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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final 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) | Room/suite
3333 Burnet Avenue

City or town, state or province, country, and ZIP or foreign postal code
Cincinnati, OH 452293039

D Employer identification number
31-0833936

E Telephone number
(513)803-1106

G Gross receipts $ 3,568,533,758

F Name and address of principal officer
Michael A Fisher
3333 Burnet Avenue
Cincinnati, OH 452293039

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

H(b) Are all subordinates 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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	29
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	25
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	16,766
6	Total number of volunteers (estimate if necessary)	**6**	775
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	39,151,209
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	4,997,694

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	219,214,533	261,291,939
9	Program service revenue (Part VIII, line 2g)	1,721,234,353	1,884,757,269
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,725,435	15,530,308
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	163,322,033	65,999,641
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,116,496,354	2,227,579,157
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,501,939	2,027,513
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)	1,242,767,804	1,288,067,501
16a	Professional fundraising fees (Part IX, column (A), line 11e)	138,444	96,125
b	Total fundraising expenses (Part IX, column (D), line 25) ▶6,008,818		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	729,425,274	749,773,232
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,975,833,461	2,039,964,371
19	Revenue less expenses Subtract line 18 from line 12	140,662,893	187,614,786

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	3,415,522,609	3,905,798,748
21	Total liabilities (Part X, line 26)	1,006,446,609	1,386,448,748
22	Net assets or fund balances Subtract line 21 from line 20	2,409,076,000	2,519,350,000

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 — 2016-05-11 Date

▶ SCOTT J HAMLIN Senior VP & CFO
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			P00529407

Firm's name ▶ Deloitte Tax LLP — Firm's EIN ▶ 86-1065772

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 or note to any line 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 provide 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 1,802,388,371 including grants of $ 2,027,513) (Revenue $ 1,912,641,269)

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 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** ▶ 1,802,388,371

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 instructions)?	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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 for escrow or custodial account liability, 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 temporarily restricted endowments, permanent endowments, 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, line 10? *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 and XII*	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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16	Yes	
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 hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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, line 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 through 24d and complete Schedule K. If "No," go to line 25a*	**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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, 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*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	889		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	16,766		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
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" to line 3b, 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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 as charitable contributions? . . .	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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring 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 or note to any line 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**	29		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	25		
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**			No
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	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**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	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete 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	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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

▶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 or note to any line 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 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								13,129,402	0	1,351,918

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1,808

			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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
Messer Construction 5158 Fishwick Drive Cincinnati, OH 45216	Construction Services	112,442,580
Messer Linbeck 5158 Fishwick Drive Cincinnati, OH 45216	Construction Services	31,779,132
Triversity Group LLC 5158 Fishwick Drive Cincinnati, OH 45216	Construction Services	27,410,704
Aramark Corporation 4890 Duff Drive B Cincinnati, OH 45246	Housekeeping Services	11,986,043
Turner Construction 250 West Court Street Suite 300 Cincinnati, OH 45202	Construction Services	11,924,993

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 171

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	1,731,003			
	d	Related organizations	1d	72,647,714			
	e	Government grants (contributions)	1e	165,093,863			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	21,819,359			
	g	Noncash contributions included in lines 1a-1f $		1,322,262			
	h	**Total.** Add lines 1a-1f			261,291,939		
Program Service Revenue			Business Code				
	2a	Net Inpatient Rev	621990		881,861,453	881,861,453	
	b	Net Outpatient Rev	621990		665,269,889	625,067,568	40,202,321
	c	Physician Services	621990		295,871,000	295,871,000	
	d	Capitation Revenue	621990		41,754,927	41,754,927	
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f			1,884,757,269		
	3	Investment income (including dividends, interest, and other similar amounts)			14,236,611		-1,174,055	15,410,666
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
			(i) Real	(ii) Personal				
	6a	Gross rents	1,906,624					
	b	Less rental expenses	1,799,144					
	c	Rental income or (loss)	107,480					
	d	Net rental income or (loss)			107,480		122,943	-15,463
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	1,339,517,000					
	b	Less cost or other basis and sales expenses	1,338,223,303					
	c	Gain or (loss)	1,293,697					
	d	Net gain or (loss)			1,293,697			1,293,697
Other Revenue	8a	Gross income from fundraising events (not including $ 1,731,003 of contributions reported on line 1c) See Part IV, line 18	a	372,930				
	b	Less direct expenses	b	932,154				
	c	Net income or (loss) from fundraising events			-559,224			-559,224
	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	Industry Grants		611710	18,674,590	18,674,590		
	b	GME Funding		611710	9,209,410	9,209,410		
	c	Cafeteria Receipts		722210	8,715,400			8,715,400
	d	All other revenue			29,851,985			29,851,985
	e	**Total.** Add lines 11a–11d			66,451,385			
	12	**Total revenue.** See Instructions			2,227,579,157	1,872,438,948	39,151,209	54,697,061

