facilities with complete pediatric research operations and extensive pediatric teaching programs See Schedule O for a complete overview of Cincinnati Children's Community Benefits and Program Service Accomplishments

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 1,326,849,322

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	750		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	13,082		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	Yes	
b	If "Yes," enter the name of the foreign country ▶BD See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 35		
b	Enter the number of voting members that are independent . .	1b 29		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

LAURA C NIXON
3333 BURNET AVENUE
CINCINNATI, OH 452293039
(513) 636-8778

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	9,568,469	0	931,726

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 1,144

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
TRIVERSITY GROUP LLC 5158 FISHWICK DRIVE CINCINNATI, OH 45216	CONSTRUCTION SERVICES	27,783,570
AL NEYER LLC 302 W 3RD STREET SUITE 800 CINCINNATI, OH 45202	CONSTRUCTION SERVICES	26,610,785
SODEXHO INC 1400 LINDEN AVENUE DAYTON, OH 45410	ENVIRONMENTAL AND FOOD SERVICES	10,476,226
POMEROY IT SOLUTIONS 1020 PETERSBURG ROAD HEBRON, KY 41048	IT CONSULTING	8,303,121
EPIC 1979 MILKY WAY VERONA, WI 53593	IT CONSULTING	4,999,275
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 109		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	1,161,461			
	d	Related organizations	1d	80,191,198			
	e	Government grants (contributions)	1e	132,485,628			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $ 334,203					
	h	**Total.** Add lines 1a-1f		213,838,287			
Program Service Revenue			Business Code				
	2a	INPAT HOSP SERV (NET)	621,990	544,415,494	544,415,494		
	b	OUTPAT HOSP SERV (NET)	621,990	481,994,404	426,044,492	55,949,912	
	c	PHYSICIAN SERVICES	621,990	214,307,000	214,307,000		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		1,240,716,898			
	3	Investment income (including dividends, interest and other similar amounts)		9,850,000		-770,081	10,620,081
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents	1,399,698				
	b	Less rental expenses					
	c	Rental income or (loss)	1,399,698				
	d	Net rental income or (loss)		1,399,698		291,307	1,108,391
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		663,175			
	b	Less cost or other basis and sales expenses		823,797			
	c	Gain or (loss)		-160,622			
	d	Net gain or (loss)		-160,622			-160,622
Other Revenue	8a	Gross income from fundraising events (not including $ 1,161,461 of contributions reported on line 1c) See Part IV, line 18	a 187,398				
	b	Less direct expenses	b 426,317				
	c	Net income or (loss) from fundraising events		-238,919			-238,919
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	GME FUNDING	611,710	11,762,959	11,762,959		
	b	SVCS TO AFFIL HOSP	621,990	10,637,111	10,637,111		
	c	CAFETERIA RECEIPTS	722,210	7,447,225			7,447,225
	d	All other revenue		95,145,820		3,544,297	91,601,523
	e	**Total.** Add lines 11a–11d		124,993,115			
	12	**Total revenue.** See Instructions		1,590,398,457	1,207,167,056	59,015,435	110,377,679

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	10,500,195		10,500,195	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	740,442	740,442		
7 Other salaries and wages	713,387,958	626,916,836	83,466,391	3,004,731
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	53,256,506	47,025,495	6,231,011	
9 Other employee benefits	105,086,513	92,791,391	12,295,122	
10 Payroll taxes	49,157,212	43,405,818	5,751,394	
11 Fees for services (non-employees)				
a Management				
b Legal	889,654	785,564	104,090	
c Accounting	805,053	710,862	94,191	
d Lobbying	493,105	435,412	57,693	
e Professional fundraising *See Part IV, line 17*	8,065			8,065
f Investment management fees				
g Other				
12 Advertising and promotion	2,153,439	1,746,422	251,952	155,065
13 Office expenses	152,242,737	134,341,228	17,812,400	89,109
14 Information technology	6,863,760	6,060,700	803,060	
15 Royalties				
16 Occupancy	6,882,219	6,024,008	805,220	52,991
17 Travel	10,328,340	9,119,924	1,208,416	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	15,729,237	13,888,916	1,840,321	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	105,078,555	92,784,364	12,294,191	
23 Insurance	12,240,496	10,808,358	1,432,138	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a PURCHASED SERVICES	161,412,885	142,407,620	18,885,308	119,957
b BAD DEBT EXPENSE	39,613,627	39,613,627		
c UTILITIES	17,449,247	15,407,685	2,041,562	
d dietARY	6,146,813	5,427,636	719,177	
e DUES AND SUBSCRIPTIONS	4,657,106	4,112,225	544,881	
f All other expenses	36,952,087	32,294,789	4,323,395	333,903
25 **Total functional expenses.** Add lines 1 through 24f	1,512,075,251	1,326,849,322	181,462,108	3,763,821
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		98,776,928	2	85,270,000
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		312,234,000	4	299,722,000
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		13,767,969	8	14,448,398
	9	Prepaid expenses and deferred charges		4,254,041	9	5,023,391
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,567,864,570			
	b	Less accumulated depreciation	10b 721,735,103	838,907,073	10c	846,129,467
	11	Investments—publicly traded securities		118,923,787	11	174,495,933
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		712,367,739	15	764,753,684
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,099,231,537	16	2,189,842,873
Liabilities	17	Accounts payable and accrued expenses		206,701,454	17	195,112,939
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		498,095,349	20	485,807,890
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		5,331,263	23	3,727,626
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		274,614,062	25	308,947,213
	26	**Total liabilities.** Add lines 17 through 25		984,742,128	26	993,595,668
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		380,085,905	27	388,821,037
	28	Temporarily restricted net assets		113,838,257	28	129,441,168
	29	Permanently restricted net assets		620,565,247	29	677,985,000
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,114,489,409	33	1,196,247,205
	34	Total liabilities and net assets/fund balances		2,099,231,537	34	2,189,842,873

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Children's Hospital Medical Center

Employer identification number
31-0833936

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
Children's Hospital Medical Center	31-0833936

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		148,000
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		378,245
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			526,245
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	WHILE CHILDREN'S HOSPITAL MEDICAL CENTER DOES NOT SPEND A SUBSTANTIAL AMOUNT OF RESOURCES OR TIME PARTICIPATING IN LOBBYING ACTIVITIES, CHMC DOES PAY MEMBERSHIP DUES TO PROFESSIONAL ORGANIZATIONS WHO, AMONG THEIR MANY RESPONSIBILITIES, DO PERFORM CERTAIN LOBBYING ACTIVITIES ON BEHALF OF THEIR MEMBER ORGANIZATIONS CHMC HAS WRITTEN THESE ORGANIZATIONS TO DETERMINE THE PORTION OF THEIR OPERATING BUDGETS WHICH ARE DEDICATED TO SUCH LOBBYING ACTIVITIES USING THEIR RESPONSES, CHMC HAS DETERMINED THE PORTION OF CHMC'S MEMBERSHIP DUES WHICH ARE APPLICABLE TO THEIR LOBBYING ACTIVITIES BELOW IS A COMPLETE LISTING OF THESE PROFESSIONAL ORGANIZATIONS 1 AMERICAN HOSPITAL ASSOCIATION - $13,281 2 OHIO HOSPITAL ASSOCIATION - $4,780 3 NATIONAL ASSOC OF CHILDREN'S HOSPITALS AND RELATED ORGS - $92,843 4 ASSOCIATION OF OHIO CHILDREN'S HOSPITALS - $36,433 5 ASSOCIATION OF AMERICAN MEDICAL COLLEGES - $663 CHMC ALSO MAINTAINS A GOVERNMENT RELATIONS OFFICE WHICH IS FOCUSED ON IMPROVING AND EXPANDING INTERACTIONS WITH LOCAL, STATE, AND FEDERAL GOVERNMENT APPOINTED AND ELECTED OFFICIALS ON BEHALF OF CHILD HEALTH, REIMBURSEMENT, AND GRANT/FUNDING ISSUES DURING FISCAL YEAR 2010, CHMC'S GOVERNMENT RELATIONS OFFICE INCURRED $378,245 IN EXPENSES RELATED TO VARIOUS LOBBYING ACTIVITIES CERTAIN MEMBERS OF CHMC'S BOARD OF TRUSTEES, SENIOR MANAGEMENT, AND FACULTY MEET WITH AND EDUCATE LOCAL, STATE, AND FEDERAL GOVERNMENT APPOINTED AND ELECTED OFFICIALS ON BEHALF OF CHILD HEALTH, REIMBURSEMENT, AND GRANT/FUNDING ISSUES LOBBYING EXPENSES INCURRED BY THESE INDIVIDUALS MAY BE REIMBURSED BY CHMC CONSISTENT WITH ITS TRAVEL AND BUSINESS EXPENSE REIMBURSEMENT GUIDELINES FURTHERMORE, THE VALUE OF THEIR TIME SPENT PERFORMING LOBBYING ACTIVITIES IS NOT QUANTIFIABLE

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Children's Hospital Medical Center

