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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

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

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) 3333 BURNET AVENUE

Room/suite

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 $ 1,707,403,405

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) ☐ 501(c) ( ) ◀ (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

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**	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	23
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	13,637
6	Total number of volunteers (estimate if necessary)	**6**	620
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	53,745,867
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-14,792,502

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	213,838,287	242,596,688
9	Program service revenue (Part VIII, line 2g)	1,240,716,898	1,371,019,469
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,689,378	9,995,597
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	126,153,894	79,380,202
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,590,398,457	1,702,991,956
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	2,110,275
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	932,128,826	1,032,000,932
16a	Professional fundraising fees (Part IX, column (A), line 11e)	8,065	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶3,798,854		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	579,938,360	617,561,017
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,512,075,251	1,651,672,224
19	Revenue less expenses Subtract line 18 from line 12	78,323,206	51,319,732

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	2,189,842,873	2,468,439,453
21	Total liabilities (Part X, line 26)	993,595,668	934,585,651
22	Net assets or fund balances Subtract line 21 from line 20	1,196,247,205	1,533,853,802

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: 2012-05-14

SCOTT J HAMLIN EXECUTIVE VICE PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
JAMES SOWAR	JAMES SOWAR		☐	

Firm's name ▶ DELOITTE TAX LLP — Firm's EIN ▶

Firm's address ▶ 250 EAST FIFTH STREET SUITE 1900
CINCINNATI, OH 45202 — 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

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

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 $ 1,431,820,488 including grants of $ 2,110,275) (Revenue $ 1,329,459,986)

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** ▶ $ 1,431,820,488

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 (see instruction)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *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	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	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.*	11b		No
c	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.*	11c		No
d	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.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
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, Parts I and IV*	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, Parts II and IV*	15	Yes	
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, Parts III and IV*	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 (see instructions)*	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	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**	Yes	
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 lines 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 (or a family member thereof) was an officer, director, trustee, or direct or indirect 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)?	**35**	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☑ **Yes** ☐ **No**			
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

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	1,092		
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			
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	13,637		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	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 instructions for 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?	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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	26		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	23		
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 governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant 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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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 15a or 15b, 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)803-1106

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

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

- 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, if any 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, and 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								13,555,754	0	1,279,833

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 ▶ 1,273

			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**	Yes	
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 or individual 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	31,063,167
ARAMARK CORPORATION 4890 DUFF DR B CINCINNATI, OH 45246	ENVIRONMENTAL SERVICES	14,639,216
MEDICAL RECOVERY SYSTEMS INC 3372 CENTRAL PARKWAY CINCINNATI, OH 45225	AR SERVICES	8,221,101
POMEROY IT SOLUTIONS 1020 PETERSBURG ROAD HEBRON, KY 41048	IT CONSULTING	8,096,648
CBTS 4600 MONTGOMERY ROAD SUITE 400 CINCINNATI, OH 45212	IT CONSULTING	4,443,578

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 ▶ 95

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	1,264,846				
	d Related organizations . . . 1d	77,637,002				
	e Government grants (contributions) 1e	151,651,996				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	12,042,844				
	g Noncash contributions included in lines 1a-1f $	316,726				
	h **Total.** Add lines 1a-1f . . . . . ▶		242,596,688			
Program Service Revenue		Business Code				
	2a INPAT HOSP SERV (NET)	621990	620,910,088	620,910,088		
	b OUTPAT HOSP SERV (NET)	621990	520,360,381	468,121,073	52,239,308	
	c PHYSICIAN SERVICES	621990	229,749,000	229,749,000		
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		1,371,019,469			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		11,266,000		-431,867	11,697,867
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents	1,480,195				
	b Less rental expenses					
	c Rental income or (loss)	1,480,195				
	d Net rental income or (loss) . . . . . ▶		1,480,195		237,945	1,242,250
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory		2,670,458			
	b Less cost or other basis and sales expenses		3,940,861			
	c Gain or (loss)		-1,270,403			
	d Net gain or (loss) . . . . . ▶		-1,270,403			-1,270,403
Other Revenue	8a Gross income from fundraising events (not including $ 1,264,846 of contributions reported on line 1c) See Part IV, line 18 . . . a		216,958			
	b Less direct expenses . . . b		470,588			
	c Net income or (loss) from fundraising events . . ▶		-253,630			-253,630
	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 CAFETERIA RECEIPTS	722210	12,547,981			12,547,981
	b GME FUNDING	611710	9,108,000	9,108,000		
	c SVCS TO AFFIL HOSP	621990	1,571,825	1,571,825		
	d All other revenue		54,925,831		1,700,481	53,225,350
	e **Total.** Add lines 11a–11d . . . . . ▶		78,153,637			
	12 **Total revenue.** See Instructions . . . ▶		1,702,991,956	1,329,459,986	53,745,867	77,189,415

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	1,592,296	1,592,296		
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	517,979	517,979		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	14,835,587		14,835,587	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	806,624	806,624		
7 Other salaries and wages	780,225,992	678,207,789	99,088,701	2,929,502
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	70,226,119	61,307,402	8,918,717	
9 Other employee benefits	114,189,449	99,687,389	14,502,060	
10 Payroll taxes	51,717,161	45,149,082	6,568,079	
a Fees for services (non-employees) Management				
b Legal	2,140,739	1,868,865	271,874	
c Accounting	822,525	718,064	104,461	
d Lobbying	485,198	423,578	61,620	
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other				
12 Advertising and promotion	2,729,945	2,240,764	346,703	142,478
13 Office expenses	158,325,879	138,157,391	20,107,387	61,101
14 Information technology	5,932,733	5,179,276	753,457	
15 Royalties				
16 Occupancy	6,206,341	5,357,916	788,205	60,220
17 Travel	14,097,070	12,306,742	1,790,328	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	16,103,740	14,058,565	2,045,175	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	110,704,675	96,645,181	14,059,494	
23 Insurance	20,027,990	17,484,435	2,543,555	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a PURCHASED SERVICES	164,927,982	143,746,674	20,945,854	235,454
b BAD DEBT EXPENSE	49,531,569	49,531,569		
c UTILITIES	17,855,674	15,588,003	2,267,671	
d DIETARY	6,983,317	6,096,436	886,881	
e DUES AND SUBSCRIPTIONS	4,829,050	4,215,761	613,289	
f All other expenses	35,856,590	30,932,707	4,553,784	370,099
25 **Total functional expenses.** Add lines 1 through 24f	1,651,672,224	1,431,820,488	216,052,882	3,798,854
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		85,270,000	2	97,451,593
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		299,722,000	4	302,791,363
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		14,448,398	8	16,721,982
	9	Prepaid expenses and deferred charges		5,023,391	9	7,089,373
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,582,905,360			
	b	Less accumulated depreciation	10b 731,204,328	846,129,467	10c	851,701,032
	11	Investments—publicly traded securities		174,495,933	11	227,641,903
	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		764,753,684	15	965,042,207
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,189,842,873	16	2,468,439,453
Liabilities	17	Accounts payable and accrued expenses		195,112,939	17	208,074,815
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		485,807,890	20	450,963,745
	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		3,727,626	23	30,506,794
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		308,947,213	25	245,040,297
	26	**Total liabilities.** Add lines 17 through 25		993,595,668	26	934,585,651
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		388,821,037	27	526,990,274
	28	Temporarily restricted net assets		129,441,168	28	135,943,000
	29	Permanently restricted net assets		677,985,000	29	870,920,528
		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		1,196,247,205	33	1,533,853,802
	34	Total liabilities and net assets/fund balances		2,189,842,873	34	2,468,439,453

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	1,702,991,956
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,651,672,224
3	Revenue less expenses Subtract line 2 from line 1	3	51,319,732
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	1,196,247,205
5	Other changes in net assets or fund balances (explain in Schedule O)	5	286,286,865
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,533,853,802

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			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 separate basis, consolidated 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

2010

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 described in **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 Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** 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 Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2009 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2009** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2010.** 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—2009.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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			
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	4 00	X						0	0	0
LEE A CARTER TRUSTEE	4 00	X						0	0	0
THOMAS G CODY CHAIRMAN	4 00	X		X				0	0	0
KATHARINE DEWITT TRUSTEE	1 00	X						0	0	0
NANCY KRIEGER EDDY PHD 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
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
JANE PORTMAN TRUSTEE	4 00	X						0	0	0
WILLIAM K SCHUBERT TRUSTEE	1 00	X						0	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
CRAIG YOUNG TRUSTEE	1 00	X						0	0	0
RICHARD AZIZKHAN SURGEON-IN-CHIEF	40 00	X						1,218,743	0	223,985
ARNOLD STRAUSS PROF/CHAIR, PEDIATRICS	40 00	X						804,334	0	155,340

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			
MICHAEL FISHER PRESIDENT & CEO	40 00	X		X				865,537	0	175,899
SCOTT HAMLIN TREASURER, CHIEF FIN & ADMIN OFFICER	40 00			X				750,409	0	157,058
BETH STAUTBERG SECRETARY, SR VP & COUNSEL	40 00			X				539,478	0	89,861
LANE DONNELLY RADIOLOGIST-IN-CHIEF	40 00					X		868,579	0	153,915
DEAN KURTH ANESTHESIOLOGIST-IN-CHIEF	40 00					X		850,606	0	144,546
CHARLES MEHLMAN ORTHOPAEDIST	40 00					X		893,206	0	46,266
CHARLES MYER III OTOLARYNGOLOGIST	40 00					X		986,707	0	24,756
ERIC WALL ORTHOPAEDIST	40 00					X		955,752	0	56,057
JAMES M ANDERSON RETIRED FORMER EXECUTIVE	40 00						X	4,210,454	0	17,727
THOMAS F BOAT RETIRED FORMER EXECUTIVE	40 00						X	611,949	0	34,423

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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

2010

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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, Part V, line 35a (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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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) 2007	(b) 2008	(c) 2009	(d) 2010	(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		151,198
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		383,598
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			534,796
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
EXPLANATION OF OTHER LOBBYING ACTIVITIES	PART II-B, LINE 1I	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 - $13,787 2 OHIO HOSPITAL ASSOCIATION - $6,571 3 NATIONAL ASSOC OF CHILDREN'S HOSPITALS AND RELATED ORGS - $91,660 4 ASSOCIATION OF OHIO CHILDREN'S HOSPITALS - $38,502 5 ASSOCIATION OF AMERICAN MEDICAL COLLEGES - $678 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 2011, CHMC'S GOVERNMENT RELATIONS OFFICE INCURRED $383,598 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 IN ADDITION, CHMC DOES NOT PARTICIPATE IN OR INTERVENE IN (INCLUDING THE PUBLISHING OR DISTRIBUTING OF STATEMENTS), ANY POLITICAL CAMPAIGN ON BEHALF OF (OR IN OPPOSITION TO) ANY CANDIDATE FOR PUBLIC OFFICE

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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

2010

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	807,426,168	734,403,257	935,791,845		
b	Contributions	245,776,360	235,362,911	174,839,253		
c	Investment earnings or losses	192,475,000	58,394,000	-199,115,594		
d	Grants or scholarships	153,914,000	143,011,000	128,282,000		
e	Other expenditures for facilities and programs	84,900,000	77,723,000	48,829,753		
f	Administrative expenses					
g	End of year balance	1,006,863,528	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 ▶ 86 500 %
- c Term endowment ▶ 13 500 %

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)	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes	

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		31,525,000		31,525,000
b Buildings		989,868,000	385,684,140	604,183,860
c Leasehold improvements				
d Equipment		538,178,000	338,632,071	199,545,929
e Other		23,334,360	6,888,117	16,446,243
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				851,701,032

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
(1) Financial derivatives		
(2) 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
(1) INVESTMENT IN SUBSIDIARY (RIVER CITY INSURANCE, LTD)	120,000
(2) OTHER LONG-TERM ASSETS	74,140,919
(3) INTEREST IN NET ASSETS OF SUPPORTING ORGANIZATIONS	886,161,621
(4) ASSETS LIMITED TO USE - FUNDS IN TRUST	4,619,667
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	965,042,207

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
SELF INSURANCE RESERVES	30,545,183
MINIMUM PENSION LIABILITY ACCRUAL	201,760,230
OTHER LONG-TERM LIABILITIES	12,734,884
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	245,040,297

2. Fin 48 (ASC 740) 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 (ASC740)

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	1,702,991,956
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,651,672,224
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	51,319,732
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	286,286,865
9	Total adjustments (net) Add lines 4 - 8	9	286,286,865
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	337,606,597

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	1,934,857,000
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	243,019,331		
e	Add lines **2a** through **2d**			2e	243,019,331
3	Subtract line **2e** from line **1**			3	1,691,837,669
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	11,154,287		
c	Add lines **4a** and **4b**			4c	11,154,287
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	1,702,991,956

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

1	Total expenses and losses per audited financial statements			1	1,878,849,769
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	242,752,858		
e	Add lines **2a** through **2d**			2e	242,752,858
3	Subtract line **2e** from line **1**			3	1,636,096,911
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	15,575,313		
c	Add lines **4a** and **4b**			4c	15,575,313
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	1,651,672,224

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	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 SEE FORM 990, PART III AND SCHEDULE 0 FOR ADDITIONAL INFORMATION
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	CINCINNATI CHILDREN'S ACCOUNTS FOR INCOME TAXES IN ACCORDANCE WITH ACCOUNTING STANDARDS CODIFICATION TOPIC ("ASC") 740 "INCOME TAXES" 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 2011 OR 2010 LISTED BELOW ARE THE TAX YEARS THAT REMAIN SUBJECT TO EXAMINATION BY MAJOR TAX JURISDICTION FEDERAL - 2008 TO 2011 STATE - 2008 TO 2011
PART XI, LINE 8 - OTHER ADJUSTMENTS		MINIMUM PENSION LIABILITY ADJUSTMENT 67,279,032 GAIN IN NET ASSETS OF SUPPORTING ORGANIZATIONS, NET 192,475,000 ELIMINATION OF CHSN INCOME 266,473 ADJUST BEGINNING NET ASSETS FOR CHC 26,266,360
PART XII, LINE 2D - OTHER ADJUSTMENTS		ELIMINATE INTERCOMPANY OPERATING/RESTRICTED REVENUE 240,084,000 CHSN REVENUE ELIMINATION 2,935,331
PART XII, LINE 4B - OTHER ADJUSTMENTS		RECLASS BELOW THE LINE PER FINANCIAL STATEMENTS TO REVENUE PER 990 11,154,287
PART XIII, LINE 2D - OTHER ADJUSTMENTS		ELIMINATE INTERCOMPANY OPERATING/RESTRICTED EXPENSE 240,084,000 CHSN EXPENSES ELIMINATION 2,668,858
PART XIII, LINE 4B - OTHER ADJUSTMENTS		RECLASS BELOW THE LINE PER FINANCIAL STATEMENTS TO EXPENSES PER 990 15,575,313

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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

2010

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 V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, 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/investments in region
CENTRAL AMERICA & THE CARIBBEAN	0	1	PROGRAM SERVICES	OFFSHORE CAPTIVE MANAGEMENT	1,058,322
EAST ASIA & THE PACIFIC	0	0	PROGRAM SERVICES	EDUCATION, TEACHING, & RESEARCH	30,500
EUROPE	0	0	PROGRAM SERVICES	EDUCATION, TEACHING, & RESEARCH	12,145
MIDDLE EAST & NORTH AFRICA	0	0	PROGRAM SERVICES	EDUCATION, TEACHING, & RESEARCH	43,176
NORTH AMERICA	0	0	PROGRAM SERVICES	EDUCATION, TEACHING, & RESEARCH	355,207
RUSSIA	0	0	PROGRAM SERVICES	EDUCATION, TEACHING, & RESEARCH	643
SOUTH AMERICA	0	0	PROGRAM SERVICES	EDUCATION, TEACHING, & RESEARCH	12,000
SOUTH ASIA	0	0	PROGRAM SERVICES	EDUCATION, TEACHING, & RESEARCH	64,308
3a Sub-total	0	1			1,576,301
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	1			1,576,301

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 Part V 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)
		EAST ASIA AND THE PACIFIC	EDUCATION, TEACHING, & RESEARCH	30,500	WIRE TRANSFER	0		CASH
		EUROPE	EDUCATION, TEACHING, & RESEARCH	12,145	WIRE TRANSFER	0		CASH
		MIDDLE EAST & NORTH AFRICA	EDUCATION, TEACHING, & RESEARCH	43,176	WIRE TRANSFER	0		CASH
		NORTH AMERICA	EDUCATION, TEACHING, & RESEARCH	355,207	WIRE TRANSFER	0		CASH
		SOUTH AMERICA	EDUCATION, TEACHING, & RESEARCH	12,000	WIRE TRANSFER	0		CASH
		SOUTH ASIA	EDUCATION, TEACHING, & RESEARCH	64,308	WIRE TRANSFER	0		CASH

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 . . . . . ▶ 0

3 Enter total number of other organizations or entities . . . . . ▶ 10

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 Part V 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 Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 CHMC MONITORS THE USE OF GRANT FUNDS WITHIN AND OUTSIDE OF THE UNITED STATES IN ACCORDANCE WITH 45 CFR PART 74 APPENDEX E. CHMC FOLLOWS FEDERAL GUIDELINES FOR DETERMINING COSTS APPLICABLE TO GRANTS, CONTRACTS, AND OTHER ARRANGEMENTS AND GENERALLY APPLIES THE SAME COST PRINCIPLES TO NON-FEDERAL CONTRACTS AS WELL ALL COSTS ASSOCIATED WITH SPONSORED PROJECTS MUST COMPLY WITH BOTH GOVERNMENT AND/OR SPONSOR RULES AND REGULATIONS

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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

2010

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.