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)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

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 domestic organizations and domestic governments See Part IV, line 21	570,591	570,591		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	1,456,922	1,456,922		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,680,179		7,680,179	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	167,964	43,220	124,744	
7 Other salaries and wages	1,023,694,186	891,383,018	128,483,617	3,827,551
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	46,866,168	41,289,094	5,577,074	
9 Other employee benefits	142,975,653	125,961,550	17,014,103	
10 Payroll taxes	66,683,351	58,748,031	7,935,320	
11 Fees for services (non-employees)				
a Management				
b Legal	805,567		805,567	
c Accounting	870,042		870,042	
d Lobbying	424,739	424,739		
e Professional fundraising services See Part IV, line 17	96,125			96,125
f Investment management fees	1,052,463		1,052,463	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	1,685,124	1,245,869	200,530	238,725
13 Office expenses	52,210,429	45,997,388	5,964,409	248,632
14 Information technology	6,774,104	5,967,986	806,118	
15 Royalties				
16 Occupancy	8,005,015	7,052,418	952,597	
17 Travel	12,884,482	11,351,229	1,394,716	138,537
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	19,425,110	17,113,522	2,311,588	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	110,269,968	97,147,842	13,122,126	
23 Insurance	6,509,719	5,735,300	774,419	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Purchased Services	190,154,482	167,526,099	21,987,349	641,034
b Medical Supplies	114,401,858	114,401,858		
c Drugs	87,344,489	87,344,489		
d Utilities	18,987,824	16,748,273	2,239,551	
e All other expenses	117,967,817	104,878,933	12,270,670	818,214
25 **Total functional expenses.** Add lines 1 through 24e	2,039,964,371	1,802,388,371	231,567,182	6,008,818
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		156,830,374	2	125,267,171
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		440,308,073	4	491,619,070
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other 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) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		21,447,088	8	23,806,000
	9	Prepaid expenses and deferred charges		11,488,998	9	15,329,535
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,118,400,722			
	b	Less accumulated depreciation	10b 935,662,810	998,396,550	10c	1,182,737,912
	11	Investments—publicly traded securities		389,138,515	11	670,344,725
	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		1,397,913,011	15	1,396,694,335
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		3,415,522,609	16	3,905,798,748
Liabilities	17	Accounts payable and accrued expenses		332,276,054	17	382,664,000
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		398,190,000	20	353,410,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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		67,300,442	23	359,999,000
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		208,680,113	25	290,375,748
	26	**Total liabilities.** Add lines 17 through 25		1,006,446,609	26	1,386,448,748
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		975,039,000	27	1,060,125,000
	28	Temporarily restricted net assets		153,309,000	28	158,141,000
	29	Permanently restricted net assets		1,280,728,000	29	1,301,084,000
		Organizations that do not follow SFAS 117 (ASC 958), 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		2,409,076,000	33	2,519,350,000
	34	Total liabilities and net assets/fund balances		3,415,522,609	34	3,905,798,748

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,227,579,157
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,039,964,371
3	Revenue less expenses Subtract line 2 from line 1	3	187,614,786
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,409,076,000
5	Net unrealized gains (losses) on investments	5	-6,399,308
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-70,941,478
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,519,350,000