Employer identification number
31-0833936

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	734,403,257	935,791,845			
b Contributions	235,362,911	174,839,253			
c Investment earnings or losses	58,394,000	-199,115,594			
d Grants or scholarships	143,011,000	128,282,000			
e Other expenditures for facilities and programs	77,723,000	48,829,753			
f Administrative expenses					
g End of year balance	807,426,168	734,403,751			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ **100.000 %**
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		30,473,000		30,473,000
b Buildings		923,495,000	344,722,510	578,772,490
c Leasehold improvements				
d Equipment		573,273,000	371,240,631	202,032,369
e Other		40,623,570	5,771,962	34,851,608
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				846,129,467

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
INVESTMENT IN SUBSIDIARY (RIVER CITY INSURANCE, LTD)	120,000
OTHER LONG-TERM ASSETS	67,669,688
INTEREST IN NET ASSETS OF SUPPORTING ORGANIZATIONS	691,395,312
ASSETS LIMITED TO USE - FUNDS IN TRUST	5,568,684
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	764,753,684

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
SELF INSURANCE RESERVES	24,292,204
MINIMUM PENSION LIABILITY ACCRUAL	275,842,179
OTHER LONG-TERM LIABILITIES	8,812,830
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	308,947,213

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	CHMC'S ENDOWMENT FUNDS ARE UTILIZED TO SUPPORT THE OPERATIONS OF VARIOUS DEPARTMENTS AT CHMC IN FURTHERANCE OF CHMC'S PRIMARY TAX-EXEMPT PURPOSES OF PATIENT CARE, EDUCATION, AND RESEARCH
Part X	Description of Uncertain Tax Positions Under FIN 48	IN JULY 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ISSUED ACCOUNTING STANDARDS CODIFICATION TOPIC ("ASC") 740 "INCOME TAXES", WHICH CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAX POSITIONS ASC 740 PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF AN INCOME TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN ASC 740 ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, AND ADDITIONAL DISCLOSURES CINCINNATI CHILDREN'S ADOPTED THE PROVISIONS OF ASC 740 ON JULY 1, 2007 THE ADOPTION OF ASC 740 DID NOT HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS IT IS THE POLICY OF CINCINNATI CHILDREN'S TO CLASSIFY THE EXPENSE RELATED TO INTEREST AND PENALTIES, IF ANY, TO BE PAID ON UNDERPAYMENTS OF INCOME TAXES WITHIN OTHER EXPENSES THERE WERE NO PENALTIES OR INTEREST ACCRUED IN FISCAL YEAR 2010 OR 2009 LISTED BELOW ARE THE TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION BY MAJOR TAX JURISDICTION FEDERAL - 2007 TO 2010 STATE - 2007 TO 2010

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Children's Hospital Medical Center

Employer identification number
31-0833936

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA & THE CARIBBEAN	0	1	PROGRAM SERVICES	OFFSHORE CAPTIVE MANAGEMENT	1,058,189
Totals . . . . . ►	0	1			1,058,189

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 (Form 990) if additional space is needed.

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
Children's Hospital Medical Center

Employer identification number
31-0833936

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Internet and e-mail solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? **Yes**	**No**	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
BENTZ WHALEY FLESSNER	CONSULTING		No	0	8,065	0
Total . . . . . ▶					8,065	

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

OH,KY,IN,FL

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 WALK FOR KIDS (event type)	(b) Event #2 CELESTIAL BALL (event type)	(c) Other Events 7 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	617,000	408,777	323,082	1,348,859
	2 Less Charitable contributions	616,490	338,677	206,294	1,161,461
	3 Gross income (line 1 minus line 2)	510	70,100	116,788	187,398
Direct Expenses	4 Cash prizes	0	0	0	
	5 Non-cash prizes	25,880	0	10,881	36,761
	6 Rent/facility costs	0	8,500	0	8,500
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	124,692	155,620	100,744	381,056
	10 Direct expense summary Add lines 4 through 9 in column (d)				426,317
	11 Net income summary Combine lines 3, column d, and line 10				-238,919

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine lines 1, column d, and line 7				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities ____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Children's Hospital Medical Center

Employer identification number
31-0833936

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			14,676,000	6,000,000	8,676,000	0 590 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			467,635,158	312,846,343	154,788,815	10 510 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			482,311,158	318,846,343	163,464,815	11 100 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			7,758,097	4,788,557	2,969,540	0 200 %
f Health professions education (from Worksheet 5)			64,734,116	21,882,840	42,851,276	2 910 %
g Subsidized health services (from Worksheet 6)			46,073,000	36,574,000	9,499,000	0 650 %
h Research (from Worksheet 7)			231,479,000	74,929,000	156,550,000	10 630 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			418,740	0	418,740	0 030 %
j **Total** Other Benefits			350,462,953	138,174,397	212,288,556	14 420 %
k **Total.** Add lines 7d and 7j			832,774,111	457,020,740	375,753,371	25 520 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support			878,520	38,500	840,020	0 060 %
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy			25	25		
8	Workforce development						
9	Other			425,868	0	425,868	0 030 %
10	**Total**			1,304,413	38,525	1,265,888	0 090 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense (at cost)	2	21,811,263		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	5,365,571		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	7,827,912		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	7,319,299		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	508,613		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
CHMC - MAIN CAMPUS 3333 BURNET AVE CINCINNATI,OH 45229	X	X	X	X		X	X		
CHMC - LIBERTY CAMPUS 7777 YANKEE ROAD LIBERTY TOWNSHIP,OH 45044	X	X	X	X			X		
chmc - COLLEGE HILL CAMPUS 5642 HAMILTON AVE CINCINNATI,OH 45224	X		X	X					

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

See additional data

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

See additional data

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

Part VI, Line 4 In accordance with its mission and purpose, Cincinnati Children's maintains a policy of accepting all patients within its primary service area regardless of ability to pay This primary service area has been defined to include the four counties in Ohio, three counties in Kentucky and one county in Indiana that geographically surround Cincinnati

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

See additional data

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Children's Hospital Medical Center