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 services? ☐ **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 and address 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
Total . . . . . ▶						

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	709,663	422,100	350,041	1,481,804
	2 Less Charitable contributions	705,028	346,688	213,130	1,264,846
	3 Gross income (line 1 minus line 2)	4,635	75,412	136,911	216,958
Direct Expenses	4 Cash prizes	0	0	0	
	5 Non-cash prizes	43,069	0	14,519	57,588
	6 Rent/facility costs	0	8,500	0	8,500
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	127,793	162,715	113,992	404,500
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				470,588
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-253,630

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 and 7 in column (d) ▶				

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? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

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? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	

14 Provide 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? . . . . . ☐ Yes ☐ No

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? . . . . . ☐ Yes ☐ No

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 ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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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

2010

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL MEDICAL CENTER

Employer identification number
31-0833936

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? 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 financial assistance policy to its various hospital facilities during the tax year ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
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 FPG 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	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance 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 a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did 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 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance 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 Financial Assistance at cost (from Worksheets 1 and 2)			15,921,454	6,000,000	9,921,454	0 620 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			590,316,492	330,165,000	260,151,492	16 240 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			606,237,946	336,165,000	270,072,946	16 860 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			3,728,583	1,863,826	1,864,757	0 120 %
f Health professions education (from Worksheet 5)			76,327,204	19,822,000	56,505,204	3 530 %
g Subsidized health services (from Worksheet 6)			40,538,000	37,013,000	3,525,000	0 220 %
h Research (from Worksheet 7)			284,823,000	114,506,000	170,317,000	10 630 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			472,112	0	472,112	0 030 %
j **Total** Other Benefits			405,888,899	173,204,826	232,684,073	14 530 %
k **Total.** Add lines 7d and 7j			1,012,126,845	509,369,826	502,757,019	31 390 %

Part II **Community Building Activities** during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(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			290,000		290,000	0 020 %
2	Economic development						
3	Community support			500,776		500,776	0 030 %
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**			790,776		790,776	0 050 %

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense (at cost)	2	29,664,099		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	3	6,526,102		
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 a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	10,105,700
6	Enter Medicare allowable costs of care relating to payments on line 5	6	11,680,600
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-1,574,900
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	
b	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					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 4

	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)
1	CHMC - MAIN CAMPUS 3333 BURNET AVE CINCINNATI,OH 45229	X	X	X	X		X	X		
2	CHMC - LIBERTY CAMPUS 7777 YANKEE ROAD LIBERTY TOWNSHIP,OH 45044	X	X	X	X			X		
3	CHMC - COLLEGE HILL CAMPUS 5642 HAMILTON AVE CINCINNATI,OH 45224	X		X	X					
4	CHMC - LINDNER CENTER OF HOPE CAMPUS 4015 OLD WESTERN ROW ROAD MASON,OH 45040	X		X	X					

Part V **Facility Information** *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? **11**

Name and address	Type of Facility (Describe)
1 See Additional Data Table	

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B

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 financial assistance policy

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities 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)

6 **Affiliated health care system.** 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 communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		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

Identifier	ReturnReference	Explanation
		PART I, L7 COL(F) THE AMOUNT OF BAD DEBT EXPENSE REMOVED FROM THE CALCULATION ON SCHEDULE H, PART I, LINE 7, COLUMN (F) IS $49,531,569 THIS AMOUNT IS ALSO REPORTED ON FORM 990, PART IX, LINE 24(B)

Identifier	ReturnReference	Explanation
		PART II 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 ON ASTHMA, INFANT MORTALITY, INJURY, OBESITY, EARLY CHILDHOOD DEVELOPMENT, 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 CARE ACCESS GAP THROUGH PARTNERSHIPS WITH 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

Identifier	ReturnReference	Explanation
		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

Identifier	ReturnReference	Explanation
		PART III, LINE 8 CINCINNATI CHILDREN'S UTILIZES ITS COST ACCOUNTING SYSTEM TO CALCULATE THE COST OF PROVIDING CARE TO MEDICARE PATIENTS

Identifier	ReturnReference	Explanation
		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

Identifier	ReturnReference	Explanation
		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

Identifier	ReturnReference	Explanation
		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

Identifier	ReturnReference	Explanation
		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

Additional Data

Software ID:
Software Version:
EIN: 31-0833936
Name: CHILDREN'S HOSPITAL MEDICAL CENTER

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, measured by total revenue per facility, from largest to smallest) How many non-hospital facilities did the organization operate during the tax year? **11** Name and address	Type of Facility (Describe)
CHMC ANDERSONURGENT CARE 7495 STATE ROAD SUITE 355 CINCINNATI,OH 45255	NEIGHBORHOOD FACILITY
CHMC DRAKE 151 WEST GALBRAITH ROAD CINCINNATI,OH 45216	NEIGHBORHOOD FACILITY
CHMC EASTGATE 796 CINCINNATI-BATAVIA PIKE CINCINNATI,OH 45245	NEIGHBORHOOD FACILITY
CHMC FAIRFIELD 3050 MACK ROAD CINCINNATI,OH 45014	NEIGHBORHOOD FACILITY
CHMC HARRISON 10450 NEW HAVEN ROAD CINCINNATI,OH 45030	NEIGHBORHOOD FACILITY
CHMC KENWOOD 7714-A MONTGOMERY ROAD CINCINNATI,OH 45236	NEIGHBORHOOD FACILITY
CHMC MASONURGENT CARE 9560 CHILDRENS DRIVE MASON,OH 45040	NEIGHBORHOOD FACILITY
CHILDREN'S OUTPATIENT NKY 2765 CHAPEL PLACE CRESTVIEW HILLS,KY 41017	NEIGHBORHOOD FACILITY
CHMC OAK 2800 WINSLOW AVE CINCINNATI,OH 45206	NEIGHBORHOOD FACILITY
CHMC NORTH BURNET 3430 BURNET AVE CINCINNATI,OH 45229	NEIGHBORHOOD FACILITY
CHMC HOPPLE STREET 2750 BEEKMAN AVE CINCINNATI,OH 45225	NEIGHBORHOOD FACILITY

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL MEDICAL CENTER

Employer identification number
31-0833936

Part I General Information on Grants and Assistance

1 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 25

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 CHMC PROVIDES GRANTS AND ALLOCATIONS TO IRC SEC 501(C)(3) ORGANIZATIONS FOR GENERAL SPONSORSHIP SUPPORT AND COMMUNITY ASSISTANCE ACTIVITIES SPONSORSHIP AND ASSISTANCE PROPOSALS ARE EVALUATED ON SPECIFIC CRITERIA, INCLUDING TANGIBLE, MEASURABLE BENEFITS, LONG-TERM VALUE, ABILITY TO REACH TARGETED AUDIENCES, POSITIVE EXPOSURE, AND LONG-TERM SUSTAINABLE RELATIONSHIPS ADDITIONAL FOCUS FOR SPONSORSHIP GRANTS AND COMMUNITY ASSISTANCE ACTIVITIES IS PROVIDED TO ORGANIZATIONS THAT ADDRESS MEDICAL AND HEALTH ISSUES, YOUTH AND FAMILY ISSUES, AND COMMUNITY DEVELOPMENT SPONSORSHIP AND COMMUNITY ASSISTANCE REQUESTS MUST INCLUDE A MISSION STATEMENT, A LISTING OF BOARD MEMBERS NOTING CHMC EMPLOYEE INVOLVEMENT, THE SPECIFIC EVENT OR PROJECT REQUESTED FOR SPONSORSHIP, INCLUDING MEASURABLE GOALS AND DEMOGRAPHICS SERVED, EXPECTED BENEFITS AND OUTCOMES, AND A LISTING OF OTHER ORGANIZATIONS SUPPORTING THE PROJECT ORGANIZATIONS THAT RECEIVE SUPPORT FROM CHMC ARE NOTIFIED OF CHMC'S SUPPORT INCLUDING THE STATED PURPOSE FOR THE GRANT AWARD AND CHMC ALSO REQUESTS YEAR-END ANNUAL REPORTS FROM SUPPORTED ORGANIZATIONS

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 31-0833936
Name: CHILDREN'S HOSPITAL MEDICAL CENTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
4C FOR CHILDREN1924 DANA AVE CINCINNATI,OH 45207	31-0823634	501(C)(3)	15,000				COMMUNITY SUPPORT
AMERICAN CANCER SOCIETY2808 READING ROAD CINCINNATI,OH 45206	31-0726080	501(C)(3)	10,000				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN HEART ASSOCIATION5211 MADISON ROAD CINCINNATI,OH 45227	13-5613797	501(C)(3)	59,600				SPONSORSHIP
BOOMER ESIASON FOUNDATION483 10TH AVE STE 300 NEW YORK,NY 10018	11-3142753	501(C)(3)	9,000				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CINCINNATI MEDICAL ASSOCIATIONPO BOX 37287 CINCINNATI,OH 45237	32-0144460	501(C)(3)	5,000				SPONSORSHIP
CINCINNATI HAMILTON COUNTY COMMUNITY ACTION AGENCY1740 LANGDON FARM RD CINCINNATI,OH 45237	31-6053035	501(C)(3)	5,000				COMMUNITY SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CLOSING THE HEALTH GAP3120 BURNET AVE STE 201 CINCINNATI,OH 45229	20-0902286	501(C)(3)	100,000				COMMUNITY SUPPORT
CROSSROAD HEALTH CENTER5 EAST LIBERTY CINCINNATI,OH 45202	31-1321054	501(C)(3)	25,000				COMMUNITY SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GOOD SAMARITAN HOSPITAL FOUNDATION 375 DIXMYTH AVE CINCINNATI,OH 45220	31-0537486	501(C)(3)	5,000				SPONSORSHIP
GREATER CINCINNATI NORTHERN KENTUCKY AFRICAN AMERICAN CHAMBER2945 GILBERT AVE CINCINNATI,OH 45206	31-1504758	501(C)(3)	7,500				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HAMILTON COUNTY FAMILY AND CHILDREN FIRST COUNCIL125 E COURT ST 350 CINCINNATI,OH 45202		501(C)(3)	10,000				COMMUNITY SUPPORT
HANNAH JO SMITH FOUNDATION1512 N BIG RUN RD ASHLAND,KY 41102	61-1348262	501(C)(3)	5,024				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HEALTH IMPROVEMENT COLLABORATIVE2100 SHERMAN AVE STE 100 CINCINNATI,OH 45212	31-1449807	501(C)(3)	45,000				SPONSORSHIP
HEALTH NETWORK FOUNDATION33 RIVER ST CHAGRIN FALLS,OH 44022	04-3804600	501(C)(3)	35,000				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LIFE CENTER ORGAN DONOR NETWORK615 ELSINORE PLACE STE 400 CINCINNATI,OH 45202	31-1040508	501(C)(3)	11,000				SPONSORSHIP
MARCH OF DIMES BIRTH DEFECT FOUNDATION 10806 KENWOOD RD CINCINNATI,OH 45242	13-1846366	501(C)(3)	5,000				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RILEY CHILDREN'S FOUNDATION30 S MERIDIAN ST STE 200 INDIANAPOLIS,IN 46204	20-1219081	501(C)(3)	12,978				SPONSORSHIP
RONALD MCDONALD HOUSE350 ERKENBRECHER AVE CINCINNATI,OH 45229	31-0965333	501(C)(3)	57,500				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE ABERCRUMBIE GROUP 10301 GIVERNY BLVD CINCINNATI,OH 45241	30-0520187	501(C)(3)	20,000				SPONSORSHIP
THE LINKS FOUNDATION INC PO BOX 9265 CINCINNATI,OH 45209	52-1170830	501(C)(3)	5,000				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY OF GREATER CINCINNATI2400 READING ROAD CINCINNATI,OH 45202	31-0537502	501(C)(3)	75,000				SPONSORSHIP
UNIVERSITY OF CINCINNATI FOUNDATIONPO BOX 19970 CINCINNATI,OH 45218	31-0896555	501(C)(3)	5,500				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VISION 201550 E RIVERCENTER BLVD STE 465 COVINGTON,KY 41011	31-1489316	501(C)(3)	50,000				SPONSORSHIP
THE CHILDREN'S HOSPITAL3333 BURNET AVENUE CINCINNATI,OH 45229	31-0537130	501(C)(3)	990,837				SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EVERY CHILD SUCCEEDS 3333 BURNET AVENUE CINCINNATI,OH 45229	31-1628467	501(C)(3)	23,357				SPONSORSHIP

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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

2010

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**		
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 from the organization or a related organization?	**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 duplicate copies if additional space is 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				
(1) RICHARD AZIZKHAN	(i)	758,843	264,233	195,667	221,441	2,544	1,442,728	155,857
	(ii)	0	0	0	0	0	0	0
(2) ARNOLD STRAUSS	(i)	522,158	166,774	115,402	124,636	30,704	959,674	111,572
	(ii)	0	0	0	0	0	0	0
(3) MICHAEL FISHER	(i)	650,134	176,193	39,210	144,977	30,922	1,041,436	0
	(ii)	0	0	0	0	0	0	0
(4) SCOTT HAMLIN	(i)	529,621	142,148	78,640	133,737	23,321	907,467	39,430
	(ii)	0	0	0	0	0	0	0
(5) BETH STAUTBERG	(i)	381,603	108,196	49,679	77,604	12,257	629,339	32,709
	(ii)	0	0	0	0	0	0	0
(6) LANE DONNELLY	(i)	610,351	210,187	48,041	122,845	31,070	1,022,494	14,571
	(ii)	0	0	0	0	0	0	0
(7) DEAN KURTH	(i)	554,702	184,921	110,983	129,135	15,411	995,152	68,773
	(ii)	0	0	0	0	0	0	0
(8) CHARLES MEHLMAN	(i)	688,370	163,293	41,543	24,500	21,766	939,472	0
	(ii)	0	0	0	0	0	0	0
(9) CHARLES MYER III	(i)	787,074	181,598	18,035	24,500	256	1,011,463	0
	(ii)	0	0	0	0	0	0	0
(10) ERIC WALL	(i)	770,508	151,534	33,710	30,000	26,057	1,011,809	0
	(ii)	0	0	0	0	0	0	0
(11) JAMES M ANDERSON	(i)	156,433	363,170	3,690,851	3,794	13,933	4,228,181	3,643,128
	(ii)	0	0	0	0	0	0	0
(12) THOMAS F BOAT	(i)	207,867	0	404,082	24,500	9,923	646,372	347,402
	(ii)	0	0	0	0	0	0	0
(13)								
(14)								
(15)								
(16)								