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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	

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) Sharry Addison Trustee	1 00 1 00	X						0	0	0
(1) Robert DH Anning Trustee	4 00 1 00	X						0	0	0
(2) Carol Armstrong Trustee	1 00 0 00	X						0	0	0
(3) Lynwood Battle Trustee	1 00 1 00	X						0	0	0
(4) Maureen Bisognano Trustee	1 00 0 00	X						0	0	0
(5) Michael S Cambron Trustee	1 00 1 00	X						0	0	0
(6) Willie F Carden Jr Trustee (Through 10/14)	1 00 0 00	X						0	0	0
(7) Lee A Carter Trustee	4 00 1 00	X						0	0	0
(8) Thomas G Cody Chairman	4 00 1 00	X		X				0	0	0
(9) Dave Dougherty Trustee	1 00 1 00	X						0	0	0
(10) Nancy Krieger Eddy PHD Trustee	4 00 1 00	X						0	0	0
(11) Vallie Geier Trustee	1 00 0 00	X						0	0	0
(12) Kay Geiger Trustee	1 00 1 00	X						0	0	0
(13) Louis D George Trustee	1 00 0 00	X						0	0	0
(14) Beth Guttman Trustee	1 00 0 00	X						0	0	0
(15) Deb Henretta Trustee	1 00 0 00	X						0	0	0
(16) Michael Hirschfeld Esq Trustee	4 00 1 00	X						0	0	0
(17) Gary Huffman Trustee	1 00 1 00	X						0	0	0
(18) Mark Jahnke Trustee	1 00 1 00	X						0	0	0
(19) Joyce J Keeshin Trustee	4 00 1 00	X						0	0	0
(20) M Denise Kuprionis Trustee	4 00 1 00	X						0	0	0
(21) Peggy Mathile Trustee (Through 07/14)	1 00 0 00	X						0	0	0
(22) Jane Portman Trustee	4 00 1 00	X						0	0	0
(23) Liza Smitherman Trustee	1 00 1 00	X						0	0	0
(24) John Steinman Trustee	1 00 1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(26) Pamela Terp Trustee	1 00 0 00	X						0	0	0
(1) Felicia Williams Trustee	4 00 1 00	X						0	0	0
(2) Craig Young Trustee	1 00 1 00	X						0	0	0
(3) Richard Azizkhan Surgeon-in-Chief	50 00 0 00	X						1,570,952	0	198,912
(4) Margaret Hostetter Chair, Pediatrics	50 00 0 00	X						477,057	0	81,600
(5) Michael Fisher President & CEO	50 00 0 00	X		X				1,041,567	0	214,263
(6) Vicki Davies Treasurer	49 00 1 00			X				251,454	0	15,463
(7) Beth Stautberg Secretary, Sr VP & Counsel	50 00 0 00			X				716,109	0	106,521
(8) Mark Mumford Chief Financial Officer	50 00 0 00				X			737,068	0	135,096
(9) Scott Hamlin Executive VP & COO	49 00 1 00				X			1,201,344	0	166,069
(10) Dean Kurth Anesthesiologist-in-Chief	50 00 0 00					X		1,069,393	0	153,202
(11) Charles Mehlman Professor - Orthopaedic	50 00 0 00					X		912,374	0	26,256
(12) Eric Wall Professor - Orthopaedic	50 00 0 00					X		988,433	0	53,707
(13) Fred Ryckman Sr VP, Medical Operations	50 00 0 00					X		1,532,217	0	151,129
(14) David Morales Prof/Div Dir, Cardiology	50 00 0 00					X		1,395,375	0	49,700
(15) Lane Donnelly Former Highest Comp	1 00 0 00						X	1,236,059	0	0

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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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g 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 listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** 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—2013.** If the organization did not check a 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—2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

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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.
▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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 function 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

	For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(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		146,339
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		278,400
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			424,739
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible 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