Employer identification number
31-0833936

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JAMES ANDERSON - CEO &	(i)	773,292	687,209	395,078	24,500	14,703	1,894,782	188,987
	(ii)	0	0	0	0	0	0	0
RICHARD AZIZKHAN MD	(i)	735,782	240,035	245,297	208,146	3,030	1,432,290	173,763
	(ii)	0	0	0	0	0	0	0
ARNOLD STRAUSS MD	(i)	513,800	174,928	18,867	124,822	23,976	856,393	0
	(ii)	0	0	0	0	0	0	0
THOMAS F BOAT MD	(i)	208,242	0	63,949	24,500	8,455	305,146	0
	(ii)	0	0	0	0	0	0	0
SCOTT HAMLIN	(i)	506,025	146,538	126,773	128,518	22,200	930,054	81,201
	(ii)	0	0	0	0	0	0	0
DEAN KURTH	(i)	522,872	191,751	107,543	126,922	16,335	965,423	63,035
	(ii)	0	0	0	0	0	0	0
CHARLES MYER III	(i)	765,450	183,656	19,210	24,500	360	993,176	0
	(ii)	0	0	0	0	0	0	0
CHARLES MEHLMAN	(i)	673,008	178,303	32,370	24,500	21,816	929,997	0
	(ii)	0	0	0	0	0	0	0
JEFF ROBBINS	(i)	412,565	0	471,616	24,500	20,782	929,463	0
	(ii)	0	0	0	0	0	0	0
erIC WALL	(i)	765,825	201,433	35,110	30,000	19,464	1,051,832	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	Part I, Line 1a	TAX-INDEMNIFICATION AND GROSS-UP PAYMENTS SUPPLEMENTAL LIFE INSURANCE CINCINNATI CHILDREN'S has provided an arrangement for certain employees to participate in a supplemental life insurance program that provides the employee with additional term life insurance coverage on an annual basis DURING CALENDAR YEAR 2009, an employee that participateD in THE life insurance program receiveD a payment from CINCINNATI CHILDREN'S that, after taxes WERE withheld, equalED the annual premium for the term life insurance coverage THE PAYMENT FOR SUPPLEMENTAL LIFE INSURANCE DESCRIBED ABOVE WAS DISCONTINUED BY CINCINNATI CHILDREN'S AS OF JANUARY 1, 2010
	Part I, Line 4a	CERTAIN OFFICERS AND KEY EMPLOYEES HAVE ARRANGEMENTS WHICH PROVIDE FOR SUPPLEMENTAL RETIREMENT BENEFITS AS DESCRIBED IN IRC SEC 457(F) DUE TO THE SUBSTANTIAL RISK OF FORFEITURE PROVISION, THESE ARRANGEMENTS ARE NON-VESTED AND THERE IS NO GUARANTEE THAT THESE OFFICERS AND FACULTY MEMBERS WILL EVER RECEIVE THESE BENEFITS THE FOLLOWING IS A LISTING OF OFFICERS AND KEY EMPLOYEES THAT RECEIVED A DEFERRAL, SUBJECT TO THE SUBSTANTIAL RISK OF FORFEITURE PROVISION, UNDER CINCINNATI CHILDREN'S IRC SEC 457(F) PLAN DURING THE YEAR (THESE AMOUNTS ARE INCLUDED IN THE TOTALS FOR SCHEDULE J, PART II, COLUMN C, DEFERRED COMPENSATION) 1 RICHARD AZIZKHAN - $183,646 2 SCOTT HAMLIN - $104,018 3 DEAN KURTH - $102,422 4 ARNOLD STRAUSS - $100,322 5 ERIC WALL - $5,500 THE FOLLOWING IS A LISTING OF OFFICERS AND KEY EMPLOYEES THAT RECEIVED A PAYMENT UNDER CINCINNATI CHILDREN'S IRC SEC 457(F) PLAN DURING THE YEAR (THESE AMOUNTS ARE INCLUDED IN THE TOTALS FOR SCHEDULE J, PART II, COLUMN B(III) AND COLUMN F) 1 JAMES ANDERSON - $188,987 2 RICHARD AZIZKHAN - $173,763 3 SCOTT HAMLIN - $81,201 4 DEAN KURTH - $63,035
Supplemental Information	Part III	Explanation of Benefits The employee benefit plan contribution amountS LISTED ON SCHEDULE J, PART II may include one or more of the following benefits 1 Elective employee deferrals under IRC Sec 403(b) 2 Discretionary employer contributions under IRC Sec 403(b) 3 Elective employee deferrals under IRC Sec 457(b) 4 Elective employee deferrals under IRC Sec 457(f) In addition to the retirement plan contributions disclosed on FORM 990, PART VII AND SCHEDULE J, PART II, the following non-taxable employee welfare benefits were made available to the employed, compensated officers AND KEY EMPLOYEES listed on FORM 990, PART VII AND SCHEDULE J, PART II 1 Health AND DENTAL insurance benefits 2 Group life insurance (portions of which are taxed) 3 Unemployment benefits 4 Disability benefits The officers AND KEY EMPLOYEES listed on FORM 990, PART VII AND SCHEDULE J, PART II are also eligible for any other available employee benefits JAMES ANDERSON ALSO HAS AN OPTION AGREEMENT THAT BECAME FULLY VESTED DURING THE FISCAL YEAR ENDED JUNE 30, 2002 THE OPTION IS NOT EXERCISABLE UNTIL A FUTURE YEAR OR FUTURE EVENT THEREFORE, THE OPTION HAS NO READILY ASCERTAINABLE FAIR MARKET VALUE PURSUANT TO IRC SEC 83(E)(3) CHMC'S OFFICERS, TRUSTEES, AND KEY EMPLOYEES LISTED ON FORM 990, PART VII AND SCHEDULE J MAY Incur various travel and entertainment expenses in the conduct of their official duties as representatives of the organization CHMC has a written travel and entertainment expense reimbursement policy that complies with published IRS guidance All OFFICERS, TRUSTEES, AND KEY EMPLOYEES are required To substantiate each travel and entertainment expense to the extent as stated in the travel and entertainment expense reimbursement policy Beyond the officers AND KEY EMPLOYEES listed on SCHEDULE J, PART II, CINCINNATI CHILDREN'S is governed by a board of trustees who are neither compensated for their services provided nor Do they receive any fringe benefits (other than free parking) from CINCINNATI CHILDREN'S Please see FORM 990, PART VII for a listing of these trustees DURING THE FISCAL YEAR ENDED JUNE 30, 2010, JAMES ANDERSON WAS PRESIDENT AND CEO OF CHMC THROUGH DECEMBER 31, 2009 MICHAEL FISHER WAS HIRED BY CHMC ON NOVEMBER 8, 2009 TO BECOME THE NEXT PRESIDENT AND CEO OF CHMC THE CALENDAR YEAR 2009 COMPENSATION REPORTED ON THIS RETURN FOR MICHAEL FISHER REPRESENTS COMPENSATION PAID TO MICHAEL FISHER BY CHMC DURING THE TRANSITION PERIOD FROM NOVEMBER 8, 2009 TO DECEMBER 31, 2009 ON JANUARY 1, 2010, MICHAEL FISHER BECAME PRESIDENT AND CEO OF CHMC Compensation Committee Philosophy The Compensation Committee (the "Committee") may be comprised of Trustee and Non Trustee members The Committee is charged with responsibility for review, approval, and oversight of all of the items of COMPEnsation that impact senior management, middle management, and faculty The Committee establishes Cincinnati Children's compensation philosophy BY utilizing the following fundamental concepts in determining compensation strategy and objectives 1 Cincinnati Children's compensation is linked to an employee's performance and his or her achievement of Cincinnati Children's mission, 2 CINcinnati Children's total compensation must remain competitive within, and responsive to, the various regional, national, and international markets which enables it to attract and retain senior management, Middle management and faculty with the talent and expertise necessary for it to carry out its mission and to be an international leader in pediatric health care, research and education, specific detailed attention is given to relevant comparative compensation data from entities of comparable size, complexity, and global reputation, 3 Cincinnati Children's utilizes external, independent experts to assist in ensuring a complete understanding of all relevant markets, and 4 CIncinnati Children's compensation must not result in private inurement In addition to base salary, key members of senior and middle management are eligible for annual incentive compensation Annual incentive compensation is calculated as a percentage of base salary and is based on achieving certain operational, quality, patient safety, financial and other performance targets that are established on both an organizational and individual level These performance targets are reviewed and approved by the Compensation Committee on an annual basis

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Children's Hospital Medical Center

Employer identification number
31-0833936

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	HAMILTON COUNTY OHIO	31-6000063	407272M26	06-30-2004	98,249,356	RESEARCH BUILDING		X		X
B	COUNTY OF BUTLER OHIO	31-6000061	123550FJ9	12-08-2006	63,541,881	OUTPATIENT SATELLITE BLDG		X		X
C	HAMILTON COUNTY OHIO	31-6000063	407272M34	12-11-2007	61,230,000	MEDICAL BUILDING & GARAGE		X		X
D	COUNTY OF BUTLER OHIO	31-6000061	123550FM2	04-30-2008	51,950,000	REPAY 2006L BONDS (12/8/2006)		X		X
E	counTY OF BUTLER OHIO	31-6000061		12-17-2009	30,000,000	REPAY 20080 BONDS (4/30/2008)		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	109,390,558	65,205,028	60,636,331	52,351,334	30,000,000
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds					
5	Issuance costs from proceeds	2,249,356	1,385,093	389,866	399,995	
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	107,141,202	63,819,935	60,246,465		
8	Year of substantial completion	2007	2008	2009	2008	2010

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?		X		X		X	X		X	
10	Were the bonds issued as part of an advance refunding issue?		X		X		X		X		X
11	Has the final allocation of proceeds been made?	X		X		X		X		X	
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		X	

Part III Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X		X
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X		X		X		X

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X		X		X		X
3b	Are there any research agreements with respect to the financed property which may result in private business use?	X		X		X			X		X
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X		X		X		X
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		0 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %		0 %		0 %		0 %
6	Total of lines 4 and 5		0 %		0 %		0 %		0 %		0 %
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X		X	

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		X
2	Is the bond issue a variable rate issue?		X	X		X		X		X	
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X		X		X
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X		X		X		X
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?		X	X		X		X		X	

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Children's Hospital Medical Center

Employer identification number
31-0833936

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) No
AARON AZIZKHAN	FAMILY MEM TRUST	33,180	COMP & BEN		No
GERALYN AZIZKHAN	FAMILY MEM TRUST	94,116	COMP & BEN		No
BARBARA BOAT	FAMILY MEM TRUST	153,073	COMP & BEN		No
ANNE BOAT	FAMILY MEM TRUST	426,323	COMP & BEN		No
UNION CENTRAL LIFE INS CO	DIRECTOR/OFFICER	230,455	INS PREM		No
EMILY HIRSCHFELD	FAMILY MEM TRUST	33,751	COMP & BEN		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Children's Hospital Medical Center

Employer identification number
31-0833936

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	31	334,203	MEAN ON DATE OF TRANSFER
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29** 0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 31-0833936
Name: Children's Hospital Medical Center

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493131010391

SCHEDULE O (Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
Children's Hospital Medical Center

Employer identification number
31-0833936

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		TOM CODY AND FELICIA WILLIAMS HAVE A BUSINESS RELATIONSHIP OUTSIDE OF CINCINNATI CHILDREN'S

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		JAMES ANDERSON AND MICHAEL CAMBRON HAVE A BUSINESS RELATIONSHIP OUTSIDE OF CINCINNATI CHILDREN'S

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		CHMC AMENDED ITS CODE OF REGULATIONS IN JUNE 2010 TO REVISE THE SECTION OF THE CODE ON BOARD COMMITTEES

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		ARTICLE I, SECTION 1 1 OF CINCINNATI CHILDREN'S AMENDED AND RESTATED CODE OF REGULATIONS PROVIDES THAT THE MEMBERSHIP OF CINCINNATI CHILDREN'S SHALL CONSIST OF THE PERSONS WHO ARE FROM TIME TO TIME, AND AT ANY GIVEN TIME, THE MEMBERS OF THE BOARD OF TRUSTEES OF THE CHILDREN'S HOSPITAL