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 4B	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 - $196,941 2 ARNOLD STRAUSS - $100,136 3 MICHAEL FISHER - $120,477 4 SCOTT HAMLIN - $109,237 5 BETH STAUTBERG - $53,104 6 LANE DONNELLY - $98,345 7 DEAN KURTH - $104,635 8 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 RICHARD AZIZKHAN - $155,857 2 ARNOLD STRAUSS - $111,572 3 SCOTT HAMLIN - $39,430 4 BETH STAUTBERG - $32,709 5 LANE DONNELLY - $14,571 6 DEAN KURTH - $68,773 7 JAMES ANDERSON - $3,643,128 (*** SEE NOTE BELOW ***) 8 THOMAS BOAT - $347,402 *** NOTE THE AMOUNT LISTED ABOVE FOR JAMES ANDERSON, CHMC'S FORMER PRESIDENT AND CEO, REPRESENTS THE PAYMENT OF DEFERRED COMPENSATION THAT WAS EARNED DURING MR ANDERSON'S TENURE AS PRESIDENT AND CEO OF CHMC FROM NOVEMBER 1996 TO DECEMBER 2009 AND VESTED DURING CALENDAR YEAR 2010 ALTHOUGH THE COMPENSATION WAS PREVIOUSLY REPORTED AS DEFERRED COMPENSATION ON PRIOR FORM 990'S FILED BY CHMC, IRS REQUIREMENTS MANDATE THAT THE COMPENSATION BE REPORTED AGAIN ON THE CURRENT FORM 990 AS "OTHER COMPENSATION" SINCE THE FUNDS WERE PAID BY CHMC IN CALENDAR YEAR 2010
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, CHMC'S FORMER PRESIDENT AND CEO, 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 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

2010

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		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	HAMILTON COUNTY OHIO	31-6000063	407272M26	06-30-2004	98,249,356	RESEARCH BUILDING		X		X		X
B	COUNTY OF BUTLER OHIO	31-6000061	123550FJ9	12-08-2006	63,541,881	OUTPATIENT SATELLITE BLDG		X		X		X
C	HAMILTON COUNTY OHIO	31-6000063	407272M34	12-11-2007	61,230,000	MEDICAL BUILDING & GARAGE		X		X		X
D	COUNTY OF BUTLER OHIO	31-6000061	123550FM2	04-30-2008	51,950,000	REPAY 2006L BONDS (12/8/06)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	30,615,000		30,615,000	30,000,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	109,390,558	65,205,028	60,636,331	52,351,334
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	2,249,356	1,385,093	389,866	399,995
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	107,141,202	63,819,935	60,246,465	
11	Other spent proceeds	51,951,339			51,951,339
12	Other unspent proceeds				
13	Year of substantial completion	2007	2008	2009	

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

Part III Private Business Use

		A		B		C		D	
		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
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X		X		X
b	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
c	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?								
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 %	
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 %	
6	Total of lines 4 and 5	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	

Part IV Arbitrage

		A		B		C		D	
		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
2	Is the bond issue a variable rate issue?		X		X	X		X	
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		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
6	Did the bond issue qualify for an exception to rebate?		X	X		X		X	

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
SCHEDULE K, PART I, LINE D	4/30/08 BOND ISSUE	THE 4/30/08 BOND ISSUE REPAID THE SERIES 2006L BOND ISSUE DATED 12/8/06 A PORTION OF THE 4/30/08 BOND ISSUE WAS REFINANCED BY THE 12/17/09 BOND ISSUE
FORM 990, SCHEDULE K, PART II, LINE 5	ISSUANCE COST FROM PROCEEDS	THE $2,249,356 REPORTED ON SCHEDULE K, PART II, LINE 7, COLUMN A FOR THE 6/30/04 BOND ISSUE 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 7, COLUMN B FOR THE 12/08/06 BOND ISSUE CONSISTS OF $921,385 OF CREDIT ENHANCEMENT COSTS AND $463,708 OF BOND ISSUANCE COSTS THE BOND ISSUANCE COSTS FOR THE 12/17/09 AND 11/19/10 BOND ISSUES WERE PAID OUT OF CHMC GENERAL FUNDS
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 AGREEMENTS 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

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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

2010

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		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	COUNTY OF BUTLER OHIO	31-6000061		12-17-2009	30,000,000	REPAY 20080 BONDS (4/30/08)		X		X		X
B	HAMILTON COUNTY OHIO	31-6000063		11-19-2010	30,000,000	REPAY 2007N BONDS (12/11/07)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	30,000,000	30,000,000		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	30,000,000	30,000,000		
12	Other unspent proceeds				
13	Year of substantial completion				

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

Part III Private Business Use

		A		B		C		D	
		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				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X				
b	Are there any research agreements that may result in private business use of bond-financed property?	X		X					
c	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?								
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 %					
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 %					
6	Total of lines 4 and 5	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					

Part IV Arbitrage

		A		B		C		D	
		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				
2	Is the bond issue a variable rate issue?		X		X				
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		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				
6	Did the bond issue qualify for an exception to rebate?	X		X					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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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

2010

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	No
(1) AARON AZIZKHAN	FAMILY MEM TRUST	35,433	COMP & BEN		No
(2) GERALYN AZIZKHAN	FAMILY MEM TRUST	117,553	COMP & BEN		No
(3) BARBARA BOAT	FAMILY MEM TRUST	172,276	COMP & BEN		No
(4) ANNE BOAT	FAMILY MEM TRUST	444,413	COMP & BEN		No
(5) EMILY HIRSCHFELD	FAMILY MEM TRUST	36,949	COMP & BEN		No
(6) UNION CENTRAL LIFE INS CO	DIRECTOR/OFFICER	262,858	INS PREM		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
SCHEDULE L, PART IV	TRANSACTIONS INVOLVING INTERESTED PERSONS	THE ITEMS REPORTED ON SCHEDULE L, PART IV ARE ARMS-LENGTH TRANSACTIONS AND AT FAIR MARKET VALUE

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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

2010

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
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	29	316,726	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 | 1

		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?		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?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?		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

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

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		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 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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	GAIN IN INTEREST OF NET ASSETS OF SUPPORTING ORGANIZATIONS 192,475,000 MINIMUM PENSION LIABILITY ADJUSTMENT 67,279,032 ELIMINATE CHSN NET INCOME 266,473 ADDITION OF CHC NET ASSETS 26,266,360 TOTAL TO FORM 990, PART XI, LINE 5 286,286,865

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

Identifier	Return Reference	Explanation
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS AND COMMUNITY BENEFIT	FORM 990, PART III	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 2010 COMPARATIVE DATA PUBLISHED BY THE GOLDMAN SACHS/CHILD HE ALTH CORPORATION OF AMERICA CFO SURVEY, CINCINNATI CHILDREN'S COMPLEMENT OF 525 REGISTERED INPATIENT BEDS (OF WHICH 479 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 ALS O OPERATES 36 RESIDENTIAL PSY CHIATRIC BEDS (OF WHICH 33 ARE CURRENTLY STAFFED) ON ITS COLL EGE HILL CAMPUS ADDITIONALLY, ACCORDING TO THE MOST RECENT 2010 INFORMATION PUBLISHED BY THE NATIONAL INSTITUTES OF HEALTH ("NIH"), CINCINNATI CHILDREN'S RANKED SECOND IN THE NATI ON AMONG PEDIATRIC HEALTH CARE FACILITIES IN TERMS OF NIH GRANT AWARDS RECEIVED THE GROWT H RATE OF ITS NIH RESEARCH FUNDING OVER THE LAST TEN YEARS HAS EXCEEDED THE GROWTH RATES O F ALL OTHER MAJOR PEDIATRIC HOSPITALS CINCINNATI CHILDREN'S HAS EXTENSIVE EDUCATIONAL PRO GRAMS 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 TRA INED BY CINCINNATI CHILDREN'S CINCINNATI CHILDREN'S HAS PERFORMED AN ANALYSIS AND QUANTIF ICATION 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 HIGHL IGHTS OF CINCINNATI CHILDREN'S ACTIVITIES IN EACH OF THE AREAS * PATIENT CARE (NET OF TAX LEVY AND OHIO HCAP)(NOTE A) $270 1 MILLION * SUBSIDIZED HEALTH SERVICES $3 5 MILLION * RESEARCH (NOTE B) $170 3 MILLION * MEDICAL EDUCATION $56 5 MILLION * COMMUNITY OUTREACH $3 1 MILLION * TOTAL VALUE OF COMMUNITY BENEFITS PROVIDED $503 5 MILLION NOTE A CHARITA BLE PATIENT CARE ($270 1 MILLION) - FREE OR DISCOUNTED SERVICES FOR THOSE UNABLE TO PAY BE CAUSE THEY ARE POOR OR UNINSURED THE BENEFIT AMOUNT INCLUDES THE SHORTFALL FROM MEDICAID REIMBURSEMENT BASED ON THE COST OF PROVIDING CARE TO MEDICAID RECIPIENTS (AFTER ACCOUNTING FOR SUPPORT FROM HAMILTON COUNTY HEALTH AND HOSPITALIZATION LEVY AND THE HOSPITAL CARE AS SURANCE PROGRAM) AND THE LOSS FROM THE COST OF PROVIDING CHARITY CARE NOTE B RESEARCH ($ 170 3 MILLION) - IN ACCORDANCE WITH THE 2010 FORM 990, SCHEDULE H INSTRUCTIONS, GRANT REVE NUE 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 RESEARC H 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 $ 2 MILLION, AND THE TOTAL V ALUE OF COMMUNITY BENEFITS PROVIDED WOULD BE REDUCED TO $333 5 MILLION CINCINNATI CHILDRE N'S PROVIDES PATIENT CARE TO INFANTS, CHILDREN AND ADOLESCENTS IT SERVES AS A TERTIARY LE VEL REFERRAL CENTER FOR PEDIATRIC ILLNESSES DURING THE FISCAL YEAR ENDED JUNE 30, 2011, C INCINNATI CHILDREN'S ADMITTED 17,844 PATIENTS WHO WERE ASSOCIATED WITH 123,729 PATIENT DAY S IN ADDITION, CINCINNATI CHILDREN'S TREATED NEARLY 893,000 OUTPATIENT VISITS CINCINNATI CHILDREN'S MAINTAINS ONE OF THE NATION'S BUSIEST EMERGENCY DEPARTMENTS OVER THE PAST YEA R, CINCINNATI CHILDREN'S HANDLED NEARLY 122,000 EMERGENCY ROOM VISITS LIKEWISE, CINCINNAT I CHILDREN'S IS THE NATION'S LEADER IN TERMS OF PEDIATRIC SURGICAL PROCEDURES DURING FISC AL 2011, CINCINNATI CHILDREN'S PERFORMED OVER 42,800 HOURS OF SURGERY CINCINNATI CHILDREN 'S WORKS TO MAINTAIN THE CONTROL OF HEALTHCARE COSTS WHILE PRESERVING THE QUALITY OF SERVI CE 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 TOGETHE R AND ADDRESSING BOTH THE SOCIAL NEEDS OF THE COMMUNITY AND THE HEALTHCARE NEEDS CINCINNA TI 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 SO CIAL 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 RES IDENTS AND NOT BE HINDERED BY THE BOUNDARIES OF THE PAST AS WITH OTHER NOT-FOR-PROFIT ORG ANIZATIONS, CINCINNATI CHILDREN'S REINVESTS ITS NET REVENUES TO CONTINUOUSLY IMPROVE ITS A BILITY TO PROVIDE QUALITY HEALTHCARE, RESEARCH, AND EDUCATION THESE RESOURCES ALLOW CINCI NNATI CHILDREN'S TO MAINTAIN A RENOWNED STAFF OF MEDICAL PROFESSIONALS AND PROVIDE STATE-O F-THE-ART MEDICAL FACILITIES AND EQUIPMENT CINCINNATI CHILDREN'S MAKES SIGNIFICANT INVEST MENTS IN INFORMATION TECHNOLOGY, CONTINUOUSLY STRIVING TO IMPROVE ITS BUSINESS AND CLINICA L PRACTICES THE ADVANCED TECHNOLOGY ALLOWS PHYSICIANS TO BRING TIMELY AND RELEVANT INFORM ATION TO THE PATIENT'S BEDSIDE, MAKING PATIENT CAR