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Part II-B, Line 1	While Cincinnati Children's Hospital Medical Center ("CCHMC") does not spend a substantial amount of resources or time participating in lobbying activities, CCHMC does pay membership dues to professional organizations who, among their many responsibilities, do perform certain lobbying activities on behalf of their member organizations CCHMC has written these organizations to determine the portion of their operating budgets which are dedicated to such lobbying activities Using their responses, CCHMC has determined the portion of CCHMC's membership dues which are applicable to their lobbying activities Below is a complete listing of these professional organizations 1 American Hospital Association - $13,865 2 Cincinnati Business Committee - $2,250 3 Cincinnati Regional Business Committee - $3,000 4 Cincinnati USA Regional Chamber - $679 5 National Assoc of Children's Hospitals - $56,713 6 Association of Ohio Children's Hospitals - $60,000 7 Ohio Hospital Association - $4,832 8 Ohio Business Roundtable - $5,000 CCHMC 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 2015, CCHMC's government relations office incurred $278,400 in expenses related to various lobbying activities Certain members of CCHMC'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 CCHMC consistent with its travel and business expense reimbursement guidelines Furthermore, the value of their time spent performing lobbying activities is not quantifiable In addition, CCHMC 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

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 value of contributions to (during year)		
3	Aggregate value of 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 can 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue 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 (ASC 958) relating to these items

a Revenue 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 acquisition, 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 XIII

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 XIII 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, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	1,434,037,000	1,255,391,000	1,078,820,528	1,006,863,528	807,426,168
b	Contributions	256,160,000	246,654,000	242,324,000	242,540,000	245,776,360
c	Net investment earnings, gains, and losses	21,051,000	187,039,000	174,323,000	51,572,000	192,475,000
d	Grants or scholarships	165,142,000	163,071,000	157,692,746	149,858,000	153,914,000
e	Other expenditures for facilities and programs	86,881,000	91,976,000	82,383,782	72,297,000	84,900,000
f	Administrative expenses					
g	End of year balance	1,459,225,000	1,434,037,000	1,255,391,000	1,078,820,528	1,006,863,528

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 89 200 %
- c Temporarily restricted endowment ▶ 10 800 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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)	Yes	
(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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		37,763,000		37,763,000
b Buildings		1,353,956,251	541,351,381	812,604,870
c Leasehold improvements				
d Equipment		578,892,691	385,325,757	193,566,934
e Other		147,788,780	8,985,672	138,803,108
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,182,737,912

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. 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) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d 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	66,999,049
(3) Interest in Net Assets of Supporting Organizations	1,319,739,215
(4) Assets Limited to Use - Funds in Trust	9,836,071
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	1,396,694,335

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
Minimum Pension Liability Accrual	229,251,524
Self Insurance Reserves	42,337,878
Other Long-Term Liabilities	14,500,522
Capital Lease Obligations	4,285,824
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	290,375,748

2. Liability for uncertain tax positions In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	2,462,630,269
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-6,399,308		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	256,122,420		
e	Add lines **2a** through **2d**			2e	249,723,112
3	Subtract line **2e** from line **1**			3	2,212,907,157
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 XIII)	4b	14,672,000		
c	Add lines **4a** and **4b**			4c	14,672,000
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	2,227,579,157

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	2,248,868,854
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 XIII)	2d	255,797,483		
e	Add lines **2a** through **2d**			2e	255,797,483
3	Subtract line **2e** from line **1**			3	1,993,071,371
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 XIII)	4b	46,893,000		
c	Add lines **4a** and **4b**			4c	46,893,000
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	2,039,964,371

Part XIII Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
Part V, Line 4	CCHMC's Endowment funds are utilized to support the operations of various departments at CCHMC in furtherance of CCHMC's primary tax-exempt purposes of patient care, education, and research See Form 990, Part III and Schedule O for additional information
Part X, Line 2	Cincinnati Children's accounts for income taxes in accordance with Accounting Standards Codification Topic ("ASC") 740 "Income Taxes" It is Cincinnati Children'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 year 2015 or 2014 Listed below are the tax years that remain subject to examination by major tax jurisdiction Federal - 2012 to 2015 State - 2012 to 2015
Part XI, Line 2d - Other Adjustments	Eliminate intercompany operating/restricted revenue 252,023,000 CHSN revenue elimination 4,099,420
Part XI, Line 4b - Other Adjustments	Reclass below the line per financial statements to revenue per 990 14,672,000
Part XII, Line 2d - Other Adjustments	Eliminate intercompany operating/restricted expense 252,023,000 CHSN expense elimination 3,774,483
Part XII, Line 4b - Other Adjustments	Reclass below the line per financial statements to expenses per 990 46,893,000