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		ARTICLE I, SECTION 1 1 OF CINCINNATI CHILDREN'S AMENDED AND RESTATED CODE OF REGULATIONS PROVIDES THAT THE MEMBERSHIP OF CINCINNATI CHILDREN'S SHALL CONSIST OF THE PERSONS WHO ARE FROM TIME TO TIME, AND AT ANY GIVEN TIME, THE MEMBERS OF THE BOARD OF TRUSTEES OF THE CHILDREN'S HOSPITAL

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE FORM 990 IS PREPARED BY SENIOR MANAGEMENT FROM CINCINNATI CHILDREN'S EXTERNAL TAX CONSULTANTS REVIEW THE FORM 990 FOR COMPLETENESS AND ACCURACY THE FORM 990 IS THEN PRESENTED TO THE AUDIT & COMPLIANCE COMMITTEE, WHICH IS A STANDING COMMITTEE OF THE CINCINNATI CHILDREN'S BOARD OF TRUSTEES, FOR REVIEW FINALLY, THE FORM 990 IS MADE AVAILABLE TO ALL BOARD OF TRUSTEES MEMBERS IN ADVANCE OF FILING

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		ALL OF CINCINNATI CHILDREN'S OFFICERS, TRUSTEES, AND KEY EMPLOYEES RECEIVE AN ANNUAL QUESTIONNAIRE REQUESTING INFORMATION REGARDING FAMILY AND BUSINESS RELATIONSHIPS THAT COULD POTENTIALLY RESULT IN A CONFLICT OF INTEREST UNDER CINCINNATI CHILDREN'S WRITTEN CONFLICT OF INTEREST POLICY ONCE THE QUESTIONNAIRES HAVE BEEN COMPLETED, THEY ARE REVIEWED BY CINCINNATI CHILDREN'S SENIOR MANAGEMENT AND IF IT IS DETERMINED THAT A CONFLICT OF INTEREST EXISTS, CINCINNATI CHILDREN'S FOLLOWS THE PROVISIONS SET FORTH IN ITS CONFLICT OF INTEREST POLICY TO RESOLVE THE CONFLICT AND DETERMINES THE APPROPRIATE REPORTING TO BOARD COMMITTEES AND, IF REQUIRED, FORM 990 DISCLOSURE

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		CINCINNATI CHILDREN'S HAS A COMPENSATION COMMITTEE THAT ANNUALLY REVIEWS THE RECOMMENDATIONS OF MANAGEMENT REGARDING EMPLOYEE PERFORMANCE EVALUATION AND COMPENSATION ADJUSTMENTS FOR DISQUALIFIED PERSONS TO ENSURE THAT IT HAS COMPLIED WITH THE PROVISIONS OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER IRC SEC 4958

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		CINCINNATI CHILDREN'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MAINTAINED ON FILE BY SENIOR MANAGEMENT AND ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST EITHER IN-PERSON, BY TELEPHONE, OR BY WRITTEN REQUEST

Identifier	Return Reference	Explanation
		FORM 990, SCHEDULE K, PART II, LINE 5 ISSUANCE COSTS FROM PROCEEDS THE $2,249,356 REPORTED ON SCHEDULE K, PART II, LINE 5 COLUMN A CONSISTS OF $1,492,911 OF CREDIT ENHANCEMENT COSTS AND $756,445 OF BOND ISSUANCE COSTS THE $1,385,093 REPORTED ON SCHEDULE K, PART II, LINE 5, COLUMN B CONSISTS OF $921,385 OF CREDIT ENHANCEMENT COSTS AND $463,708 OF BOND ISSUANCE COSTS

Identifier	Return Reference	Explanation
		form 990, SCHEDULE K, PART III, LINE 3C BOND COUNSEL REVIEW WHILE CHMC DOES NOT ROUTINELY ENGAGE OUTSIDE BOND COUNSEL TO REVIEW MANAGEMENT OR SERVICE CONTRACTS OR RESEARCH AGREEMENT RELATED TO BOND-FINANCED PROPERTY, CHMC REGULARLY CONSULTS WITH IN-HOUSE COUNSEL TO PERFORM AN INTERNAL ASSESSMENT OF MANAGEMENT AND SERVICE CONTRACTS AND RESEARCH AGREEMENTS RELATED TO BOND-FINANCED PROPERTY

Identifier	Return Reference	Explanation
		FORM 990, SCHEDULE R TRANSACTIONS WITH RELATED ORGANIZATIONS CHMC PROVIDES VARIOUS RELATED ORGANIZATIONS WITH CERTAIN SHARED SERVICES AT NO CHARGE

Identifier	Return Reference	Explanation
FORM 990, PART III	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS AND COMMUNITY BENEFIT	At Cincinnati Children's, our approach to community benefit is rooted in the belief that hospitals have a responsibility to improve the health and quality of life for children in the communities they serve Part of this responsibility is serving as a medical safety net for children, regardless of their families' circumstance or ability to pay Providing community benefit is one way in which we strive to meet that responsibility Community benefit is defined as programs or activities that provide treatment, or promote health and healing, in response to identified community needs To truly provide community benefit, these activities must meet at least one of the following objectives * Improve access to health care * Enhance health of the community * Advance medical or health care knowledge * Relieve or reduce the burden of government or other community efforts We have pursued community benefit activities that help further these objectives because it is part and parcel of who we aim to be Our vision states it best "To be the leader in improving child health " Within our walls, there is evidence of our commitment to community benefit in our overall structure, our training of staff, and our participation in LOCAL, state, and national advocacy efforts Our pediatric residency program instills exceptional clinical and research skills as well as a strong sense of advocacy for those less fortunate Many of these young doctors stay on to work in this region after completing their studies Although Cincinnati Children's began publicly reporting community benefit in 2004, we have a tradition of providing community benefit that dates back to the hospital's founding in 1883 Reporting these activities is our way of being accountable to the Greater Cincinnati community and of demonstrating the value and impact of our many community-based services and partnerships

Identifier	Return Reference	Explanation
		According to the most recent 2009 comparative data published by the Goldman Sachs/Child Health Corporation of America CFO Survey, Cincinnati Children's complement of 525 registered inpatient beds (of which 478 are staffed) ranks as the SECOND largest among freestanding pediatric hospitals, while its emergency room, operating rooms and clinics ranked as among the nation's busiest in terms of the volume of patients served Cincinnati Children's also operates 36 residential psychiatric beds (of which 33 are currently staffed) on its College Hill Campus Additionally, according to the most recent 2009 information published by the National Institutes of Health ("NIH"), Cincinnati Children's ranked second in the nation among pediatric health care facilities in terms of NIH grant awards received The growth rate of its NIH research funding over the last ten years has exceeded the growth rates of all other major pediatric hospitals Cincinnati Children's has extensive educational programs and its graduate medical education program is the nation's fourth largest pediatric program A majority of the pediatric healthcare professionals in its service area were trained by Cincinnati Children's Cincinnati Children's has performed an analysis and quantification of its estimated benefit to the Community A summary of this analysis is detailed below and is also provided on schedule h The purpose of this document is to provide highlights of Cincinnati Children's activities in each of the areas * Patient Care (net of tax levy and Ohio HCAP)(Note A) $163 5 million * Subsidized Health Services $9 5 million * Research (Note B) $156 5 million * Medical Education $42 9 million * Community Outreach $4 6 million * Total Value of Community Benefits Provided $377 0 million Note A Charitable Patient Care ($163 5 million) - Free or discounted services for those unable to pay because they are poor or uninsured The benefit amount includes the shortfall from Medicaid reimbursement based on the cost of providing care to Medicaid recipients (after accounting for support from Hamilton County Health and Hospitalization LEVy and the Hospital Care Assurance Program) and the loss from the cost of providing charity care Note B Research ($156 5 million) - In accordance with the 2009 Form 990, Schedule H instructions, grant revenue utilized to conduct research activities is not required to be reported as an offset to research expenditures when calculating other community benefits on Schedule H If research funding was required to be counted as an offset to research expenditures, the net amount of community benefit related to research would be reduced to $13 8 million, and the total value of community benefits provided would be reduced to $234 3 million Cincinnati Children's provides patient care to infants, children and adolescents It serves as a tertiary level referral center for pediatric illnesses During the fiscal year ended June 30, 2010, Cincinnati Children's admitted 15,297 patients who were associated with 85,600 patient days In addition, Cincinnati Children's treated nearly 780,000 outpatient visits Cincinnati Children's maintains one of the nation's busiest Emergency Departments Over the past year, Cincinnati Children's handled nearly 125,000 emergency room visits Likewise, Cincinnati Children's is the nation's leader in terms of pediatric surgical procedures During fiscal 2010, Cincinnati Children's performed over 40,800 hours of surgery Cincinnati Children's works to maintain the control of healthcare costs while preserving the quality of service and the availability for all pediatric/adolescent citizens Cincinnati Children's hopes it will set an example for other organizations in the community and around the country to strive to work for the common healthcare cause Cincinnati Children's is bringing together and addressing both the social needs of the community and the healthcare needs Cincinnati Children's recognizes the need to team with the various social welfare agencies of the community It is leading the movement in combining and addressing the community's total social well-being and emphasizing wellness and prevention instead of treating illnesses In this manner, it encourages all community organizations to bind together to benefit the residents and not be hindered by the boundaries of the past As with other not-for-profit organizations, Cincinnati Children's reinvests its net revenues to continuously improve its ability to provide quality healthcare These resources allow Cincinnati Children's to maintain a renowned staff of medical professionals and provide state-of-the-art medical facilities and equipment Cincinnati Children's makes significant investments in information technology, continuously striving to improve ITS business and clinical practices The advanced technology allows physicians to bring timely and relevant information to the patient's bedside, making patient care safer and more efficient Cincinnati Children's is accredited by the Joint Commission on Accreditation of Healthcare Organizations and is a member of the American Hospital Association, the Ohio Hospital Association, the Greater Cincinnati Hospital Council, The Association of Ohio Children's Hospitals, the Council of Teaching Hospitals and the National Association of Children's Hospitals and Related Institutions In 2006, Cincinnati Children's received the American Hospital Association - McKesson Quest for Quality Prize for leadership and innovation in quality, safety and commitment to patient care This prestigious award is presented annually to an organization that demonstrates commitment to achieving the Institute of Medicine's six quality aims safety, patient-centeredness, effectiveness, efficiency, timeliness and equity The winner is chosen by a multidisciplinary committee of health care and patient safety experts Cincinnati Children's is the first pediatric hospital to win the McKesson Quest for Quality Prize