Identifier	Return Reference	Explanation
		E 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 ASSOCI ATION, THE OHIO HOSPITAL ASSOCIATION, THE GREATER CINCINNATI HOSPITAL COUNCIL, THE ASSOCIA TION OF OHIO CHILDREN'S HOSPITALS, THE COUNCIL OF TEACHING HOSPITALS AND THE NATIONAL ASSO CIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS IN 2006, CINCINNATI CHILDREN'S R ECEIVED THE AMERICAN HOSPITAL ASSOCIATION - MCKESSON QUEST FOR QUALITY PRIZE FOR LEADERSHI P 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 IN STITUTE OF MEDICINE'S SIX QUALITY AIMS SAFETY, PATIENT-CENTEREDNESS, EFFECTIVENESS, EFFIC IENCY, TIMELINESS AND EQUITY THE WINNER IS CHOSEN BY A MULTIDISCIPLINARY COMMITTEE OF HEA LTH 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 2011, CINCINNATI CHILDREN'S WAS AGAIN ONE OF ONLY EIGHT PEDIATRIC HOSPITALS IN THE UNITED STATES TO BE INCLUDED ON THE HONOR ROLL IN THE 2011 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 * GASTROENTEROLOGY - 1 * CANCER - 5 * DIABETES AND ENDOCRINE DISORDERS - 6 * CARDIOLOGY AND HEART SURGERY - 9 * NEONATAL CARE - 3 * NEUROLOGY AND NEUROSURGERY - 8 * ORTHOPEDICS - 5 * PULMONARY - 2 * UROLOGY - 4 * NEPHROLOGY - 3 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, 2011, CINCINNATI CHILDREN'S ABSORBED APPROXIMATELY $300 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 2011, THE LOSS ON PROVISION OF CHARITY CARE AND MEANS-TESTED GOVERNMENT PROGRAMS TOTALED APPROXIMATELY $270 1 MILLION (AFTER TAKING INTO ACCOUNT FUNDS RECEIVED UNDER THE OHIO HOSPITAL CARE ASSURANCE PROGRAM AND THE HAMILTON COUNTY TAX LEVY WHICH TOTAL APPROXIMATELY $18 1 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, 2011, MORE THAN 44% 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 57 INPATIENT BEDS AT ITS COLLEGE HILL CAMPUS AND 12 BEDS AT THE LIBERTY CAMPUS, OF WHICH 479 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 11 OUTPATIENT CARE CENTERS LOCATED THROUGHOUT THE PRIMARY SERVICE AREA CINCINNATI CHILDREN'S OPENED ITS FIRST OUTPATIENT FACILITY IN 1987 AND HAS OPENED AN ADDITIONAL 10 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 NORTH BURNET, MASON, AND OAK FACILITIES AND LEASES THE OTHER EIGHT 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 IN ADDITION, THE LIBERTY CAMPUS, 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, 2011, THERE WERE MORE THAN 1,250 ACTIVE-SPONSORED RESEARCH PROJECTS THE RESEARCH FOUNDATION OCCUPIES APPROXIMATELY 26% 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 AND 11 FACULTY WITH ADJUNCT APPOINTMENTS 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 2011, 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 APPROXIMATELY 440 PHYSICIAN RESIDENTS AND 179 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 2011, CINCINNATI CHILDREN'S PROVIDED NEARLY $76 3 MILLION IN MEDICAL EDUCATION COSTS CINCINNATI CHILDREN'S RECEIVED APPROXIMATELY $9 1 MILLION IN FUNDING FROM THE FEDERAL CHGME PROGRAM IN FISCAL 2011 TO HELP OFFSET SUCH COSTS ADDITIONALLY, CINCINNATI CHILDREN'S RECEIVED APPROXIMATELY $8 7 MILLION FROM STATE MEDICAID AND MEDICARE PROGRAMS AND GRANTS TO FURTHER ASSIST IN OFFSETTING MEDICAL EDUCATION COSTS IN FISCAL 2011 IN FISCAL 2011, 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 85 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 OUTRE ACH PROGRAMS THE FOLLOWING HIGHLIGHTS SOME OF THE PROGRAMS PARTICIPATED IN, BUT SHOULD NO T BE CONSIDERED AN ALL INCLUSIVE LISTING PARTNER IN EDUCATION WITH ROCKDALE ELEMENTARY SC HOOL - CINCINNATI CHILDREN'S PROVIDES MENTORING AND OFFERS ON-SITE HEALTHCARE AND HEALTH E DUCATION PROGRAMS TO CHILDREN IN EVERY GRADE LEVEL AT ROCKDALE ELEMENTARY SCHOOL THE CENT ER 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 CENT ER FOR SAFE AND HEALTHY CHILDREN AT CINCINNATI CHILDREN'S IS COMMITTED TO FIGHTING AND PRE VENTING 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 TR EATMENT OF VICTIMS WITHIN THE "ADVOCACY CENTER," A 7,200-SQUARE-FOOT FACILITY THE MAYERSO N 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 T HE 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 COLL ABORATES AND EXPEDITES THE DIAGNOSIS AND INVESTIGATION OF CHILD ABUSE ALLEGATIONS MANDATE D AGENCIES THROUGHOUT THE REGION ALSO CAN UTILIZE THE CENTER AND ITS RESOURCES THE COMBIN ED EFFORTS WITHIN THE MAYERSON CENTER INCLUDE STATE-OF-THE-ART DIAGNOSTIC, TREATMENT, PREV ENTION 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 DISABILIT IES DURING THEIR SCHOOL YEARS - A GREATLY NEGLECTED POPULATION THE COMMUNITY PARTNERS PRO GRAM 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 PH YSICAL NEEDS AND HOW TO BEST INCLUDE HIM OR HER * PROVIDING THE CHILD/YOUTH WITH THERAPEUT IC SUPPORT TO ADDRESS ONGOING THERAPEUTIC NEEDS, I E , SEATING, MOBILITY, COMMUNICATION AN D ACCESS PROBLEMS NOT ADDRESSED BY SCHOOL THERAPISTS * COLLABORATING WITH SERVICE PROVIDER S AND SCHOOLS IN THE COMMUNITY TO ASSIST WITH MAJOR LIFE TRANSITIONS * LINKING CHILDREN AN D 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 SER VICES INCLUDE SCHOOL SUPPORT/CONSULTATION, EVALUATION OF CLASSROOM ACCESS AND EQUIPMENT/TE CHNOLOGY NEEDS, PEER SUPPORT, SERVICE COORDINATION FOR PARENTS, EQUIPMENT ACQUISITION, TEC HNICAL ASSISTANCE, AND OCCUPATIONAL, PHYSICAL AND SPEECH THERAPY SUPPORT CAREER DEVELOPME NT PROGRAM - PROJECT SEARCH, AN INNOVATIVE PROGRAM AT CINCINNATI CHILDREN'S THAT OFFERS TR AINING AND JOB OPPORTUNITIES TO INDIVIDUALS WITH DISABILITIES, ALSO HAS DEVELOPED A VERY S UCCESSFUL CAREER DEVELOPMENT PROGRAM OFFERED IN COLLABORATION WITH THE GREAT OAKS INSTITU TE 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 A WARD FROM THE UNITED STATES DEPARTMENT OF LABOR THIS AWARD RECOGNIZES BUSINESSES AND INDI VIDUALS THAT HAVE DEMONSTRATED EXEMPLARY AND INNOVATIVE EFFORTS IN FURTHERING THE EMPLOY ME NT AND WORKPLACE ENVIRONMENT FOR PEOPLE WITH DISABILITIES PROJECT SEARCH ORIGINATED AT CI NCINNATI CHILDREN'S AND NOW HAS PROGRAM SITES THROUGHOUT THE UNITED STATES AND THE UNITED KINGDOM 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, CR ESCENT-SHAPED RED BLOOD CELLS CAN PLUG UP SMALL BLOOD VESSELS AND DECREASE BLOOD FLOW TO V ARIOUS PARTS OF THE BODY THIS LEADS TO ANEMIA, UNPREDICTABLE PAIN EPISODES, AND SOMETIMES OTHER SERIOUS MEDICAL COMPLICATIONS THE SICKLE CELL CENTER THROUGH MEDICAL TREATMENT, PS YCHOLOGICAL EVALUATION, SOCIAL SERVICES, EDUCATION, COUNSELING, RESEARCH AND WORKING COLLA BORATIVELY WITH FAMILIES, IS DEDICATED TO PROLONGING AND IMPROVING THE LIVES OF PATIENTS THE MULTIDISCIPLINARY TEAM PLAYS AN IMPORTANT ROLE

Identifier	Return Reference	Explanation
		BY HELPING PARENTS AND FAMILIES UNDERSTAND THEIR MEDICAL CONDITION AND BY GUIDING THEM TO HELPFUL COMMUNITY RESOURCES THE CENTER PROVIDES A NUMBER OF SUPPORT SERVICES, INCLUDING A MONTHLY PARENT SUPPORT GROUP, ASSISTANCE WITH SCHOOL ISSUES, AND A SUMMER CAMP FOR PATIE NTS AGES 7-12 FAMILY RESOURCE CENTER - THE FAMILY RESOURCE CENTER STAFF OFFERS THE MOST C URRENT INFORMATION IN RESPONSE TO QUESTIONS RELATED TO DIAGNOSES, MEDICAL CONDITIONS OR PR OCEDURES 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 WOR KING WITH A CHILD'S SCHOOL * COMPUTER WORKSTATIONS * PARENT BUSINESS CENTER * SETTING UP F REE, PERSONALIZED WEB PAGES * RESOURCES FOR THE HISPANIC COMMUNITY * THINGS TO DO IN THE C INCINNATI AREA

Identifier	Return Reference	Explanation
		PARENT-INFANT NURTURING GROUP - AMONG THE EARLY INTERVENTION PROGRAMS AVAILABLE TO FAMILIE S IS THE PARENT-INFANT NURTURING GROUP PROGRAM (PING) THE HAMILTON COUNTY BOARD OF MENTAL RETARDATION, OHIO'S HELP ME GROW AGENCY, AND DEVELOPMENTAL DISABILITIES SUPPORT THE PROGR AM 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 DE SIGNED 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 T HE FAMILY A FAMILY SERVICE PLAN IS DEVELOPED THE PARENT-INFANT NURTURING GROUP PROFESSIO NAL STAFF INCLUDES A SPECIAL EDUCATION EARLY INTERVENTION SPECIALIST, A PHYSICAL THERAPIST , A SPEECH THERAPIST AND A NUTRITIONIST INTERNATIONAL ADOPTION CENTER - CINCINNATI CHILDR EN'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 M ANAGING INFECTIOUS DISEASES AND UNDERSTANDS THE DEVELOPMENTAL AND PSYCHOLOGICAL IMPACT OF INSTITUTIONALIZATION AND SENSORY DEPRIVATION THE INTERNATIONAL ADOPTION CENTER AT CINCINN ATI CHILDREN'S IS A MEMBER OF THE JOINT COUNCIL ON INTERNATIONAL CHILDREN'S SERVICES, AN O RGANIZATION THAT ADVOCATES ON BEHALF OF CHILDREN IN NEED OF PERMANENT FAMILIES AND PROMOTE S ETHICAL PRACTICES IN INTERCOUNTRY ADOPTION STARSHINE HOSPICE SERVICES - AT CINCINNATI C HILDREN'S, THE CHAPLAIN'S ROLE IN STARSHINE HOSPICE IS TO HELP A PERSON DISCOVER HIS OR HE R 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 C HAPLAIN AND OTHER STAFF THESE SERVICES MAY INCLUDE COUNSELING, FUNERAL PLANNING AND COLLA BORATION WITH THE FAMILY'S FAITH COMMUNITY STARSHINE HOSPICE ALSO PROVIDES THE FOLLOWING SPECIAL SERVICES * PAIN/SY MPTOM MANAGEMENT * MASSAGE THERAPY * CHILD LIFE INTERVENTIONS W ITH SIBLINGS * SCHOOL VISITS * BEREAVEMENT CARE * MEMORIALS * GRIEF CARE * PERINATAL HOSPI CE FAMILY SUPPORT NETWORK - THE MISSION OF THE FAMILY SUPPORT NETWORK AT CINCINNATI CHILDR EN'S IS TO SUPPORT THE QUALITY OF LIFE FOR CHILDREN AND FAMILIES EXPERIENCING CANCER, A BL OOD DISEASE OR IMMUNE DISORDER THE FAMILY SUPPORT NETWORK CONSISTS OF SPECIALISTS WHO PRO VIDE PHYSICAL, EMOTIONAL, SPIRITUAL, AND FINANCIAL SUPPORT INJURY FREE COALITION FOR KIDS - INJURY FREE COALITION FOR KIDS AT CINCINNATI CHILDREN'S IS A MULTI-DISCIPLINARY GROUP C OMPOSED OF HOSPITAL PERSONNEL, RESIDENTS AND COMMUNITY LEADERS THE ORGANIZATION WAS FORME D 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 NATI ONAL INJURY FREE COALITION FOR KIDS STARTED BY DR BARBARA BARLOW AT NEW YORK'S HARLEM HOS PITAL 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 B EHAVIORS * CHANGING THE PHYSICAL ENVIRONMENT OF THE COMMUNITIES TO CREATE SAFER PLACES FO R CHILDREN TO PLAY * PROVIDING SAFE, STRUCTURED OUT-OF-SCHOOL ACTIVITIES THAT REVOLVE ARO UND 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 NUMB ER OF CHILDREN WEARING HELMETS SAFE KIDS COALITION - IN AN EFFORT TO FURTHER INJURY PREVE NTION INITIATIVES, CINCINNATI CHILDREN'S HAS BECOME A MEMBER OF THE NATIONAL SAFE KIDS CAM PAIGN 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 U NDER FROM * MOTOR VEHICLE CRASHES * FIRES AND SCALD BURNS * PEDESTRIAN INJURIES * POISONI NG AND CHOKING * BIKE CRASHES * UNINTENTIONAL SHOOTINGS * FALLS AND DROWNINGS FOUNDING SPO NSORS OF THE NATIONAL SAFE KIDS CAMPAIGN INCLUDE CHILDREN'S NATIONAL MEDICAL CENTER, IN WA SHINGTON, 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 * PUB LIC EDUCATION * COMMUNITY PROGRAMMING * SAFETY PRODUCT DISTRIBUTION * LEGISLATION INACTION * MEDIA OUTREACH * LOCAL INJURY DATA COLLECTION *

Identifier	Return Reference	Explanation
		LOCAL PROGRAM EVALUATION CHILD CAR SEAT SAFETY - DURING THE YEAR, TRAUMA SERVICES STAFF O FFERS FREE CAR SEAT SAFETY INSPECTIONS THROUGHOUT THE COMMUNITY DURING THESE INSPECTIONS, STAFF MEMBERS OFFER GUIDANCE ON TOPICS, INCLUDING CHILD SAFETY SEATS AND THE LAW, CHOOSIN G 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 PROVIDE D 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 ATMOSPH ERE. THE SAFETY FAIR CONSISTS OF FIVE INTERACTIVE STATIONS WHICH INCLUDE BURN PREVENTION, PEDESTRIAN SAFETY, SEAT BELT SAFETY, HOME SAFETY AND BICYCLE/HELMET SAFETY CHILD POLICY R ESEARCH CENTER - THE CHILD POLICY RESEARCH CENTER (CPRC) WAS CREATED IN 1999 AND DEVELOPS, TRANSLATES, AND COMMUNICATES EVIDENCE TO MEASURABLY IMPROVE CHILD HEALTH AND WELL-BEING A ND THE QUALITY OF HEALTHCARE FOR CHILDREN OUR PARTNERS INCLUDE COMMUNITY, LOCAL, STATE, A ND NATIONAL POLICY MAKERS, PROGRAM MANAGERS AND ADVOCATES THE CENTER ADDRESSES THE MOST U RGENT CHALLENGES FACING CHILDREN AND FAMILIES THE CENTER'S MAIN THEMES INCLUDE POPULATION CHILD HEALTH, HEALTH INSURANCE AND ACCESS, HEALTH SYSTEM PERFORMANCE, AND QUALITY INNOVA TIONS - INNOVATIONS IN COMMUNITY RESEARCH AND PROGRAM EVALUATION COLLABORATES WITH COMMUNI TY AGENCIES, STATE, LOCAL AND REGIONAL INITIATIVES, SCHOOL SYSTEMS AND OTHER COMMUNITY-BAS ED PROGRAMS TO PROVIDE PROGRAM EVALUATION SERVICES, PROGRAM CONSULTATION AND TECHNICAL ASS ISTANCE, WEB-BASED DATA SYSTEMS, GRANT WRITING ASSISTANCE, STRATEGIC PLANNING AND CONTINUO US QUALITY IMPROVEMENT SERVICES INNOVATIONS COLLABORATIONS FOCUS ON THE FOLLOWING AREAS * HEALTH DISPARITIES * SCHOOL-BASED MENTAL HEALTH * EARLY CHILDHOOD DEVELOPMENT * CHILDHOO D NUTRITION * COMMUNITY-BASED ASSESSMENT AND INTERVENTION IN ADDITION, INNOVATIONS TEAM ME MBERS ARE PROFICIENT IN QUALITATIVE AND QUANTITATIVE RESEARCH DESIGN AND METHODS, INCLUDIN G SURVEY DEVELOPMENT AND FOCUS GROUP CONDUCT, CULTURAL COMPETENCE TRAINING, DEVELOPMENT OF WEB-BASED DATA CAPTURE SYSTEMS, REAL-TIME DATA REPORTING VIA DASHBOARD PROGRAMMING, AND P ROGRAM EVALUATION AND REFINEMENT, INCLUDING IMPLEMENTING RELATIONSHIP AND DEVELOPMENTALLY-BASED MODELS OF CARE. HEALTH CARE TRAINING PROGRAM - THE HEALTHCARE TRAINING PROGRAM AT CI NCINNATI CHILDREN'S PROVIDES CUSTOMIZED SHORT-TERM TRAINING FOR ADULTS WITH SIGNIFICANT BA RRIERS TO EMPLOY MENT 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. DPIC'S SPECIALLY TRAINED STAFF OF PHARMACISTS, PHARMACOLOGISTS, NURSES AND DRUG/POISON INFORMATION ASSISTANTS ANSWER QUESTIONS ABOUT POISONINGS, DRUG ABUSE, PRODUCT CONTENTS, SUBSTANCE IDENTIFICATION, INTERACTIONS, AND ADVERSE REACTIONS. 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