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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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.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

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 its grants and other 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 its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	1			2,518,373
b Total from continuation sheets to Part I	0	0			5,204
c **Totals** (add lines 3a and 3b)	0	1			2,523,577

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. Part II can be duplicated 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)	See Add'l Data								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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 . . . . ▶ 1

3 Enter total number of other organizations or entities . . . . . ▶ 18

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. Part III can be duplicated 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)
(1) Housing Assistance	Europe (Including Iceland & Greenland)	1			24,000	Housing Assistance	FMV
(2) Luggage Assistance	Middle East and North Africa	1	8,150	Wire Transfer			
(3) Research Supplies	Europe (Including Iceland & Greenland)	1	69,955	Wire Transfer			
(4) Research Supplies	North America	1	15,811	Wire Transfer			
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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, Return by a U.S. Transferor of Property to a Foreign Corporation (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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*	☐ 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, Information 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; do not file with Form 990)*	☐ Yes	☑ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, Line 2	CCHMC monitors the use of grant funds within and outside of the United States in accordance with 45 CFR Part 74 Appendix E. CCHMC 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

Additional Data

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

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America & the Caribbean	0	1	Program Services	Offshore Captive Management	1,066,655
Central America & the Caribbean	0	0	Program Services	Education, Teaching, & Research	139,872
East Asia & the Pacific	0	0	Program Services	Education, Teaching, & Research	165,209

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe	0	0	Program Services	Education, Teaching, & Research	236,216
Middle East & North Africe	0	0	Program ServicesProgram Services	Education, Teaching, & Research	23,386
North America	0	0	Program Services	Education, Teaching, & Research	834,189

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South America	0	0	Program Services	Education, Teaching, & Research	52,246
South Asia	0	0	Program Services	Education, Teaching, & Research	600
Sub-Saharan Africa	0	0	Program Services	Education, Teaching, & Research	5,204

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	Education, Teaching, & Research	800,920	Wire Transfer			Cash
		East Asia & the Pacific	Education, Teaching, & Research	153,098	Wire Transfer			Cash
		Central America & the Caribbean	Education, Teaching, & Research	139,872	Wire Transfer			Cash
		Europe	Education, Teaching, & Research	102,864	Wire Transfer			Cash

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	Education, Teaching, & Research	51,646	Wire Transfer			Cash
		Middle East & North Africa	Education, Teaching, & Research	15,236	Wire Transfer			Cash

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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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Children's Hospital Medical Center

Employer identification number
31-0833936

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

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

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email 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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** 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
1	Marts & Lundy 1200 Wall Street Lyndhurst, NJ 07071	Campaign planning & review		No	0	55,725	-55,725
2	Schultz & Williams 325 Chestnut Street Suite 700 Philadelphia, PA 19106	Direct mail, program consultation & review		No	0	33,000	-33,000
3	Blackband 2000 Daniel Island Drive Charleston, SC 29492	Donor benchmarking analysis/analytics		No	0	7,400	-7,400
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶						96,125	-96,125

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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 6 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	866,398	866,797	370,738	2,103,933
	2 Less Contributions	769,540	691,820	269,643	1,731,003
	3 Gross income (line 1 minus line 2)	96,858	174,977	101,095	372,930
Direct Expenses	4 Cash prizes	0	0	20,775	20,775
	5 Noncash prizes	1,199	0	55,030	56,229
	6 Rent/facility costs	64,014	30,916	66,532	161,462
	7 Food and beverages	170	185,200	10,112	195,482
	8 Entertainment	3,325	1,500	505	5,330
	9 Other direct expenses	160,274	308,987	23,615	492,876
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(932,154)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-559,224