Identifier	Return Reference	Explanation
		In 2010, Cincinnati Children's was again one of only EIGHT pediatric hospitals in the United States to be included on the Honor Roll in the 2010 U S News & World Report's annual "America's Best Hospitals" survey The honor roll features only those hospitals ranked in all 10 specialties surveyed CINCINNATI CHILDREN'S HAS BEEN RANKED IN THE TOP TEN FOR ALL PEDIATRIC SUBSPECIALTIES - A DISTINCTION SHARED BY FEW OTHER HOSPITALS Cincinnati Children's is ranked as the best children's hospital in the nation for digestive disorders, other specialties and their rank include * Cancer - 4 * Diabetes and Endocrine Disorders - 5 * Heart and Heart Surgery - 9 * Kidney Disorders - 3 * Neonatal Care - 3 * Neurology and Neurosurgery - 8 * Orthopedics - 5 * PULMONARY - 2 * Urology - 4 Consistent with its charitable mission, Cincinnati Children's maintains a policy of accepting all patients within its primary service area regardless of ability to pay The primary service area includes the eight counties in southwestern Ohio, northern Kentucky, and southeastern Indiana that geographically surround Cincinnati For the fiscal year ended June 30, 2010, Cincinnati Children's absorbed approximately $188 million of uncompensated charity care services as a result of this "open-door" charitable policy In addition, due to a local property tax levy, Cincinnati Children's received $6 million of funding to help offset the cost of providing care to eligible Hamilton County residents Under certain circumstances, Cincinnati Children's accepts patients from outside the primary service area without regard to their ability to pay Cincinnati Children's defines indigent patient care as services rendered to patients whose families are unable to meet certain minimum income and/or net worth standards As such, charges absorbed by Cincinnati Children's in rendering services to patients who are covered under governmental programs which are designed to aid low income families (primarily the Medicaid program) are considered indigent patient care This policy applies to all inpatient, outpatient or emergency room services and to professional services performed by providers employed by Cincinnati Children's In fiscal 2010, the loss on provision of charity care and Means-Tested government programs totaled approximately $163 5 million (after taking into account funds received under the Ohio Hospital Care Assurance Program of approximately $10 3 million) Cincinnati Children's participates in applicable government sponsored entitlement programs, serving thousands of patients covered by public programs such as Medicaid and Medicare Medicaid and Medicare reimburse hospitals for healthcare services provided to eligible patients, but the payments do not cover the total cost of providing the service For the year ended June 30, 2010, more than 43% of all Cincinnati Children's gross patient revenue was generated from patients whom were enrolled in various state Medicaid programs and Medicare PATIENT CARE Cincinnati Children's currently owns and operates inpatient and outpatient facilities on its main campus, specially suited to the provision of state-of-the-art pediatric care Cincinnati Children's has 525 registered inpatient beds, including 48 inpatient beds at its College Hill campus AND 12 BEDS AT THE LIBERTY CAMPUS, of which 478 are currently in service It also has 36 registered residential psychiatric beds at its College Hill campus, of which 33 are currently in service Its specialized facilities include a large pediatric intensive care complex consisting of a 56-bed neonatal intensive care unit for treatment of critically ill and premature newborns, a 35-bed pediatric intensive care unit for critically ill and injured children, and a 15-bed cardiac intensive care unit In addition, Cincinnati Children's facilities include a 48-bed hematology/oncology/BMT unit for treatment of children with serious blood disorders, including bone marrow transplant services Cincinnati Children's also operates a network of twelve outpatient care centers located throughout the primary service area Cincinnati Children's opened its first outpatient facility in 1987 and has opened an additional 11 outpatient facilities in the last 10 years Cincinnati Children's continues to invest in these facilities and expand the services offered in each location Cincinnati Children's owns its Outpatient Liberty, MASON, AND OAK facilities and leases the other NINE locations The services offered at these centers vary by location, but generally include diagnostic testing, pediatric specialty clinics, therapies and dental services Three of the centers also offer urgent care services Liberty, which opened in August 2008, also provides emergency room and surgical services

Identifier	Return Reference	Explanation
		RESEARCH Children's Hospital Research Foundation (the "Research Foundation"), a division of Cincinnati Children's, conducts both basic science and clinically applied biomedical research in the areas of morphological pathology, molecular and cell biology, biological mechanisms of disease and the processes of normally functioning systems During the year ended June 30, 2010, there were more than 830 active-sponsored research projects The Research Foundation occupies APPROXIMATELY 28% of the available space of Cincinnati Children's and accounts for about 30% of the total annual operating budget Additionally, according to the most recent information published by the National Institutes of Health ("NIH"), Cincinnati Children's ranked second in the nation among all pediatric health care facilities in terms of NIH grant awards received The Research Foundation is a national leader in advancing fundamental science and medicine With expanding research programs and new facilities, the Research Foundation is bringing the most advanced techniques and resources to the fight against childhood disease The Division of Developmental Biology is growing, and is now one of the country's largest groups with 24 faculty researchers The Division fosters collaborative research between clinical and basic scientists to translate new knowledge in to novel diagnostic and therapeutic approaches for care of children Research in the new Division of Immunobiology focuses on improved treatments for asthma, new types of immune-suppressants for organ transplants, and more The second major expense area for Cincinnati Children's is research In fiscal year 2010, it devoted approximately 30 percent of its expenditures to supporting its research programs Spending in this area attracts talented pediatric researchers, generates government, foundation, and industry funding, and leads to related new business development A key factor in Cincinnati Children's ability to attract significant external funding, particularly from the National Institutes of Health (NIH), is that it spends its own resources to create "Centers of Excellence," with top researchers in specific areas of child medicine that will be attractive to outside funders Further, through its Trustee's Grant Program, it provides seed money to researchers, with the expectation that they will later apply for external funding In 1996, Cincinnati Children's set up the Office of Intellectual Property and Venture Development to ensure and oversee the commercialization of the inventions of the researchers at Cincinnati Children's

Identifier	Return Reference	Explanation
		MEDICAL EDUCATION Cincinnati Children's is adjacent to the University of Cincinnati College of Medicine and serves as its Department of Pediatrics Cincinnati Children's offers education and training in clinical residency programs, clinical and research fellowships and allied health sciences All pediatrics specialties and subspecialties are represented on the Medical Staff Cincinnati Children's also provides graduate medical education in Developmental Biology and Genetic Counseling and annually trains more than 315 physician residents and over 325 fellows Cincinnati Children's has provided training for the majority of pediatricians practicing within its service area Cincinnati Children's also provides clinical training in allied health sciences in Nursing, Respiratory Therapy, Radiologic Technology, Speech Pathology and Audiology Cincinnati Children's graduate medical education program is the nation's fourth largest pediatric program Cincinnati Children's costs of providing such training include the salary and training costs of interns and residents In fiscal 2010, Cincinnati Children's provided nearly $64 7 million in medical education costs Cincinnati Children's received approximately $11 8 million in funding from the Federal CHGME program in fiscal 2010 to help offset such costs Additionally, Cincinnati Children's received approximately $8 5 million from State Medicaid and Medicare programs and grants to further assist in offsetting medical education costs in fiscal 2010 In fiscal 2010, Cincinnati Children's devoted approximately 4 percent of its expenditures to the education mission of the hospital This money is used to provide graduate medical education for doctors, nurses, and other medical professionals The Research Foundation offers research-based education options for scientists, often in conjunction with the University of Cincinnati Students in these programs work with faculty experts in first-rate facilities The programs include the Molecular and Developmental Biology Graduate Program, the Immunobiology Graduate Training Program, postdoctoral fellowships, MD/PhD postgraduate training, the Mentored Medical Student Clinical Research Program, the Summer Program for Medical Students, and the Summer Undergraduate Research Fellowship (SURF)