2010

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
(1) CHILD HEALTH ADMINISTRATIVE SERVICES LLC 3333 BURNET AVENUE CINCINNATI, OH 45229 31-1550088	ADMINISTRATIVE SERVICES	OH	1,607,106	0	N/A
(2) TSHCH LLC 3333 BURNET AVENUE CINCINNATI, OH 45229	LAND HOLDING CO	OH	0	4,574,330	N/A
(3) BURNET AVE LLC 3333 BURNET AVENUE CINCINNATI, OH 45229	LAND HOLDING CO	OH	0	993,900	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	(g) Section 512(b)(13) controlled organization	
						Yes	No
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	(k) Percentage ownership
(1) NORTHERN KENTUCKY CHILDREN'S MEDICAL SERVICES LLC 3333 BURNET AVE CINCINNATI, OH45229 26-0084305	MEDICAL SERVICES	KY		RELATED	664,702	163,242		No		Yes		
(2) NORTH FAIRMOUNT HEALTHCARE COMPANY LTD 222 PIEDMONT AVE STE 1200 CINCINNATI, OH45219 31-1484848	MEDICAL SERVICES	OH	THE HEALTH ALLIANCE OF GREATER CINCINNATI	RELATED	-38,112	446,980		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
(1) RIVER CITY INSURANCE LIMITED 3333 BURNET AVE CINCINNATI, OH45229	HEALTHCARE LIABILITY INSURANCE FOR CHMC	OH		C	2,124,906	2,914,208	100 000 %

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, 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	Yes	
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	(d) Method of determining 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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
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		No
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		No
CHMC COMMUNITY HEALTH SERVICES NETWORK 3333 BURNET AVE CINCINNATI, OH45229 31-1459815	PEDIATRIC MEDICAL SERVICES	OH	501(C)(3)	509(A)(2)	N/A		No
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		No
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		No
THE CHILDREN'S HOSPITAL 3333 BURNET AVE CINCINNATI, OH45229 31-0537130	SUPPORT CHMC	OH	501(C)(3)	509(A)(3) TYPE II	N/A		No
THE CHILDREN'S HOSPITAL FOUNDATION 3333 BURNET AVE CINCINNATI, OH45229 31-1327089	SUPPORT CHMC	OH	501(C)(3)	509(A)(1)	N/A		No
CONVALESCENT HOSPITAL FOR CHILDREN 3333 BURNET AVE CINCINNATI, OH45229 31-0936303	PROVIDES PROGRAMMATIC OVERSIGHT	OH	501(C)(3)	509(A)(1)	N/A		No
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		No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	ADOLESCENT HEALTH CENTER OF GREATER CINCINNATI	C	35,287	CASH
(2)	CHILDREN'S DENTAL CARE FOUNDATION	C	7,305	CASH
(3)	THE CHILDREN'S HOSPITAL	C	73,923,727	CASH
(4)	THE CHILDREN'S HOSPITAL	Q	10,028,145	CASH
(5)	THE CHILDREN'S HOSPITAL	B	990,837	CASH
(6)	CHMC COMMUNITY HEALTH SERVICES NETWORK	Q	2,408,242	CASH
(7)	CHMC COMMUNITY HEALTH SERVICES NETWORK	R	1,623,500	CASH
(8)	CONVALESCENT HOSPITAL FOR CHILDREN AND ORPHAN ASYLUM	C	1,000,000	CASH
(9)	THE CHILDREN'S HOSPITAL FOUNDATION	C	991,985	CASH
(10)	THE CHILDREN'S HOSPITAL FOUNDATION	Q	6,250,000	CASH
(11)	THE CHILDREN'S HOSPITAL FOUNDATION	D	10,264,269	CASH
(12)	CHILDREN'S MEDICAL SERVICES INC	Q	6,137,593	CASH
(13)	CHILDREN'S MEDICAL SERVICES INC	C	812,444	CASH
(14)	CONVALESCENT HOSPITAL FOR CHILDREN	Q	80,956,048	CASH
(15)	CONVALESCENT HOSPITAL FOR CHILDREN	R	81,446,416	CASH

Children's Hospital Medical Center and Affiliates

Combined Financial Statements As of and For the Years Ended June 30, 2011 and June 30, 2010 and Independent Auditors' Report

Deloitte.

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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of Children's Hospital Medical Center and Affiliates
Cincinnati, Ohio

We have audited the accompanying combined balance sheets of Children's Hospital Medical Center and Affiliates ("Cincinnati Children's and Affiliates") as of June 30, 2011 and 2010, and the related combined statements of operations and changes in net assets, and of cash flows for the years then ended. The combined financial statements include the accounts of Children's Hospital Medical Center and the Affiliated Entities as discussed in Note 1(a). These entities are under common ownership and management. These financial statements are the responsibility of the Cincinnati Children's and Affiliates' management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Cincinnati Children's and Affiliates internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, such financial statements present fairly, in all material respects, the financial position of Cincinnati Children's and Affiliates as of June 30, 2011 and 2010, the results of their operations and changes in net assets, and cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Deloitte & Touche LLP

October 25, 2011

Children's Hospital Medical Center and Affiliates

Combined Balance Sheet
June 30, 2011 and 2010 (dollars in thousands)

	2011	2010
CURRENT ASSETS:		
Cash and cash equivalents	$ 97,451	$ 85,813
Marketable securities	227,642	186,451
Cash, cash equivalents and marketable securities	325,093	272,264
Patient receivables, net of allowances of $39,687 in 2011 and $36,989 in 2010	204,081	216,901
Other receivables, net	98,711	88,213
Inventories and prepaid expenses	23,811	19,472
Total current assets	651,696	596,850
ASSETS LIMITED AS TO USE - Funds in trust	4,620	5,569
PROPERTY AND EQUIPMENT, at cost, net of accumulated depreciation	851,701	846,129
DEFERRED BOND ISSUANCE COSTS AND OTHER	74,261	67,790
INTEREST IN NET ASSETS OF SUPPORTING ORGANIZATIONS (Note 1(b))	886,162	694,102
Total assets	$2,468,440	$2,210,440
CURRENT LIABILITIES:		
Accounts payable and accrued expenses	$ 188,643	$ 189,444
Current portion of long-term debt and capital lease obligations	19,432	15,716
Total current liabilities	208,075	205,160
ACCRUED PENSION BENEFIT LIABILITY (Note 9)	201,760	275,842
SELF-INSURANCE RESERVES	30,545	24,292
LONG-TERM DEBT:		
Bonds payable	450,964	471,526
Note payable	27,155	-
Capital lease obligations	3,352	2,294
OTHER LONG-TERM LIABILITIES	12,734	8,812
Total liabilities	934,585	987,926
COMMITMENTS AND CONTINGENCIES (Notes 6 and 10)	-	-
NET ASSETS:		
Unrestricted	526,991	410,760
Temporarily restricted	135,943	131,062
Permanently restricted (Note 1(b))	870,921	680,692
Total net assets	1,533,855	1,222,514
Total liabilities and net assets	$2,468,440	$2,210,440

See accompanying notes to financial statements.

Combined Statements of Operations and Changes in Net Assets
For the Years Ended June 30, 2011 and 2010 (dollars in thousands)

	2011	2010
UNRESTRICTED REVENUES, GAINS AND OTHER SUPPORT:		
Net hospital patient service revenue	$1,144,142	$1,093,617
Professional services revenue	229,749	214,307
Net assets released from restriction used for operations-		
Grant revenue	153,914	143,011
Other restricted net assets used to support operations	78,546	73,729
Investment income	13,814	16,374
Other revenue	73,243	62,829
Total unrestricted revenues, gains and other support	1,693,408	1,603,867
EXPENSES:		
Salaries	797,449	755,513
Employee benefits	236,374	207,744
Supplies, drugs and other	287,185	266,618
Purchased services	174,349	171,275
Depreciation	110,716	105,107
Utilities	17,858	17,452
Interest	16,104	15,729
Total expenses	1,640,035	1,539,438
Excess of revenues over expenses	53,373	64,429
OTHER CHANGES IN UNRESTRICTED NET ASSETS:		
Receipts from supporting organizations (Notes 1(b) and 1(c))	5,595	7,798
Net assets released from restrictions used for purchase of property and equipment	5,559	3,220
Increase in unrestricted net assets before transfers to supporting organizations and pension and post retirement health liability adjustment	64,527	75,447
Transfers to supporting organizations (Note 1(c))	(15,575)	(10,560)
Pension and post retirement health liability adjustment (Note 9)	67,279	(55,280)
Increase in unrestricted net assets	116,231	9,607

(Continued on next page)

Combined Statements of Operations and Changes in Net Assets
For the Years Ended June 30, 2011 and 2010 (dollars in thousands)

	2011	2010
TEMPORARILY RESTRICTED NET ASSETS:		
Contributions and investment income-		
Grant receipts	151,652	132,486
Industry support	1,937	6,648
Gifts, contributions and other income	87,860	96,479
	241,449	235,613
Net assets released from restriction-		
Grant expenditures	(153,914)	(143,011)
Transfer to The Children's Hospital	(795)	(1,159)
Restricted net assets used to support operations	(78,546)	(73,729)
Restricted net assets used for purchase of property and equipment	(5,559)	(3,220)
	(238,814)	(221,119)
Gain in interest in net assets of supporting organizations	2,246	974
Increase in temporarily restricted net assets	4,881	15,468
PERMANENTLY RESTRICTED NET ASSETS:		
Gain in interest in net assets of supporting organizations	190,229	57,630
Increase in permanently restricted net assets	190,229	57,630
INCREASE IN NET ASSETS	311,341	82,705
NET ASSETS, beginning of year	1,222,514	1,139,809
NET ASSETS, end of year	$1,533,855	$1,222,514

See accompanying notes to financial statements.

Children's Hospital Medical Center and Affiliates

Combined Statements of Operations and Changes in Net Assets
For the Years Ended June 30, 2011 and 2010 (dollars in thousands)

	2011	2010
CASH FLOWS FROM OPERATING ACTIVITIES:		
Increase in net assets	$ 311,341	$ 82,705
Adjustments to reconcile increase in net assets to net cash provided by operating activities-		
Depreciation and amortization	111,175	105,398
Loss on disposal of property and equipment	1,270	161
Contributions to supporting organizations, net	9,980	2,762
Contributions restricted for purchase of property and equipment	(5,559)	(3,220)
Gain in interest in net assets of supporting organizations	(192,475)	(58,604)
Receipts from The Children's Hospital Foundation	415	183
Unrealized and realized gains on marketable securities, net	(2,969)	(10,788)
Increase in allowance for doubtful accounts	2,698	-
(Increase) Decrease in receivables	(376)	12,847
Increase in inventories and prepaid expenses and other assets	(11,269)	(11,318)
Decrease in accounts payable and accrued expenses	(2,251)	(23,362)
(Decrease) Increase in accrued pension liability	(74,082)	36,340
Increase (Decrease) in self-insurance reserves and other long-term liabilities	8,275	(2,009)
Net cash provided by operating activities,	156,173	131,095
CASH FLOWS FROM INVESTING ACTIVITIES:		
Expenditures for property and equipment	(84,811)	(102,953)
Receipts from sale of fixed assets	711	804
Purchases of marketable securities	(680,350)	(674,482)
Sales of marketable securities	642,824	630,821
Cash withdrawn from funds in trust	60,079	75,265
Cash invested in funds in trust	(59,130)	(59,795)
Net cash used in investing activities	(120,677)	(130,240)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Issuance of bonds and notes payable	30,000	30,000
Repayment of bonds and notes payable	(49,437)	(45,162)
Contributions restricted for purchase of property and equipment	5,559	3,220
Contributions to supporting organizations, net	(9,980)	(2,762)
Net cash used in financing activities	(23,858)	(14,704)
Net increase (decrease) in cash and cash equivalents	11,638	(13,849)
CASH AND CASH EQUIVALENTS, beginning of year	85,813	99,662
CASH AND CASH EQUIVALENTS, end of year	$ 97,451	$ 85,813
SUPPLEMENTAL DISCLOSURE OF NON-CASH INVESTING ACTIVITIES:		
Capital expenditures in accrued expenses and accounts payable	$9,598	$8,148

See accompanying notes to financial statements.

(1) Accounting Policies-

(a) Basis of Combination–Children's Hospital Medical Center (Cincinnati Children's), Convalescent Hospital for Children (CHC), River City Insurance Limited (River City), Children's Health Administrative Services LLC (CHAS), Children's Health Services Network (CHSN), Children's Medical Services, Inc. (CMSI), Northern Kentucky Children's Medical Services, LLC (NKCMS), Children's for Children LLC (CFC), Burnet Ave LLC (Burnet) and TSHCH LLC (TSHCH), which are under common management, are included in the accompanying combined financial statements and are collectively referred to as the Medical Center. Intercompany transactions and balances have been eliminated.

Cincinnati Children's is an Ohio not-for-profit corporation providing pediatric healthcare services, teaching and related research. CHC is an Ohio not-for-profit corporation providing programmatic oversight, governance and fiscal management to chronic illness, mental health and traumatic and congenital brain injury programs at Cincinnati Children's. Cincinnati Children's and CHC are under common management. Subsequent to year-end, on July 28, 2011, CHC merged with and into Cincinnati Children's. Cincinnati Children's assumed all assets and liabilities of CHC and CHC ceases to exist as a separate entity. River City is a captive insurance company and a wholly-owned subsidiary of Cincinnati Children's. CHAS is a wholly-owned subsidiary of Cincinnati Children's whose purpose is to provide management services to members of the medical and dental staff. Effective March 31, 2011 CHAS was dissolved. CHSN is a wholly-owned subsidiary of Cincinnati Children's whose purpose is to manage primary care practices in a community setting. CMSI is a professional corporation whose purpose is to engage in the practice of medicine and render professional services and co-employs certain Cincinnati Children's physicians. Effective January 1, 2011 CMSI ceased operations. NKCMS is a limited liability corporation formed to enhance the scope and quality of pediatric care in Northern Kentucky. CFC was a wholly-owned subsidiary of Cincinnati Children's whose purpose was to operate child care programs. Effective January 1, 2010, CFC ceased operations. Burnet is a wholly-owned subsidiary of Cincinnati Children's, whose purpose is to hold land. TSHCH is a wholly-owned subsidiary of Cincinnati Children's whose purpose is to acquire, hold, develop, subdivide, sell, lease, mortgage, manage and otherwise deal in real property.

(b) Supporting Organizations–The Children's Hospital (TCH), The Children's Hospital Foundation (CHF), Convalescent Hospital for Children and Orphan Asylum (CHCOA), Adolescent Health Center of Greater Cincinnati, Inc. (CAC), and Children's Dental Care Foundation (CDCF), all Ohio not-for-profit corporations which are not included in the accompanying combined financial statements, provide financial support to the Medical Center. Certain endowment funds of these supporting organizations are restricted by the donors for specific operating purposes of the Medical Center. Receipts from such restricted endowment funds and certain other receipts that are designated by the Boards of Trustees of the supporting organizations for specific operating purposes are reflected as a component of restricted gifts and contributions in the accompanying Combined Statements of Operations and Changes in Net Assets. Upon utilization in operations, such funds are reflected in the Combined Statements of Operations and Changes in Net Assets as donor-restricted revenue from supporting organizations.

Other funds are contributed to the Medical Center as designated by the Boards of the supporting organizations to provide general support and are reflected as receipts from supporting organizations in the accompanying Combined Statements of Operations and Changes in Net Assets.