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 Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct 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 conduct 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 activities conducted in

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

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ 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 of the third party

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 **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
Schedule G, Part I, Line 2b, Column (v)	Schultz & Williams also received payments totaling $361,008 for preparation, printing, and postage of mailings and mailing list

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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.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

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," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, 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 hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining 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	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	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 Worksheet 1)			13,217,255	5,200,000	8,017,255	0 390 %
b Medicaid (from Worksheet 3, column a)			690,265,667	482,224,000	208,041,667	10 200 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			703,482,922	487,424,000	216,058,922	10 590 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,904,179	58,744	3,845,435	0 190 %
f Health professions education (from Worksheet 5)			48,537,554	15,543,005	32,994,549	1 620 %
g Subsidized health services (from Worksheet 6)			12,079,000	4,814,000	7,265,000	0 360 %
h Research (from Worksheet 7)			332,168,594	246,147,244	86,021,350	4 220 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			768,731		768,731	0 040 %
j **Total.** Other Benefits			397,458,058	266,562,993	130,895,065	6 430 %
k **Total.** Add lines 7d and 7j			1,100,940,980	753,986,993	346,953,987	17 020 %

Part II Community Building Activities Complete this table if the organization conducted any 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			957,500		957,500	0 050 %
2	Economic development			579,583		579,583	0 030 %
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members			22,000		22,000	0 %
6	Coalition building			100,000		100,000	0 %
7	Community health improvement advocacy			4,090		4,090	0 %
8	Workforce development						
9	Other			3,275		3,275	0 %
10	**Total**			1,666,448		1,666,448	0 080 %

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 Heathcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	8,502,000		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	1,700,400		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	8,912,535
6	Enter Medicare allowable costs of care relating to payments on line 5	6	13,071,406
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-4,158,871
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	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(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 from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? **4**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Facility Reporting Group A

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2012			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) http //www cincinnatichildrens org/about/community/health-needs-assessment/			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2012			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) http //www cincinnatichildrens org/about/community/health-needs-assessment/			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Facility Reporting Group A

Name of hospital facility or letter of facility reporting group

		Yes	No
Financial Assistance Policy (FAP)			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000% and FPG family income limit for eligibility for discounted care of 400 000000000000%			
b ☐ Income level other than FPG (describe in Section C)			
c ☑ Asset level			
d ☑ Medical indigency			
e ☑ Insurance status			
f ☑ Underinsurance discount			
g ☐ Residency			
h ☐ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15 Explained the method for applying for financial assistance?	**15**	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Included measures to publicize the policy within the community served by the hospital facility?	**16**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The FAP was widely available on a website (list url) http //www cincinnatichildrens org/patients/resources/financial -assistance/			
☑ The FAP application form was widely available on a website (list url)			
b http //www cincinnatichildrens org/patients/resources/financial -assistance/			
c ☐ A plain language summary of the FAP was widely available on a website (list url) http //www cincinnatichildrens org/patients/resources/financial -assistance/			
d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☑ Other (describe in Section C)			
Billing and Collections			
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	**17**	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Actions that require a legal or judicial process			
d ☐ Other similar actions (describe in Section C)			
e ☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Facility Reporting Group A

Name of hospital facility or letter of facility reporting group _____

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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

Form and Line Reference	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

Form and Line Reference	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 an offset to net patient services revenue in the audited financial statements The cost of bad debt is calculated using cost to charge ratios calculated from the most recently filed cost report The description of bad debt can be found in the organization's Audited Financial Statements on footnote 1(d), Page 4

Form and Line Reference	Explanation
Part III, Line 8	Cincinnati Children's utilizes its cost accounting system to calculate the cost of providing care to Medicare patients