Identifier	Return Reference	Explanation
		The Research Foundation also sponsors a number of exceptional internal grant mechanisms to support PhDs, MDs, and MD/PhDs during their fellowship and especially during the transition to junior faculty positions with a focus on research An active grant program funds translational research projects and there is an emphasis on development of early phase human trials in pediatric diseases based on discovery science performed The Research Foundation has an outstanding track record in facilitating successful funding of individual training awards (K awards) for both MDs and PhDs and converting these awards to initial R01s Cincinnati Children's long history of pediatric teaching spans more than 80 years, beginning in 1926 In the years since, Cincinnati Children's has trained more than 2,000 physicians and many nurses and other health professionals Cincinnati Children's has been formally affiliated with the University of Cincinnati's College of Medicine and has served as the Department of Pediatrics for the College of Medicine since 1931, ensuring that teaching and related research would strengthen pediatric patient care Cincinnati Children's and Cincinnati Children's employed staff of physicians and scientists hold academic appointments at the College of Medicine Currently Cincinnati Children's is the fourth largest pediatric training facility in the United States, having 30 ACGME accredited fellowship programs and three ACGME fellowship programs where the accreditation is through the University of Cincinnati Cincinnati Children's faculty is responsible for teaching the University's medical students during their pediatric rotations in the third and fourth years of training In addition to graduate medical education, Cincinnati Children's also provides extensive training and education in the health sciences, including nursing, nutrition therapy, occupational and physical therapy, respiratory therapy, radiology technology, genetic counseling, speech pathology and audiology, child life and social work

Identifier	Return Reference	Explanation
		COMMUNITY OUTREACH Cincinnati Children's and its staff participate in many community outreach programs The following highlights some of the programs participated in, but should not be considered an all inclusive listing Partner in Education with Rockdale Elementary School - Cincinnati Children's provides mentoring and offers on-site healthcare and health education programs to children in every grade level at Rockdale Elementary School The center provides acute primary care services and focuses on prevention and classroom health as well as parent and teacher education Child Abuse Team/Mayerson Center - The Mayerson Center for Safe and Healthy Children at Cincinnati Children's is committed to fighting and preventing child abuse and neglect It combines the many activities at Cincinnati Children's that focus on child abuse into one coordinated effort The Mayerson Center brings together community groups to collaborate with its own Child Abuse Team in the investigation and treatment of victims within the "advocacy center," a 7,200-square-foot facility The Mayerson Center investigates six to seven alleged or suspected abuse cases of outside individuals every day The Mayerson Center staff evaluates, treats and prevents child maltreatment The staff consists of CINCINNATI police and HAMILTON COUNTY sheriff officers, Department of Human Services workers and a victim advocate from the Hamilton County prosecutor's office, along with Cincinnati Children's staff of physicians, nurses and social workers It collaborates and expedites the diagnosis and investigation of child abuse allegations Mandated agencies throughout the region also can utilize the center and its resources The combined efforts within the Mayerson Center include state-of-the-art diagnostic, treatment, prevention and training programs and cutting-edge research in the field of child sexual abuse, child physical abuse, child neglect and parenting Community Partners Program - The Aaron W Perlman Center is committed to addressing the ongoing needs of children with disabilities during their school years - a greatly neglected population The Community Partners Program offers support for children with physical disabilities as they are needed throughout their school years Services include * helping the family locate and access resources for needed equipment and/or services * helping the provider understand the child's/youth's physical needs and how to best include him or her * providing the child/youth with therapeutic support to address ongoing therapeutic needs, i e , seating, mobility, communication and access problems not addressed by school therapists * collaborating with service providers and schools in the community to assist with major life transitions * linking children and families back to Cincinnati Children's for medical follow-up and management This program targets school-age children, ages 3 to 21 years, and their community providers Other services include school support/consultation, evaluation of classroom access and equipment/technology needs, peer support, service coordination for parents, equipment acquisition, technical assistance, and occupational, physical and speech therapy support Career Development Program - Project SEARCH, an innovative program at Cincinnati Children's that offers training and job opportunities to individuals with disabilities, also has developed a very successful career development program Offered in collaboration with the Great Oaks Institute of Technology and Career Development, the program prepares adults, many of them welfare recipients, for careers as health unit coordinators, receptionists, certified nurse aides and patient care assistants PROJECT SEARCH WAS AWARDED THE 2004 NEW FREEDOM INITIATIVE AWARD FROM THE UNITED STATES DEPARTMENT OF LABOR THIS AWARD RECOGNIZES BUSINESSES AND INDIVIDUALS THAT HAVE DEMONSTRATED EXEMPLARY AND INNOVATIVE EFFORTS IN FURTHERING THE EMPLOYMENT AND WORKPLACE ENVIRONMENT FOR PEOPLE WITH DISABILITIES COMPREHENSIVE Sickle Cell Center - Sickle cell anemia is an inherited disorder of hemoglobin, the protein that gives red blood cells their red color and carries oxygen to the tissues With sickle cell anemia, the abnormal hemoglobin makes the usually round red blood cells rigid and distorted into sickle, or crescent shapes At times, these stiff, crescent-shaped red blood cells can plug up small blood vessels and decrease blood flow to various parts of the body This leads to anemia, unpredictable pain episodes, and sometimes other serious medical complications The Sickle Cell Center through medical treatment, psychological evaluation, social services, education, counseling, research and working collaboratively with families, is dedicated to prolonging and improving the lives of patients THE MULTIDISCIPLINARY TEAM PLAYS AN IMPORTANT ROLE BY HELPING PARENTS AND FAMILIES UNDERSTAND THEIR MEDICAL CONDITION AND BY GUIDING THEM TO HELPFUL COMMUNITY RESOURCES Family Resource Center - The Family Resource Center staff offers the most current information in response to questions related to diagnoses, medical conditions or procedures The Family Resource Center will conduct personalized searches for the following * Information about conditions and diagnoses * Information about growth and development * Information about parenting issues * Information about childhood health, safety and well being * Support groups or parent-to-parent networks * Programs and workshops * Help in working with a child's school * Computer workstations * Parent Business Center * Setting up free, personalized web pages * Resources for the Hispanic community * Things to do in the Cincinnati area