The Medical Center records in its combined financial statements the fair value of certain permanently and temporarily restricted net assets held by supporting organizations on the Medical Center's behalf. Changes in the fair value of such temporarily and permanently restricted net assets are recorded as gain in interest in net assets of supporting organizations in the accompanying Combined Statements of Operations and Changes in Net Assets.

(c) Support Received from Supporting Organizations--
In general, the supporting organizations provide annual support to the Medical Center that includes the dividend and interest earnings of the respective investment portfolios (net of operational expenses and any donor required reinvestment of income). On occasion, the respective Boards of Trustees of these supporting organizations may also designate certain pledges of unrestricted principal in support of key projects at the Medical Center. As of June 30, 2011, TCH and CHCOA have outstanding revocable pledges of $15,087 and $5,000, respectively. All outstanding pledges of principal support are revocable at the discretion of TCH's and CHCOA's Board of Trustees. As a result, such revocable pledges are not recorded as receivables in the accompanying combined financial statements.

During fiscal 2011 and 2010, TCH transferred $68,329 and $70,746, respectively, of temporarily restricted net assets to the Medical Center which are recorded as Gifts, contributions and other income in the Combined Statements of Operations and Changes in Net Assets.

During fiscal 2011 and 2010, TCH transferred $5,595 and $7,798, respectively, of unrestricted net assets to the Medical Center, which are recorded as Receipts from Supporting Organizations in the Combined Statements of Operations and Changes in Net Assets.

During fiscal 2011 and 2010, the Medical Center transferred $795 and $1,159, respectively, of temporarily restricted net assets to TCH to fund named chairs designated to support divisional activities. During fiscal 2011 and fiscal 2010, respectively, the Medical Center transferred $9,325 and $8,550 of unrestricted net assets to TCH to fund named chairs to support divisional activities.

At June 30, 2011 the Medical Center has a receivable from TCH for $8,526 related to fiscal 2011 unfunded irrevocable commitments. This amount will be received in fiscal 2012. Additionally, the Medical Center has a payable to TCH at June 30, 2011 of $439 for contributions received at the Medical Center at year-end for which the cash needs to be transferred to TCH.

At June 30, 2010, the Medical Center had a payable to TCH for $2,464 for an advance of cash TCH made to the Medical Center. The amount was paid to TCH in fiscal 2011.

During fiscal 2011 and 2010, CHCOA transferred $2,721 and $2,639, respectively, of unrestricted net assets to the Medical Center which are recorded as Gifts, contributions and other income in the Combined Statements of Operations and Changes in Net Assets.

For the Years Ended June 30, 2011 and 2010, respectively (dollars in thousands)

At June 30, 2011, the Medical Center has a receivable from CHCOA for $268 related to fiscal 2011 unfunded commitments. This amount will be received in fiscal 2012.

During fiscal 2011 and 2010, CHF transferred $992 and $647, respectively, of temporarily restricted net assets to the Medical Center, which are recorded as Gifts, contributions and other income in the Combined Statements of Operations and Changes in Net Assets.

During fiscal 2011 and fiscal 2010, respectively, the Medical Center transferred $6,250 and $2,000 of unrestricted net assets to CHF and the income earned on the funds will be transferred back to the Divisions to support divisional activities.

The Medical Center has a note receivable from CHF for $10,264 at June 30, 2011 and 2010, which is recorded in other receivables in the accompanying Combined Balance Sheets.

(d) Concentration of Patient Accounts Receivable and Revenue and Revenue Recognition--In both fiscal 2011 and 2010, respectively, substantially all of total net patient service revenue is derived from third-party payment programs (Medicaid, insurance companies and various managed care agreements).

The following details the percentage of net patient service revenue by payor category for the fiscal years ended June 30, 2011 and 2010:

	2011		2010	
	Gross	Net	Gross	Net
Commercial insurers	1%	1%	1%	1%
Managed care	49%	68%	49%	65%
Medicaid (HMO and third party)	44%	25%	43%	28%
Specialty payors	5%	6%	6%	6%
Self pay	1%	- %	1%	- %

The following details the percentage of accounts receivable by payor category as of June 30, 2011 and 2010:

	2011	2010
Commercial insurers	1%	1%
Managed care	56%	54%
Medicaid (HMO and third party)	29%	33%
Specialty payors	11%	9%
Self pay	3%	3%

Net patient service revenue is reported at estimated net realizable amounts from patients, third party payors and others for services rendered and includes estimated retroactive revenue adjustments due to future audits and reviews. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits and reviews.

Revenue from Medicaid programs accounted for approximately 25% and 28% of the Medical Center's net patient service revenue for the fiscal year ended June 30, 2011 and 2010, respectively.

For the Years Ended June 30, 2011 and 2010, respectively (dollars in thousands)

Laws and regulations governing the Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change a material amount in the near term. At June 30, 2011, the Medical Center has settled all Medicaid cost reports through 2006.

The following table reconciles gross patient service revenue to net patient service revenue for the years ended June 30, 2011 and 2010:

	2011	2010
Charges at established rates	$1,918,124	$1,740,283
Deductions:		
Discounts on commercial contractuals	(168,070)	(168,635)
Write-downs related to services to the poor:		
Including Medicaid and governmental contractuals, charity care and other uncollectible self pay write-offs	(623,977)	(494,379)
	1,126,077	1,077,269
Tax Levy Program	6,000	6,000
Care Assurance Program	12,065	10,348
	$1,144,142	$1,093,617

Physician professional fees, which have been assigned to the Medical Center and are required to be used in the respective physicians' department at the Medical Center, are recognized as revenue as billed. See footnote 10(c).

(e) Grant Revenue and Other Revenue – Grants and contributions restricted for a specific operating purpose are recorded as temporarily restricted net assets and reflected in unrestricted revenues, gains, and other support when the funds are expended in accordance with the specifications of the grantor or donor. Contributions for capital expenditures, recorded as temporarily restricted net assets when received, are recorded as net assets released from restrictions when expended. Unrestricted contributions and bequests are included in other revenue when received.

(f) Graduate Medical Education –The Medical Center receives Federal graduate medical education funding, which has resulted in other revenue of $9,578 and $11,763 recognized in the accompanying combined financial statements for the years ended June 30, 2011 and 2010, respectively.

(g) Tax Exempt Status–Cincinnati Children's, CHC, CHSN and CMSI are recognized by the Internal Revenue Service as exempt from federal income taxes under Section 501(a) of the Internal Revenue Code as charitable organizations qualifying under Section 501(c)(3). River City is a captive insurance company and has no income tax obligations. CHAS, NKMS, Burnet, TSHCH and CFC are limited liability corporations whose income is taxable to Cincinnati Children's. The income tax provisions recorded in the accompanying combined financial statements are immaterial for the years ended June 30, 2011 and 2010.

For the Years Ended June 30, 2011 and 2010, respectively (dollars in thousands)

The Medical Center accounts for income taxes in accordance with Accounting Standards Codification Topic (ASC) 740 "Income Taxes". It is the Medical Center's policy 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 2011 and 2010.

Listed below are the tax years that remain subject to examination by major tax jurisdiction:

Federal – 2008 to 2011
State – 2008 to 2011

(h) Cash Equivalents–Cash equivalents consist primarily of money market investments (including money market mutual funds), demand deposits and repurchase agreements. Cash is held primarily in one bank.

(i) Inventories–Inventories consist of medical supplies and pharmaceuticals and are valued on an average cost method.

(j) Marketable Securities–The Medical Center accounts for its investments under ASC 980 "Accounting for Certain Investments Held by Not-for-Profit Organizations". The Medical Center carries its marketable securities at fair value with unrealized gains and losses included in the Combined Statements of Operations and Changes in Net Assets. Fair value is determined by the trustee holding the assets based on published market prices.

The cost basis, approximate fair value and categorization by asset type at June 30, 2011 are as follows:

	Cost Basis	Gross Unrealized Gains	Gross Unrealized (Losses)	Fair Value
U.S. government and treasury obligations	$115,800	$1,072	$ (345)	$116,527
Municipal bonds and other	573	65	-	638
Variable rate demand notes	9,825	-	-	9,825
Corporate obligations	101,038	2,612	(2,998)	100,652
	$227,236	$3,749	$(3,343)	$227,642

The cost basis, approximate fair value and breakdown by asset type at June 30, 2010 are as follows:

	Cost Basis	Gross Unrealized Gains	Gross Unrealized (Losses)	Fair Value
U.S. government and treasury obligations	$109,167	$1,327	$ (165)	$110,329
Municipal bonds and other	573	35	-	608
Corporate obligations	77,148	3,040	(4,674)	75,514
	$186,888	$4,402	$ (4,839)	$186,451

For the Years Ended June 30, 2011 and 2010, respectively (dollars in thousands)

The following is the maturities for marketable securities at June 30, 2011:

	Cost Basis	Fair Value
One year or less	$ 1,972	$ 1,996
One to five years	85,911	86,429
After five years	139,353	139,217
	$227,236	$227,642

At June 30, 2011, the Medical Center's marketable securities included 26% in U.S. Treasury securities and 17% in FNMA securities. At June 30, 2010, the Medical Center's marketable securities included 30% in U.S. Treasury securities and 21% in FNMA securities.

(k) Assets Limited As To Use–Assets limited as to use include funds in trust (Note 4). Assets limited as to use are carried at fair value with unrealized gains and losses included in investment income in the accompanying Combined Statements of Operations and Changes in Net Assets. Fair value is determined by the trustee holding the assets based on published market prices. All assets limited as to use were held in cash and cash equivalents at June 30, 2011 and 2010.

(l) Investment Income--The following details the components of investment income on marketable securities and funds in trust for the years ended June 30, 2011 and 2010:

	2011	2010
Interest income	$11,266	$10,287
Unrealized and realized gains, net	2,548	6,087
Investment income	$13,814	$16,374

Unrealized gains and losses related to temporarily restricted funds are recorded as an addition/reduction, as appropriate, to temporarily restricted net assets.

(m) Fair Value Measurements—The Medical Center accounts for its assets and liabilities under ASC 820 "Fair Value Measurements" (ASC 820).

As defined in ASC 820, fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In order to increase consistency and comparability in fair value measurements and related disclosures, ASC 820 establishes a fair value hierarchy that prioritizes inputs to valuation techniques used to measure fair value into three broad levels, which are described below:

Level 1: Quoted Prices (unadjusted) in active markets for identical assets or liabilities that are accessible at the measurement date for assets and liabilities that are accessible at the measurement date for assets and liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs.

Level 2: Inputs other than quoted prices included within Level 1 that are observable for the assets or liabilities, either directly or indirectly. These include quoted prices for identical or similar assets or liabilities in markets that are not active, that is, markets in which there are a few transactions for the

For the Years Ended June 30, 2011 and 2010, respectively (dollars in thousands)

asset or liability, the prices are not current, or price quotations vary substantially either over time or among market makers, or in which little information is released publicly and inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3: Unobservable inputs, developed using the Medical Center's estimates and assumptions, which reflect those that the market participants would use. Such inputs are used when little or no market data is available. The fair value hierarchy gives the lowest priority to Level 3 inputs.

Determining where an asset or liability falls within the hierarchy depends on the lowest level input that is significant to the fair value measurement as a whole. In determining fair value, the Medical Center utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible and considers counterparty credit risk in the assessment of fair value.

In 2009, FASB Staff Position 157-4 "Disclosures Determining Fair Value When the Volume and Level of Activity for the Asset or Liability Have Significantly Decreased and Identifying Transactions that are not orderly", was issued and later codified into ASC 820, which expanded disclosures and required that major category for debt and equity securities in the fair value hierarchy table be determined on the basis of the nature and the risks of the investments.

The table below includes the major categorization for debt and equity securities on the basis of the nature and risk of the investments at June 30, 2011.

	Level 1	Level 2	Level 3
Marketable Securities:			
U.S. Government and treasury securities	$116,527	$ -	$ -
Municipal bonds	638	-	-
Variable rate demand notes	-	9,825	-
Corporate obligations	100,652	-	-
	217,817	9,825	-
Investments in Limited Partnerships (included in Other Assets)	-	-	8,723
Investment in Fort Washington High Yield LLC (included in Other Assets)	-	21,680	-

For the Years Ended June 30, 2011 and 2010, respectively (dollars in thousands)

Deferred Compensation Plans: (included in Other Assets and Accruals)			
Money Market Funds	1,904	-	-
Common Stock	2,156	-	-
Equity Mutual Funds	1,715	-	-
International Equity Mutual funds	793	-	-
Bond Mutual Funds	99	-	-
Fixed Income Mutual Funds	545	-	-
LifeCycle Mutual Funds	291	-	-
Real Estate Mutual	110	-	-
Bond Variable Annuity	-	1,475	-
Equity Variable Annuity	-	2,933	-
Money Market Variable	-	99	-
Real Estate Pooled Separate Account	-	308	-
Guaranteed Insurance	-	-	1,694
	7,613	4,815	1,694
Total	$225,430	$36,320	$10,417

For the Years Ended June 30, 2011 and 2010, respectively (dollars in thousands)

The table below includes the major categorization for debt and equity securities on the basis of the nature and risk of the investments at June 30, 2010.

	Level 1	Level 2	Level 3
Marketable Securities:			
U.S. Government and treasury securities	$ 110,329	$ -	$ -
Municipal bonds	608	-	-
Corporate obligations	75,514	-	-
	186,451	-	-
Investments in Limited Partnerships (included in Other Assets)	-	-	7,317
Investment in Fort Washington High Yield LLC (included in Other Assets)	-	18,813	-
Deferred Compensation Plans: (included in Other Assets and Accruals)			
Money Market Funds	4,436	-	-
Common Stock	1,983	-	-
Equity Mutual Funds	1,135	-	-
International Equity Mutual funds	672	-	-
Bond Mutual Funds	53	-	-
Fixed Income Mutual	680	-	-
LifeCycle Mutual Funds	211	-	-
Real Estate Mutual	77	-	-
Bond Variable Annuity	-	1,286	-
Equity Variable Annuity	-	2,232	-

For the Years Ended June 30, 2011 and 2010, respectively (dollars in thousands)

Money Market Variable Annuity	-	254	-
Real Estate Pooled	-	243	-
Guaranteed Insurance	-	-	1,485
	9,247	4,015	1,485
Total	$195,698	$22,828	$ 8,802

The valuation methods as described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in different fair value measurement at the reporting date.

Investments in equity securities:
Investments in equity securities are typically valued at the closing price in the principal active market as of the last business day of the month. Principal active markets for equity prices include published exchanges such as NASDAQ, NYSE, NYMEX and Chicago Board of Trade, as well as pink sheets, which is an electronic quotation system that displays quotes for broker-dealers for many over-the-counter securities. Foreign equity prices are translated from their trading currency using the currency exchange rate in effect at the close of the principal active market. The Medical Center does not adjust prices to reflect for after-hours market activity.

Investments in debt securities:
Many debt investments are valued based on a calculation using interest rate curves and credit spreads applied to the terms of the debt instrument (maturity and coupon interest rate) and consider the counterparty credit rating. Most debt valuations are Level 1 measures. If the market for a particular fixed income security is relatively inactive or illiquid, the measurement is a Level 3 measurement. U.S. Treasury debt is typically a Level 1 measurement.

In February 2007, the FASB issued ASC 825, "The Fair Value Option". ASC 825 permits entities to choose to measure many financial instruments and certain other items at fair value. Entities that elect the fair value option will report unrealized gains and losses in earnings at each subsequent reporting date. The Medical Center elected to measure its marketable securities under the provisions of ASC 825. However, in the future, the Medical Center may elect to measure certain additional financial instruments at fair value in accordance with this standard.