Form and Line Reference	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

Form and Line Reference	Explanation
Part VI, Line 2	Cincinnati Children's has a long tradition of working with its community partners on matters related to the community's health and well-being and has conducted three community health surveys in the Greater Cincinnati/Northern Kentucky community since the year 2000 These surveys gather information about the community's health and well-being, and the data gathered in each continues to inform cincinnati children's community health agenda In fact, in connection with the first child well being survey in 2000, Cincinnati Children's identified asthma and infant mortality as community health issues and stregthened efforts to address both of these issues Cincinnati Children's 2020 strategic plan creates a bold vision to be the leader in improving child health While the strategic plan provides a framework for Cincinnati Children's ongoing strategic emphasis, it does not define the totality of our efforts Cincinnati Children's strives to deliver demonstrably superior outcomes and experience at the lowest possible cost, and to discover and apply better ways to improve the health of more children in the community and around the world In developing its 2020 strategic plan, Cincinnati Children's was deliberate in its approach to its to identify community providers, governmental organizations, and area non-profit with whom it could partner to more effectively address community health needs Recognizing that we are stronger working together and coordinating efforts to address systemic community health needs, Cincinnati Children's partners with many organizations including federally qualified health clinics, school based health clinics, county and city programs, offices and departments, The Health Foundation of Greater Cincinnati, The Greater Cincinnati United Way, Every Child Succeeds, and with the Police, Prosecutors and County Case Workers Co located in Cincinnati Children's Mayerson Center for Safe and Healthy Children Developing and more effectively utilizing these partnerships to address community health needs is an integral component of Cincinnati Children's 2020 strategic plan

Form and Line Reference	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 site Cincinnati Children's customer service representatives are trained to work with the faimlies on answering assistance related questions as well Cincinnati Children's also has a financial counseling department and a financial advocate program that reach out to indigent families and try to help with their specific needs Cincinnati Children's goal is to provide financial assistance as efficiently and as compliant as possible while still keeping customer service as our number one priority

Form and Line Reference	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 For a full description of the demographics of the Cincinnati Children's community, please refer to the Community Health Needs Assessment found by navigating to the following web address http //www cincinnatichildrens org/about/community/health-needs-assessmentPart VI, Line 5 - An important pillar of our strategic Plan 2020 relates to community health Cincinnati Children's goal is to make the children of Greater Cincinnati the healthiest children in the nation The community health pillar also aligns to our current community health needs assessment Please refer to that document on Cincinnati Children's web site for further information http //www cincinnatichildrens org/about/community/health-needs-assessment Part VI, Line 6 - Cincinnati Children's is not part of an affiliated health system Part VI, Line 7 - Cincinnati Children's is not required to file a community benefit report in any state

Additional Data

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

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Section B	Facility Reporting Group A
Facility Reporting Group A consists of	- Facility 1 CCHMC - Main Campus, - Facility 2 CCHMC - Liberty Campus, - Facility 3 CCHMC - College Hill Campus, - Facility 4 CCHMC - Lindner Center of Hope Campus
Facility Reporting Group A Part V, Section B, line 5	CCHMC received input from a broad range of individuals that are representative of medicall y underserved, low-income, and minority populations when completing its most recent Commun ity Health Needs Assessment
Facility Reporting Group A Part V, Section B, line 6a	CCHMC - Main CampusCCHMC - Liberty CampusCCHMC - College Hill CampusCCHMC - Lindner Center of Hope Campus
Facility Reporting Group A Part V, Section B, line 11	In completing its Community Health Needs Assessment (CHNA) and in conjunction with the Com munity Health pillar of the strategic plan, Cincinnati Children's identified the following priorities - Infant Mortality- Pediatric Obesity- Pediatric Safety and Unintentional Inju ry- Pediatric Asthma- Access to Care- Mental HealthCincinnati Children's working both inte rnally and with external community partners is establishing plan to address the pediatric community health needs identified in the CHNA Cincinnati Children's, through its CHNA, di d not identify any needs that are not being addressed The implemenatation strategy has be en approved by Cincinnati Children's Board of Trustees and may be viewed by navigating to the following web address http //www cincinnatichildrens org/about/community/health-needs -assessment
Facility Reporting Group A Part V, Section B, line 16a website	http //www cincinnatichildrens org/patients/resources/financial-assistance/
Facility Reporting Group A Part V, Section B, line 16b website	http //www cincinnatichildrens org/patients/resources/financial-assistance/
Facility Reporting Group A Part V, Section B, line 16i	In addition to CCHMC's Financial Assistance Policy being available upon request, included with billing statements, and prominently displayed in emergency rooms and admissions offic es, a plain language summary of CCHMC's Financial Assistance Policy is available on CCHMC' s website, http //www cincinnatichildrens org/patients/resources/financial-assistance/
Facility Reporting Group A Part V, Section B, line 22d	Effective April 1, 2014, the total amount charged to a patient/family in a year may not ex ceed 25% of the patient/family's gross income for the year