Identifier	Return Reference	Explanation
		Parent-Infant Nurturing Group - Among the early intervention programs available to families is the Parent-Infant Nurturing Group Program (PING) The Hamilton County Board of Mental Retardation, OHIO'S HELP ME GROW AGENCY, and Developmental Disabilities supports the program The Parent-Infant Nurturing Group PROVIDES DEVELOPMENTAL INSTRUCTION AND CONSULTATIVE THERAPY TO CHILDREN AGES BIRTH TO THREE YEARS THAT RESIDE IN HAMILTON COUNTY AND ARE FOUND TO BE ELIGIBLE DUE TO A MEDICALLY DIAGNOSED DISABILITY OR A DOCUMENTED DELAY IN ANY AREA OF DEVELOPMENT The Parent-Infant Nurturing Group meets several times a week in a space designed to welcome child, parent and siblings The program is based on a proactive, family-centered, empowerment model, which strengthens and supports the inherent competencies of the family A family service plan is developed The Parent-Infant Nurturing Group professional staff includes a special education early intervention specialist, a physical therapist, a speech therapist and a nutritionist International Adoption Center - Cincinnati Children's provides specific help for internationally adopted children and their families and is one of only about a dozen centers in the United States The staff is knowledgeable about the unique medical and social conditions of children from other countries, is skilled in managing infectious diseases and understands the developmental and psychological impact of institutionalization and sensory deprivation The International Adoption Center at Cincinnati Children's is a member of the Joint Council on International Children's Services, an organization that advocates on behalf of children in need of permanent families and promotes ethical practices in intercountry adoption Starshine Hospice Services - At Cincinnati Children's, the chaplain's role in StarShine Hospice is to help a person discover his or her own spiritual resources, which change from person to person and situation to situation Any StarShine Hospice family requesting spiritual services will receive support from the chaplain and other staff These services may include counseling, funeral planning and collaboration with the family's faith community StarShine Hospice also provides the following special services * Pain/Symptom Management * Massage Therapy * Child Life interventions with siblings * School visits * Bereavement Care * Memorials * Grief Care * Perinatal Hospice Family Support Network - The mission of the Family Support Network at Cincinnati Children's is to provide efficient, comprehensive care to support the quality of life for children with cancer, blood diseases, immuno deficiencies and their families The Family Support Network consists of Specialists in the field of * School intervention * Child Life * Holistic Health * Pastoral Care * Social Work * Financial Services Injury Free Coalition for Kids - Injury Free Coalition for Kids at Cincinnati Children's is a multi-disciplinary group composed of hospital personnel, residents and community leaders The organization was formed in 2000 to prevent unintentional injuries among children living in at-risk neighborhoods through a variety of community-based interventions The program is modeled after the national Injury Free Coalition for Kids started by Dr Barbara Barlow at New York's Harlem Hospital in 1984 Cincinnati's Injury Free Coalition for Kids has combined Dr Barlow's model of community partnerships and input from Avondale residents to produce the following plan to help reduce injuries to Avondale youth * Educating parents and children about risky behaviors * Changing the physical environment of the communities TO CREATE SAFER PLACES FOR CHILDREN TO PLAY * Providing safe, structured out-of-school activities that revolve around sports, technology and cultural learning Ride with Pride, Wear a Helmet - Cincinnati Children's and Bigg's sponsor the "Ride with Pride, Wear a Helmet" program throughout the Cincinnati and Northern Kentucky area This bicycle helmet safety campaign is designed to decrease the number of bicycle-related head injuries among children by increasing the number of children wearing helmets Safe Kids Coalition - In an effort to further injury prevention initiatives, Cincinnati Children's has become a member of the National Safe Kids Campaign and the lead organization of the Cincinnati Safe Kids Coalition The mission of the National Safe Kids Campaign is to prevent unintentional injuries to children ages 14 and under from * Motor vehicle crashes * Fires and scald burns * Pedestrian injuries * Poisoning and choking * Bike crashes * Unintentional shootings * Falls and drownings Founding sponsors of the National Safe Kids Campaign include Children's National Medical Center, in Washington, D C , and Johnson & Johnson The state and local coalitions carry out grassroots initiatives in support of the National Safe Kids Campaign Coalition goals include * Public education * Community programming * Safety product distribution * Legislation inaction * Media outreach * Local injury data collection * Local program evaluation Child Car Seat Safety - During the year, Trauma Services staff offers free car seat safety inspections throughout the community During these inspections, staff members offer guidance on topics, including child safety seats and the law , choosing the right safety seat, correct safety seat installation and restraining your child in a safety seat Safety Fair - The Cincinnati Children's Safety Fair is a free program provided to elementary schools within the Greater Cincinnati area The Safety Fair is designed to educate young children, kindergarten through third grade, in a fun, yet effective atmosphere The Safety Fair consists of five interactive stations which include burn prevention, pedestrian safety, seat belt safety, home safety and bicycle/helmet safety THE CHILD POLICY RESEARCH CENTER (CPRC) WAS CREATED IN 1999 AND DEVELOPS, TRANSLATES, AND COMMUNICATES EVIDENCE TO MEASURABLY IMPROVE CHILD HEALTH AND WELL-BEING AND THE QUALITY OF HEALTHCARE FOR CHILDREN OUR PARTNERS INCLUDE COMMUNITY, LOCAL, STATE, AND NATIONAL POLICY MAKERS, PROGRAM MANAGERS AND ADVOCATES THE CENTER ADDRESSES THE MOST URGENT CHALLENGES FACING CHILDREN AND FAMILIES Health Care Training Program - The Healthcare Training Program at Cincinnati Children's provides customized short-term training for adults with significant barriers to employment such as economic disadvantages or disabilities The training program prepares students for two high-demand positions * Health Unit Coordinator * State Tested Nurse Assistant

Identifier	Return Reference	Explanation
		William K Schubert Minority Tuition Assistance Scholarship - This scholarship program is intended to encourage minority students to seek careers in health care and to eliminate barriers that prevent minority students from attending college Awards are granted to graduating high school students who have been accepted into college Drug & Poison Information Center (DPIC) - DPIC is a 24-hour emergency and technical information telephone service for anyone with concerns involving poison or drugs The Cincinnati DPIC serves 38 counties with a population of 4 7 million Blood Drives - Cincinnati Children's teams with Hoxworth for the employee blood drive Participation in a Variety of Fundraising and Volunteer Opportunities - The following is a listing of some of the fundraising/volunteer opportunities to promote the health of children or raise money to further research on childhood diseases * UNITED WAY CAMPAIGN * Cincinnati Walk for Kids (benefits Cincinnati Children's) * Kicks for Kids (benefiting Aaron W Perlman Center) * Walk America (annual March of Dimes event to support research on birth defects and prematurity) * Cincy-Cinco - "Day of the Children" (benefits Su Casa Hispanic Ministries and other charities in the Tri-state area) * Walk to Cure Diabetes (benefits Juvenile Diabetes Research Foundation) * Heart Mini-Marathon (benefits the American Heart Association) * Walk the Walk (benefits the Division of Developmental Disorders)

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Children's Hospital Medical Center

Employer identification number
31-0833936

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CHILD HEALTH ADMINISTRATIVE SERVICES LLC 3333 BURNET AVENUE CINCINNATI, OH 45229 31-1550088	ADMINISTRATIVE SERVICES	OH	2,087,949	558,085	N/A
CHILDREN'S FOR CHILDREN LLC 3333 BURNET AVENUE CINCINNATI, OH 45229 31-1679363	DAYCARE FACILITY	OH	1,318,353	0	N/A
TSHCH LLC 3333 BURNET AVENUE CINCINNATI, OH 45229	LAND HOLDING CO	OH			N/A
BURNET AVE LLC 3333 BURNET AVENUE CINCINNATI, OH 45229	LAND HOLDING CO	OH			N/A

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
See Additional Data Table					

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
NORTHERN KENTUCKY CHILDREN'S MEDICAL SERVICES LLC 3333 BURNET AVE CINCINNATI, OH45229 26-0084305	MEDICAL SERVICES	KY		RELATED	563,903	192,929		No		Yes	
NORTH FAIRMOUNT HEALTHCARE COMPANY LTD 222 PIEDMONT AVE STE 1200 CINCINNATI, OH45219 31-1484848	MEDICAL SERVICES	OH	THE HEALTH ALLIANCE OF GREATER CINCINNATI	RELATED	-33,654	508,192		No			No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
RIVER CITY INSURANCE LIMITED 3333 BURNET AVE CINCINNATI, OH45229	HEALTHCARE LIABILITY INSURANCE FOR CHMC	OH		C	2,298,584	3,029,885	100 000 %

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d	Yes	
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data Return to Form

Software ID:
Software Version:
EIN: 31-0833936
Name: Children's Hospital Medical Center

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
CHILDREN'S DENTAL CARE FOUNDATION 3333 BURNET AVE CINCINNATI, OH45229 31-6008790	SUPPORT PEDIATRIC DENTISTRY AT CHMC	OH	501(C)(3)	509(A)(3) TYPE II	N/A
ADOLESCENT HEALTH CENTER OF GREATER CINCINNATI 3333 BURNET AVE CINCINNATI, OH45229 23-7042940	SUPPORT ADOLESCENT MEDICINE AT CHMC	OH	501(C)(3)	509(A)(3) TYPE II	N/A
CHMC COMMUNITY HEALTH SERVICES NETWORK 3333 BURNET AVE CINCINNATI, OH45229 31-1459815	PEDIATRIC MEDICAL SERVICES	OH	501(C)(3)	509(A)(2)	N/A
CHILDREN'S MEDICAL SERVICES INC 3333 BURNET AVE CINCINNATI, OH45229 31-1564024	PEDIATRIC MEDICAL SERVICES	OH	501(C)(3)	509(A)(3) TYPE I	N/A
CHILDREN'S HOSPITAL MEDICAL CENTER UNINSURED LOSS FUND #2 PO BOX 1118 ML CN-OH-W10X CINCINNATI, OH45201 31-6197894	MALPRACTICE AND LIABILITY TRUST FUND	OH	501(C)(3)	509(A)(3) TYPE III	N/A
THE CHILDREN'S HOSPITAL 3333 BURNET AVE CINCINNATI, OH45229 31-0537130	SUPPORT CHMC	OH	501(C)(3)	509(A)(3) TYPE II	N/A
THE CHILDREN'S HOSPITAL FOUNDATION 3333 BURNET AVE CINCINNATI, OH45229 31-1327089	SUPPORT CHMC	OH	501(C)(3)	509(A)(1)	N/A
CONVALESCENT HOSPITAL FOR CHILDREN 3333 BURNET AVE CINCINNATI, OH45229 31-0936303	PROVIDES PROGRAMMATIC OVERSIGHT	OH	501(C)(3)	509(A)(1)	N/A
CONVALESCENT HOSPITAL FOR CHILDREN AND ORPHAN ASYLUM 3333 BURNET AVE CINCINNATI, OH45229 31-0536649	SUPPORT CHMC AND CHC	OH	501(C)(3)	509(A)(3) TYPE II	N/A