For the Years Ended June 30, 2011 and 2010, respectively (dollars in thousands)

The following is a reconciliation of the rollforward of the fair value measurements using significant unobservable inputs for fiscal 2011:

Balance at July 1, 2010	$ 8,802
Purchases	1,683
Unrealized gains	1,129
Unrealized losses	(1,197)
Balance at June 30, 2011	$10,417
The amount of total gains or losses for the period included in changes in net assets attributable to the change in unrealized gains or losses related to assets still held at June 30, 2011	$(68)

The following is a reconciliation of the rollforward of the fair value measurements using significant unobservable inputs for fiscal 2010:

Balance at July 1, 2009	$ 7,133
Purchases	1,859
Unrealized gains	644
Unrealized losses	(834)
Balance at June 30, 2010	$ 8,802
The amount of total gains or losses for the period included in changes in net assets attributable to the change in unrealized gains or losses related to assets still held at June 30, 2010	$(190)

In January 2010, the FASB issues ASU No. 2010-06 "Fair Value Measurements and Disclosures (ASU No. 2010-06), which amends ASC 820 adding new disclosure requirements for Levels 1 and 2 and separate disclosures of purchases, sales, issuances and settlements relating to Level 3 measurements and clarification of existing fair value disclosures. ASU No. 2010-06 is effective for periods beginning after December 15, 2009, except for the requirement to provide Level 3 activity of purchases, sales, issuances, and settlements on a gross basis, which will be effective for fiscal years beginning after December 15, 2010.

For the Years Ended June 30, 2011 and 2010, respectively (dollars in thousands)

(n) Property and Equipment—Property and equipment are stated at cost. Depreciation is computed on a straight-line basis over the estimated useful lives of the assets, ranging from three to forty years, as follows:

Land Improvements	3-25 years
Buildings and Building Improvements	5-40 years
Equipment	3-30 years

Amortization of assets leased under capital leases is included in depreciation.

The Medical Center evaluates long-lived assets under the provisions of ASC 360 "Property Plant and Equipment". During fiscal 2011 and 2010, the Medical Center did not record any impairment losses.

(o) Costs of Borrowing—Interest incurred on borrowed funds, net of interest earned on restricted bond funds, during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets. Net capitalized interest during fiscal 2011 was approximately $1,000. Net capitalized interest during fiscal 2010 was approximately $15. Total cash paid for interest was approximately $17,127 and $15,706 and in fiscal 2011 and 2010, respectively.

Deferred bond issuance costs and original issue discounts are amortized using the effective interest method over the period the related obligation is outstanding.

(p) Temporarily Restricted Net Assets—Temporarily restricted net assets are those whose use by the Medical Center has been limited by donors to a specific purpose. Temporarily restricted net assets and net assets released from donor restrictions are primarily comprised of net assets restricted to support operations. Substantially all of these net assets are restricted by donors to support research, education and other advances in clinical care and prevention.

Temporarily restricted net assets related to assets held in endowments at supporting organizations on the Medical Center's behalf are either donor restricted to support research at the Medical Center's or deferred gift programs where the restriction is a time restriction tied to the life expectancy of the donor.

(q) Permanently Restricted Net Assets—Permanently restricted net assets are restricted by the donor to be maintained in perpetuity and are recorded in Interest in Net Assets of Supporting Organizations in the accompanying Combined Balance Sheets as they are held by supporting organizations. As of June 30, 2011 and 2010, permanently restricted net assets consisted of the following amounts with expendable investment income restricted by donors to be used for the following purposes:

	2011	2010
Research activities	$722,192	$554,245
Clinical activities	148,729	126,447
	$870,921	$680,692

The assets underlying the Medical Center's permanently restricted net assets have been invested by supporting organizations in marketable securities, including a significant concentration in the common stock of a consumer products company.

(r) Excess of Revenues Over Expenses--The Combined Statements of Operations and Changes in Net Assets include "excess of revenues over expenses." Changes in unrestricted net assets which are excluded from excess of revenues over expenses include receipts from supporting organizations, transfers to supporting organizations, pension and post retirement health liability adjustment, and contributions of long-lived assets (including assets acquired using contributions which by donor restrictions were to be used for the purpose of acquiring such assets).

(s) Use of Estimates--The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

(t) New Accounting Pronouncements--

In August 2010, the FASB issued ASU 2010-24, "Health Care Entities (Topic 954): Presentation of Insurance Claims and Recoveries," which provides clarification to companies in the healthcare industry on the accounting for professional liability insurance. ASU 2010-24 states that insurance liabilities should not be presented net of insurance recoveries and that an insurance receivable should be recognized on the same basis as the liabilities, subject to the need for a valuation allowance for uncollectible accounts. ASU 2010-24 is effective for fiscal years beginning after December 15, 2010. The Medical Center does not expect the adoption of the new guidance to have a material impact on the combined financial statements and related disclosures.

In May 2011, the FASB issued ASU 2011-4, "Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs," related to amendments to certain measurement principles and disclosures regarding fair value measurements. The amendments in this update improve the comparability of fair value measurements presented and disclosed in financial statements prepared in accordance with U.S. Generally Accepted Accounting Principles and International Financial Reporting Standards. For nonpublic entities, the amendments are effective for annual periods beginning after December 15, 2011. The Medical Center does not expect the adoption of the new guidance to have a material impact on the combined financial statements and related disclosures.

In July 2011, the FASB issued ASU 2011-7, "Health Care Entities (Topic 954): Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities." In accordance with ASU 2011-7, the Medical Center will be required to present its provision for doubtful accounts as a deduction from revenue, similar to contractual discounts. Accordingly, the Medical Center's revenue will be required to be reported net of both contractual discounts and its provision for doubtful accounts. Additionally, ASU 2011-7 will require the Medical Center to make certain additional disclosures designed to help users understand how contractual discounts and bad debts affect recorded revenue in both interim and annual financial statements. ASU 2011-7 is required to be applied retrospectively; for nonpublic entities, the amendments are effective for the first annual period ending after December 15, 2012, and interim and annual periods thereafter, with early adoption permitted. The adoption of ASU 2011-7 is not expected to impact the Medical Center's financial position, results of operations or cash flows

For the Years Ended June 30, 2011 and 2010, respectively (dollars in thousands)

although it will impact the presentation of the Combined Statements of Operations and Changes in Net Assets and require additional disclosures.

(2) Losses on the Provision of Uncompensated Care-

In accordance with its mission and purpose, the Medical Center 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. Under certain circumstances, the Medical Center accepts patients from outside the primary service area regardless of their ability to pay. The Medical Center defines indigent patient care as services rendered to patients whose families' annual income or net worth falls below certain minimum standards. As such, losses absorbed by the Medical Center 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.

The following information summarizes uncompensated care provided during the years ended June 30, 2011 and 2010:

2011 CHARGES	Hospital	Physician	Total
Charges under Medicaid and other entitlement programs	$856,494	$227,182	$ 1,083,676
Charity care not eligible for Medicaid assistance, at established charges	29,958	1,046	31,004
Other uncollectible self pay, at established charges	49,532	6,625	56,157
Total Medicaid, charity care and other uncollectible self pay charges	$935,984	$234,853	$1,170,837
COSTS/LOSSES			
Estimated costs to provide uncompensated care	$474,986	$161,343	$636,329
Reimbursement from Medicaid programs	(284,671)	(33,429)	(318,100)
Losses on the provision of uncompensated care	(190,315)	(127,914)	(318,229)
Funds received from HCAP and tax levy	18,065	-	18,065
Losses on provision of uncompensated care net of HCAP and tax levy	$(172,250)	$(127,914)	$(300,164)

For the Years Ended June 30, 2011 and 2010, respectively (dollars in thousands)

2010 CHARGES	Hospital	Physician	Total
Charges under Medicaid and other entitlement programs	$767,968	$202,089	$ 970,057
Charity care not eligible for Medicaid assistance, at established charges	26,225	3,304	29,529
Other uncollectible self pay, at established charges	42,796	8,690	51,486
Total Medicaid, charity care and other uncollectible self pay charges	$836,989	$214,083	$1,051,072
COSTS/LOSSES			
Estimated costs to provide uncompensated care	$411,720	$114,963	$526,683
Reimbursement from Medicaid programs	(287,500)	(29,649)	(317,149)
Losses on the provision of uncompensated care	(124,220)	(85,314)	(209,534)
Funds received from HCAP and tax levy	16,348	-	16,348
Losses on provision of uncompensated care net of HCAP and tax levy	$(107,872)	$(85,314)	$(193,186)

The cost amounts reflected in the tables above are calculated using cost to charge ratios calculated from the 2010 and 2009, cost reports, respectively, as the 2011 cost report is not yet available. Management does not believe that the difference in the cost report year would have a material impact on the amounts calculated.

(3) Tax Levy Funds-

Under an agreement with Hamilton County, Ohio (the County), the Medical Center receives tax-supported funding from the County to reimburse the Medical Center for the provision of charity care to the County's indigent residents. During fiscal 2011 and 2010, the Medical Center recognized $6,000, respectively, of tax levy reimbursement in the accompanying Combined Statements of Operations and Changes in Net Assets.

The current tax levy agreement covers the period of the approved five year tax levy renewal, January 1, 2007 through December 31, 2011, which is subject to renewal by the voters of Hamilton County, Ohio. In each of the years 2007-2011, the County is scheduled to distribute $6,000 to the Medical Center, subject to appropriation by the Board of County Commissioners. The amount distributed by the County from the Tax Levy proceeds to the Medical Center during each year of the Term hereof is subject to an annual appropriation at the discretion of the Board of County Commissioners. On an annual basis, the Medical Center shall render hospital inpatient and outpatient health and hospitalization services to medically indigent Hamilton County residents who are "Eligible Individuals" that have a total cost of at least the amount of the annual payments distributed to the Hospital under this Agreement for that year.

The vote on the next tax levy five year renewal will be held in November 2011. The Hamilton County Commissioners are recommending that the Medical Center portion of the tax levy, if passed by voters, will approximately $5,200 annually.

For the Years Ended June 30, 2011 and 2010, respectively (dollars in thousands)

(4) Funds in Trust-

Cincinnati Children's has certain funds, which are invested and held in trust for various specified purposes. The amounts of such funds, at carrying value, and the specified purposes for which such funds may be used, are set forth below:

	June 30,	
	2011	2010
Self-insurance funds-		
Professional liability	$ 162	$ 973
Employee health and workers' compensation	436	468
Bond principal and interest escrow funds	4,008	3,991
Tomorrow Fund	14	97
Escrow Fund	-	40
	$4,620	$5,569

(a) Self-Insurance Funds--Cincinnati Children's has established an irrevocable trust fund for the payment of professional liability claim settlements. See Note 6 for further discussion of professional liability self-insurance.

Cincinnati Children's has also established a trust fund for the payment of claims related to certain self-insured employee health care programs.

(5) Property and Equipment-

Property and equipment consists of the following:

	June 30,	
	2011	2010
Land	$ 31,525	$ 30,473
Land improvements	17,302	16,528
Buildings and building improvements	989,868	923,495
Equipment	538,178	573,273
Construction in progress	6,032	24,096
	1,582,905	1,567,865
Accumulated depreciation	(731,204)	(721,736)
Property and equipment, net	$ 851,701	$ 846,129

(6) Professional Liability-

The Medical Center is self-insured for losses from professional and patient general liability.

The following details the amounts the Medical Center has purchased for excess coverage and the limits by period:

For the Years Ended June 30, 2011 and 2010, respectively (dollars in thousands)

For claims made subsequent to:	
June 1, 2008	$10,000 ($25,000 in aggregate)
October 1, 2004	$10,000 ($20,000 in aggregate)
October 1, 2002	$4,000 ($14,000 in aggregate)
October 1, 2001	$3,000
October 1, 1991	$2,000

Coverage under this insurance policy was limited to $35,000 per occurrence and in the aggregate for each of the policy years ended September 30, 1997. This coverage was increased to $50,000 for the policy years through September 30, 1998 and after. This coverage was increased to $60,000 for the policy years ending May 31, 2008 and after. The Medical Center has also purchased excess liability coverage on a claims made basis in order to increase the annual aggregate coverage to an amount not to exceed $75,000, when combined with the occurrence basis policy discussed above. Effective October 1, 2000, the Medical Center purchased coverage from River City for claims against employed physicians, which is subject to the same limits discussed above.

The actuarial present value of expected professional and patient general liability self-insurance costs (including incurred, but not reported claims) of $21,675 and $15,231 for 2011 and 2010, respectively, has been accrued in the accompanying Combined Balance Sheets. Accrued professional and general liability losses have been discounted at a rate of approximately 4% at June 30, 2011 and 2010, respectively. The costs of professional and patient general liability self-insurance, including premiums paid for stop-loss coverage, legal fees, settlements, judgments, and other administrative costs are included in Supplies, Drugs and Other in the accompanying Combined Statements of Operations and Changes in Net Assets. On an ongoing basis, management reviews the status of potential claims and incidents, as well as legal proceedings, and, based upon consultation with a professional actuary, adjusts the accrued losses and self-insurance funding levels to reflect its best estimate of the present value of expected professional and patient general liability self-insurance costs. Professional and patient general liability expense amounted to $17,686 and $11,748 for fiscal 2011 and 2010, respectively.

The Medical Center is the subject of or a party to various litigation, including professional and patient general liability, which involves routine matters incident to the course of business. Management does not believe any current proceedings will have a material adverse effect on its combined financial position or results of operations.

(7) Capital Lease Obligations-

The Medical Center leases certain equipment under capital leases. During fiscal 2011, Cincinnati Children's entered into certain lease agreements for equipment with an asset value of approximately $4,898. During fiscal 2010, Cincinnati Children's entered into certain lease agreements for equipment with an asset value of approximately $1,389. The aggregate future minimum lease payments total $4,993, with $1,342 due in fiscal 2012.

For the Years Ended June 30, 2011 and 2010, respectively (dollars in thousands)

(8) Bonds Payable and Notes Payable-

Bonds payable and notes payable for the years ended June 30, 2011 and 2010 consist of the following:

	2011	2010
Bonds payable and notes payable:		
Series 1993, 5.0% due through 2013, net of unamortized discount of $29 in 2011 and $56 in 2010	$ 3,671	$ 5,364
Series 1997, variable interest (0.09% at June 30, 2011), due through 2017	32,485	33,760
Series 1998, 4.75% to 5.375% due through 2028, net of unamortized discount of $2,984 in 2011 and $3,123 in 2010	110,541	114,572
Series 2000, variable interest (0.09% at June 30, 2011), due through 2028	49,080	49,550
Series 2002, variable interest (0.09% at June 30, 2011), due Through 2028	22,625	23,570
Series 2004, 4.00% to 5.50% due through 2034, net of unamortized discount of $62 in 2011 and $2 in 2010	85,448	87,488
Series 2006K, 4.25% to 5.00%, due through 2032, net of unamortized premium of $422 in 2011 and $432 in 2010	63,497	63,507
Series 2007M, variable interest (0.07% due at June 30, 2011), due through 2037	30,615	30,615
Series 2007N, variable interest refinanced November 2010	-	30,615
Series 2008, variable interest (0.25% due at June 30, 2011), due through 2036	19,047	19,045
Series 2009, 4.20% due through 2019	24,000	27,000
Series 2010, 2.27% due through 2020	27,000	-
Note Payable on Vernon Manor Property, interest at 4.90%	28,200	-
IBM Credit LLC, 6.17% interest, paid in full November 2010	-	722
Total bonds payable and notes payable	496,209	485,808
Less- current portion	(18,090)	(14,282)
Bonds payable and notes payable - long-term	$478,119	$471,526

(a) Bonds Payable—The Medical Center has pledged their gross revenues, as defined, to secure the payment of Series 1993, 1997, 1998, 2000, 2002, 2004, 2006, 2007, 2008, 2009 and 2010 bonds. The Medical Center is bound by certain financial covenants included in the bond indentures, letters of credit (fully securing the 1997, 2000, 2002, 2007 and 2008 issuances) and related agreements. Among other restrictions is a requirement to maintain a minimum Debt Service Coverage Ratio, as defined. The Medical Center is in compliance with its debt covenants as of June 30, 2011 and 2010.