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	ADOLESCENT HEALTH CENTER OF GREATER CINCINNATI	C	26,615
(2)	CHILDREN'S DENTAL CARE FOUNDATION	C	19,214
(3)	THE CHILDREN'S HOSPITAL	C	78,544,336
(4)	THE CHILDREN'S HOSPITAL	Q	9,708,610
(5)	CHMC COMMUNITY HEALTH SERVICES NETWORK	R	288,956
(6)	CHMC COMMUNITY HEALTH SERVICES NETWORK	Q	3,578,380
(7)	CONVALESCENT HOSPITAL FOR CHILDREN	I	75,551,908
(8)	CONVALESCENT HOSPITAL FOR CHILDREN AND ORPHAN ASYLUM	C	1,000,000
(9)	THE CHILDREN'S HOSPITAL FOUNDATION	C	646,862
(10)	THE CHILDREN'S HOSPITAL FOUNDATION	Q	2,000,000
(11)	THE CHILDREN'S HOSPITAL FOUNDATION	D	10,264,269
(12)	CHILDREN'S MEDICAL SERVICES INC	Q	18,884,885
(13)	CHILDREN'S MEDICAL SERVICES INC	R	21,821,548

Additional Data

Software ID:
Software Version:
EIN: 31-0833936
Name: Children's Hospital Medical Center

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS G CODY CHAIRMAN	4 00	X		X				0	0	0
SHARRY ADDISON TRUSTEE	1 00	X						0	0	0
ROBERT DH ANNING TRUSTEE	4 00	X						0	0	0
CAROL ARMSTRONG TRUSTEE	1 00	X						0	0	0
LYNWOOD BATTLE TRUSTEE	1 00	X						0	0	0
MICHAEL S CAMBRON TRUSTEE	4 00	X						0	0	0
WILLIE F CARDEN JR TRUSTEE	1 00	X						0	0	0
LEE A CARTER TRUSTEE	4 00	X						0	0	0
KATHARINE DEWITT TRUSTEE	1 00	X						0	0	0
TODD M DUNCAN TRUSTEE	1 00	X						0	0	0
NANCY KRIEGER EDDY PHD TRUSTEE	4 00	X						0	0	0
MICHAEL FISHER - CEO PRES (1/1/10-6/30/10)	40 00	X		X				65,907	0	24,061
BARBARA FITCH TRUSTEE	4 00	X						0	0	0
VALLIE GEIER TRUSTEE	1 00	X						0	0	0
LOUIS D GEORGE TRUSTEE	1 00	X						0	0	0
CAMILLE C GRAHAM MD TRUSTEE	1 00	X						0	0	0
DEBORAH A HENRETTA TRUSTEE	1 00	X						0	0	0
MICHAEL HIRSCHFELD ESQ TRUSTEE	4 00	X						0	0	0
JOYCE J KEESHIN TRUSTEE	4 00	X						0	0	0
M DENISE KUPRIONIS TRUSTEE	4 00	X						0	0	0
PEGGY MATHILE TRUSTEE	4 00	X						0	0	0
MANUEL D MAYERSON TRUSTEE	1 00	X						0	0	0
MARDIE OFF TRUSTEE	1 00	X						0	0	0
GEOFFREY PLACE TRUSTEE	1 00	X						0	0	0
JANE PORTMAN TRUSTEE	4 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN SAWYER TRUSTEE	1 00	X						0	0	0
WILLIAM K SCHUBERT MD TRUSTEE	20 00	X						25,000	0	0
JOHN STEINMAN TRUSTEE	1 00	X						0	0	0
PAMELA TERP TRUSTEE	1 00	X						0	0	0
FELICIA WILLIAMS TRUSTEE	4 00	X						0	0	0
JOHN P ZANOTTI TRUSTEE	1 00	X						0	0	0
JAMES ANDERSON - CEO PRES (7/1/09-12/31/09)	40 00	X		X				1,855,579	0	39,203
RICHARD AZIZKHAN MD SURGEON-IN-CHIEF	40 00	X						1,221,114	0	211,176
ARNOLD STRAUSS MD PROF/CHAIR, PEDIATRICS	40 00	X						707,595	0	148,798
THOMAS F BOAT MD TRUSTEE	40 00	X						272,191	0	32,955
SCOTT HAMLIN SR VP, TREASURER, CFO	40 00			X				779,336	0	150,718
DIANE WHITE SECRETARY	40 00			X				81,035	0	15,636
DEAN KURTH CHIEF ANESTHESIOLOGIST	40 00					X		822,166	0	143,257
CHARLES MYER III OTOLARYNGOLOGIST	40 00					X		968,316	0	24,860
CHARLES MEHLMAN ORTHOPAEDIST	40 00					X		883,681	0	46,316
JEFF ROBBINS CO-DIRECTOR HEART INSTITUTE	40 00					X		884,181	0	45,282
erIC WALL ORTHOPAEDIST	40 00					X		1,002,368	0	49,464

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PURCHASED SERVICES	161,412,885	142,407,620	18,885,308	119,957
BAD DEBT EXPENSE	39,613,627	39,613,627		
UTILITIES	17,449,247	15,407,685	2,041,562	
dietARY	6,146,813	5,427,636	719,177	
DUES AND SUBSCRIPTIONS	4,657,106	4,112,225	544,881	

Additional Data

Software ID:
Software Version:
EIN: 31-0833936
Name: Children's Hospital Medical Center

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7 CINCINNATI CHILDREN'S UTILIZES THE COST TO CHARGE RATIOS FROM THE MOST RECENTLY FILED COST REPORTS TO CALCULATE THE AMOUNTS REPORTED ON SCHEDULE H, PART I, LINE 7

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7f THE AMOUNT OF BAD DEBT EXPENSE REMOVED FROM THE CALCULATION ON SCHEDULE H, PART I, LINE 7, COLUMN (F) IS $39,613,627 THIS AMOUNT IS ALSO REPORTED ON FORM 990, PART IX, LINE 24(B)

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 4 Uncollectible amounts from patients who do not meet the criteria under Cincinnati Children's charity care policy is considered bad debt and is included as operating expenses in the financial statements The cost of bad debt is calculated using cost to charge ratios calculated from the most recently filed cost report

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 8 CINCINNATI CHILDREN'S UTILIZES ITS COST ACCOUNTING SYSTEM TO CALCULATE THE COST OF PROVIDING CARE TO MEDICARE PATIENTS

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 9b Cincinnati Children's HAS A POLICY THAT ONCE IT HAS BEEN DETERMINED THAT A FAMILY QUALIFIES FOR 100% ASSISTANCE, ALL COLLECTIONS ACTIVITIES ON THAT PATIENT CEASE Cincinnati Children's STAFF WORK WITH THE FAMILY ON obtaining FINANCIAL ASSISTANCE

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part V IN ADDITION TO THE THREE HEALTH CARE FACILITIES LISTED ON SCHEDULE H, PART V, CINCINNATI CHILDREN'S OPERATES 11 NEIGHBORHOOD FACILITIES WITHIN ITS PRIMARY SERVICE AREA THE NEIGHBORHOOD FACILITIES PROVIDE A WIDE RANGE OF PATIENT CARE SERVICES INCLUDING DIAGNOSTIC TESTING, PEDIATRIC SPECIALTY CLINICS, THERAPIES AND DENTAL SERVICES

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

Part VI, Line 2 Cincinnati Children's has performed community assessments related to specific diseases, child development issues, and health disparities Cincinnati Children's has also conducted community-based general health assessments in targeted neighborhoods within ITS primary service area and has participated in broader community based research and health needs assessments with several of Cincinnati Children's local community partners The Child Policy Research Center and Innovations program at Cincinnati Children's perform research and conduct assessments related to major child health issues in the community including childhood obesity, infant mortality, and the overall health of minority communities The results of the research and assessments are then used to guide public policy, direct resources, and improve the quality of patient care and the delivery of services

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

Part VI, Line 3 Cincinnati Children's patient billing statements, website, and financial brochures contain information about its charity and financial assistance programs with directions on how to CONTACT Cincinnati Children's to initiate an application or ask questions about the process In addition, Cincinnati Children's brochures are available at each registration point and Cincinnati Children's Customer Service Contact Center is trained to work with the families on answering assistance related questions as well Cincinnati Children's ALSO HAS a Financial Counseling Department and a Financial Advocate Program THAT REACH out to indigent families and try to help with their specific needs Cincinnati Children's goal is to provide financial assistance as efficiently and as compliant as possible while still keeping customer service as our number one priority

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

Part VI, Line 5 The primary focus of community building activities at Cincinnati Children's is to improve the health of children in the community and improve access to quality healthcare services The secondary focus of community building activities at Cincinnati Children's seeks to meet unmet social needs, in targeted areas of the community, that often negatively impact the quality of life for children and contribute to poor health EXAMPLES INCLUDE HOUSING, EMPLOYMENT, PUBLIC SAFETY, ECONOMIC DEVELOPMENT AND EDUCATION Cincinnati Children's health centered community benefit activities focus in large measure on asthma, infant mortality, injury, obesity, access to care, and health disparities Research has proven that all of these health issues are dramatically impacted by poverty and other social dynamics Cincinnati Children's secondary level of community benefit activities focuses on revitalizing neighborhoods, filling the SUPPORT gapS THAT CURRENTLY EXIST IN local schools, and providing financial support for community partners who share CINCINNATI CHILDREN'S vision TO improvE child health and the quality of life for children and family All of Cincinnati Children's community building activities meet at least one of the following community benefit objectives * Improve health services* Enhance public health* Advance generalizable knowledge* Relieve a government burden