Payment of the principal of, and the interest on, the Series 1993, 1998, 2004 and 2006 bonds is insured by a policy of municipal bond insurance The 1997, 2000, 2002, 2007 and 2008 bonds may be tendered to a remarketing agent by bondholders on business days for full payment of principal and accrued interest. The Medical Center has entered into standby letters of credit that commits major banks to make funds available to purchase the bonds that are not remarketed. The Medical Center is required to maintain these or similar agreements until the bonds have been paid or converted to fixed rate obligations.

For the Years Ended June 30, 2011 and 2010, respectively (dollars in thousands)

The interest rates on the 1997, 2000, 2002, 2007 and 2008 variable rate bonds are reset weekly by a rate-setting agent.

(b) Future Debt Maturities –
The following is a schedule of future debt maturities:

2012	$ 18,090
2013	18,563
2014	19,152
2015	19,735
2016	20,314
Thereafter	403,006
	$498,860

(c) Line of Credit – In August 2008, Cincinnati Children's secured a $40,000 line of credit. The line of credit expires in February 2012 and bears interest at the monthly LIBOR rate plus 100 basis points. There were no draws on the line of credit during fiscal 2011 or 2010.

(d) Note Payable on Vernon Manor Property – Cincinnati Children's entered into an agreement with a Developer to renovate and occupy the Vernon Manor property to be used primarily for administrative office space. The property is located near the main campus. Additionally, a parking garage was constructed on adjacent property in order to provide parking for the occupants of the building. As part of the agreement, Cincinnati Children's agreed to make fixed monthly payments over the seventeen year term of the agreement. The present value of such fixed payments at June 30, 2011 is $28,200 using Cincinnati Children's estimated tax-exempt interest rate at the time of the agreement of 4.90%. The agreement also calls for variable payments monthly to cover operating expenses for the office building and the parking garage. Cincinnati Children's took occupancy of the facility on June 27, 2011. Additionally, the agreement has a provision that Cincinnati Children's can purchase the facility at the end of the seven years for the then fair market value. As part of the transaction, Children's recorded non-cash transactions for the acquisition of the property of $30,000 and assumption of notes payable and deferred costs of $30,000.

(e) Subsequent Event – Subsequent to year-end, Cincinnati Children's refinanced $62,135 of the outstanding 1998G bonds with tax-exempt direct bank placement obligations. The obligations bear interest at a fixed rate of interest of 2.207%. The obligations mature in fiscal 2019.

(9) Employee Benefit Plans-

The Medical Center maintains non-contributory retirement plans covering substantially all employees. Among these plans is a defined benefit plan where benefits are based on a formula which reflects years of service and salary levels. The Medical Center's funding policy for its defined benefit plan meets the funding standards established by the Employee Retirement Income Security Act of 1974 (ERISA).

The Medical Center's investment strategy with respect to pension assets is designed to achieve a moderate level of overall portfolio risk in keeping with our desired risk objective, which is established through careful consideration of plan liabilities, plan funded status and corporate financial condition The portfolio's target asset allocation is 60 percent equities, 35 percent fixed income and 5 percent Real Estate Investment Trusts with specified allowable ranges around these targets, plus or minus 10 percent based on

For the Years Ended June 30, 2011 and 2010, respectively (dollars in thousands)

the manager's discretion. Within the equity market, the investments are broadly diversified among various industry sectors in the domestic market. Within the debt segment, the investments are diversified between U.S. government bonds, Government Agency bonds and Corporate bonds. Investment risk is measured and monitored on an ongoing basis through regular reports from the investment managers.

The Medical Center's defined benefit plan investment allocation at the actuarial measurement date of June 30, 2011 and 2010 by asset category is as follows:

	2011	2010
Equity common collective trust funds	49.1%	45.1%
Bond mutual funds and common collective trust funds	34%	39.8%
International equity common collective trust fund	12.2%	10.5%
Real estate common collective trust fund	4.5%	4.3%
Cash and cash equivalents	0.2%	0.3%

At June 30, 2011 the fair value and its placement in the fair value hierarchy of the underlying assets of the Plan that are required to be measured at fair value are as follows:

	Level 1	Level 2	Level 3
Money Market mutual funds	$ 688	$ -	$ -
Bond mutual funds	74,155	-	-
Bond common collective trust funds	-	88,091	-
Equity common collective trust funds	-	234,274	-
International equity common collective trust fund	-	58,283	-
Real estate common collective trust fund	-	21,512	-
	$74,843	$402,160	$ -

At June 30, 2010 the fair value and its placement in the fair value hierarchy of the underlying assets of the Plan that are required to be measured at fair value are as follows:

	Level 1	Level 2	Level 3
Money Market mutual funds	$ 1,022	$ -	$ -
Bond mutual funds	54,208	-	-
Bond common collective trust funds	-	77,849	-
Equity common collective trust funds	-	149,814	-
International equity common collective trust fund	-	34,812	-
Real estate common collective trust fund	-	14,316	-
	$55,230	$276,791	$ -

For the Years Ended June 30, 2011 and 2010, respectively (dollars in thousands)

The following table reflects the weighted average assumptions utilized to determine benefit obligations were:

	2011	2010
Discount rate used to determine actuarial present value of the projected benefit obligation	5.76%	5.51%
Assumed rate of increase in compensation levels	4.00%	4.00%

The following table sets forth the funded status of the plan and amounts recognized in the accompanying Combined Balance Sheets as of June 30, 2011 and 2010, utilizing actuarial measurement dates as of June 30, 2011 and 2010.

	2011	2010
Change in projected benefit obligation:		
Projected benefit obligation at beginning of year	$607,864	$471,598
Service cost	32,068	24,448
Interest cost	33,205	29,078
Other actuarial losses	12,201	88,192
Benefits paid	(6,575)	(5,452)
Projected benefit obligation at end of year	678,763	607,864
Change in plan assets:		
Fair value of plan assets at beginning of year	332,022	232,096
Actual return on plan assets	82,156	40,548
Employer contributions	69,400	64,830
Benefits paid	(6,575)	(5,452)
Fair value of plan assets at end of year	477,003	332,022
Funded status	(201,760)	(275,842)
Net accrued pension liability in Combined Balance Sheets	$(201,760)	$(275,842)

Amounts included in Unrestricted Net Assets but not yet recognized in pension cost consist of:

	2011	2010
Net actuarial loss	$273,777	$340,248
Net prior service cost	580	1,123
	$274,357	$341,371

The estimated actuarial loss and prior service cost that will be amortized from Unrestricted Net Assets into net pension cost in fiscal 2012 are $18,474 and $543, respectively.

For the Years Ended June 30, 2011 and 2010, respectively (dollars in thousands)

The table below reflects the following weighted average assumptions utilized to determine benefit costs were:

	2011	2010
Discount rate used to determine actuarial present value of the projected benefit obligation	5.51%	6.22%
Assumed rate of increase in compensation levels	4.00%	4.00%
Expected long-term rate of return on plan assets	8.00%	8.00%

The Medical Center's expected long-term rate of return on plan assets is based on the expected average returns based on the portfolio mix of plan assets and is reassessed on an annual basis.

Net periodic pension cost for 2011 and 2010 related to the defined benefit plan consisted of the following components:

	2011	2010
Service cost	$32,068	$24,449
Interest cost	33,205	29,078
Return on plan assets	(30,607)	(26,147)
Amortization of prior service cost	543	543
Recognized net actuarial loss	27,122	18,076
Net periodic pension cost	$62,331	$45,999

Based on preliminary estimates, we expect fiscal 2012 contributions of approximately $72,900 for the qualified defined benefit plan.

The accumulated benefit obligation for the pension plan was $566,222 and $518,445 at June 30, 2011 and 2010, respectively.

The Medical Center's estimated benefit payments in each of the next five fiscal years and in aggregate for the five fiscal years thereafter are as follows:

2012	$12,983
2013	16,081
2014	19,023
2015	22,228
2016	25,908
2017-2021	196,982

All other retirement plans maintained by the Medical Center are defined contribution plans. The Medical Center's contributions to these plans are generally based on ten percent of salaries up to established ERISA limits. Total expense related to these other plans was approximately $16,749 and $15,814 in fiscal 2011 and 2010, respectively. The Medical Center maintains a matching contribution related to non-faculty, non-senior management employees in which the Medical Center will contribute one dollar for every dollar an employee contributes to a 403(b) plan up to 1% of an employees salary subject to certain restrictions, including a three year vesting schedule and employee contributions made each pay period. The total amount expensed in fiscal 2011 and 2010 related to this plan was approximately $3,225 and $2,722, respectively.

For the Years Ended June 30, 2011 and 2010, respectively (dollars in thousands)

The Medical Center has a nonqualified deferred compensation plan, which permits eligible officers, directors and key employees to defer a portion of their compensation. The deferred compensation amounts are in participant directed investments and are considered trading securities. The participants have the option of deferring the amounts for no less than two years, but no greater than retirement age. If a participant chooses to defer amounts to less than retirement age they have one option to extend the deferral term or to be paid out the fair value of the assets, net of taxes upon expiration. The amounts are at a substantial risk of forfeiture and will revert back to the Medical Center if the employee violates his non-compete agreement. The fair value of the assets and liability to participants included in the accompanying balance sheets were $9,384 and $8,081 at June 30, 2011 and 2010, respectively. The amount of deferred compensation expense recognized in fiscal 2011 and 2010 was $12 and $1,102, respectively. Additionally, the Medical Center provides for individual nonqualified deferred compensation benefits for retention of key employees with varying terms. The fair value of the assets and liability to participants related to these individual agreements in the accompanying combined balance sheets were $4,738 and $6,666, respectively at June 30, 2011 and 2010.

In addition to providing pension benefits, the Medical Center makes available medical and dental benefits for certain eligible employees upon retirement from the Medical Center at cost. Substantially all employees may become eligible for such benefits upon retiring from active employment of the Medical Center. Former employees who retired prior to March 1, 1997 are entitled to subsidized medical and dental benefits.

The postretirement benefit obligations as of June 30, 2011 and 2010 were as follows:

	2011	2010
Change in benefit obligation:		
Benefit obligation at beginning of year	$8,421	$8,262
Interest cost	373	471
Plan participants contributions	631	512
Medicare Part D subsidy	135	106
Actuarial (gains) losses	(202)	177
Benefits paid	(1,450)	(1,107)
Benefit obligation at end of year (included in self- insurance reserves)	$7,908	$8,421

Amounts included in Unrestricted Net Assets but not yet recognized in postretirement cost consist of:

	2011	2010
Net actuarial loss	$3,399	$ 3,949
Net prior service cost	(1,168)	(1,453)
	$2,231	$2,496

The estimated actuarial loss and prior service cost that will be amortized from Unrestricted Net Assets into net postretirement cost in fiscal 2012 are $305 and $(285), respectively.

For the Years Ended June 30, 2011 and 2010, respectively (dollars in thousands)

The above table reflects the following weighted average assumptions to determine postretirement obligations:

	2011	2010
Discount rate	4.49%	4.63%
Health care cost trend rate declining gradually to 5% through 2019 and beyond, respectively	8.50%	9%

Net periodic cost for 2011 and 2010 related to the medical and dental postretirement benefits consisted of the following components:

	2011	2010
Interest cost	$373	$471
Amortization of unrecognized net gain and prior service credit	64	68
	$437	$539

For fiscal 2011 and fiscal 2010, the discount rate used to determine the net periodic postretirement costs was 4.63% and 5.97%, respectively.

Assumed healthcare cost trend rates have a significant effect on the amounts reported for healthcare plans. A one-percentage-point change in assumed healthcare cost trend rates would have the following effects:

	1-Percentage-Point Increase	1-Percentage-Point Decrease
Effect on total of service and interest cost components	$ 28	$ (25)
Effect on accumulated postretirement benefit obligation	540	(488)

The Medical Center expects to make the future benefit payments, which reflect expected future service, as appropriate. The Medical Center expects to receive future subsidies under Medicare Part D. The following benefit payments and subsidies are expected to be paid (or received) over each of the next five years and thereafter.

	Payments	Subsidies
2012	$ 718	$116
2013	733	118
2014	741	119
2015	742	118
2016	734	116
2017-2021	3,297	517

For the Years Ended June 30, 2011 and 2010, respectively (dollars in thousands)

(10) Commitments and Contingencies-

(a) Laws and Regulations--The healthcare industry is subject to numerous laws and regulations of federal, state and local governments. These laws and regulations include, but are not necessarily limited to, matters such as license, accreditation, privacy, government healthcare program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse. Management believes that the Medical Center is in compliance with all fraud and abuse as well as other applicable government laws and regulations. While no regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time.

(b) Capital Commitments--The Medical Center has entered into agreements with general contractors for several renovation projects and information system technology projects. The Medical Center has committed to spend an additional approximately $4,823 in connection with current active projects as of June 30, 2011. The projects are expected to be completed in fiscal 2012.

(c) Funding Commitment – During fiscal 2005, the Board of Trustees of Cincinnati Children's approved a revocable commitment for up to $15,000 non-recourse loan over seven years to Uptown Consortium Inc. These funds are to be used to invest in commercial and residential projects in the uptown area. As of June 30, 2011, Cincinnati Children's has provided $12,867 of funding in relation to this commitment.

As part of fee assignment agreements with physician employees, the Medical Center has agreed to fund expenditures of $199,125 and $179,605 as of June 30, 2011 and June 30, 2010, respectively, in those physicians' respective departments at the Medical Center as requested by those departments.

(d) Investment Commitment – Cincinnati Children's has made commitments to invest $12,000 in two limited partnerships that focus on investing in venture capital funds or provide venture capital for companies in the high-growth sectors of the economy, including life sciences, information technology and advanced manufacturing. As of June 30, 2011, Cincinnati Children's had funded $8,504 of this commitment.

(e) Operating Leases – Cincinnati Children's leases certain property for varying periods. Future minimum rental commitments under non-cancellable operating leases are as follows:

FY 2012	$3,730
FY 2013	2,406
FY 2014	1,488
FY 2015	539
FY 2016	495
Thereafter	1,439

For the Years Ended June 30, 2011 and 2010, respectively (dollars in thousands)

(11) Functional Expenses-

The functional expenses of the Medical Center are as follows:

	2011	2010
Patient services	$1,060,880	$1,050,126
Research and education	369,698	296,228
Support services	208,187	193,084
	$1,638,765	$1,539,438

(12) Fair Value of Financial Instruments-

The following methods and assumptions were used by the Medical Center in estimating its fair value disclosures for financial instruments:

Cash and Cash Equivalents–The carrying amounts reported in the Combined Balance Sheets approximate fair value.

Accounts Receivable and Accounts Payable and Accrued Expenses – The carrying amounts reported in the Combined Balance Sheets approximate fair value because of the relative short maturity of these items.

Marketable Securities and Assets Limited As To Use–The carrying amounts reported in the Combined Balance Sheets approximate fair value. Fair value is determined by the trustee holding the assets based on published market prices.

Bonds Payable and Notes Payable–The fair values of the Medical Center's bonds payable and notes payable are estimated by the bond trustee based on current rates for debt with similar remaining maturities. The fair value of the bonds payable at June 30, 2011 and 2010 was $485,357 and $471,390, respectively.

(13) Subsequent Events

Management reviewed subsequent events through October 25, 2011, the date the financial statements were issued, noting no changes were required to the financial statements or footnotes, except in relation to footnotes 1(a) and 8(e) contained herein.