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?
_____

Name and address	Type of Facility (describe)
CCHMC Anderson 7495 State Road Suite 355 Cincinnati, OH 45255	Neighborhood Facility
CCHMC Drake 151 West Galbraith Road Cincinnati, OH 45216	Neighborhood Facility
CCHMC Eastgate 796 Cincinnati-Batavia Pike Cincinnati, OH 45245	Neighborhood Facility
CCHMC Fairfield 3050 Mack Road Cincinnati, OH 45014	Neighborhood Facility
CCHMC Green Township 5899 Harrison Avenue Cincinnati, OH 45248	Neighborhood Facility
CCHMC Kenwood 7714-A Montgomery Road Cincinnati, OH 45236	Neighborhood Facility
CCHMC Mason 9560 Childrens Drive Mason, OH 45040	Neighborhood Facility
Children's Outpatient NKY 2765 Chapel Place Crestview Hills, KY 41017	Neighborhood Facility
CCHMC Oak 2800 Winslow Avenue Cincinnati, OH 45206	Neighborhood Facility
CCHMC North Burnet 3430 North Burnet Avenue Cincinnati, OH 45229	Neighborhood Facility
CCHMC Hopple Street 2750 Beekman Avenue 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.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

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 Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 listed in the line 1 table . . . . . ▶ 15

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 1

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated 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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Part I, Line 2	CCHMC 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 CCHMC 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 CCHMC are notified of CCHMC's support including the stated purpose for the grant award and CCHMC also requests year-end annual reports from supported organizations

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Avenue Cincinnati, OH 45207	31-0823634	501(c)(3)	7,285				Community Support
Adopt A Class Foundation 2153 W 8th Street Suite 200 Cincinnati, OH 45204	20-2551299	501(c)(3)	6,500				Sponsorship
Arthritis Foundation7124 Miami Avenue Cincinnati, OH 45243	31-6043937	501(c)(3)	7,500				Sponsorship

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Boomer Esiason Foundation 483 10th Avenue Suite 300 New York, NY 10018	11-3142753	501(c)(3)	20,100				Sponsorship
Cincinnati USA Regional Chamber Foundation3 East 4th Street Cincinnati, OH 45202	23-7089617	501(c)(3)	12,325				Sponsorship
Closing the Health Gap3120 Burnet Avenue Suite 201 Cincinnati, OH 45229	20-0902286	501(c)(3)	164,750				Community Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Crossroad Health Center5 East Liberty Cincinnati, OH 45202	31-1321054	501(c)(3)	20,000				Community Support
Cystic Fibrosis Foundation 6931 Arlington Road 2nd Floor Bethesda, MD 20814	13-1930701	501(c)(3)	10,400				Sponsorship
Health Foundation of Greater Cincinnati3005 Edwards Road Suite 500 Cincinnati, OH 45209	31-1449807	501(c)(3)	9,242				Sponsorship

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Juvenile Diabetes Research Foundation8041 Hosbrook Road Suite 422 Cincinnati, OH 45236	23-1907729	501(c)(3)	10,500				Sponsorship
March of Dimes Birth Defect Foundation10806 Kenwood Road Cincinnati, OH 45242	13-1846366	501(c)(3)	141,887				Sponsorship
Riley Children's Foundation 30 S Meridian Suite 200 Indianapolis, IN 46204	35-0868147	501(c)(3)	8,652				Sponsorship

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Ronald McDonald House350 Erkenbrecher Avenue Cincinnati, OH 45229	35-0965333	501(c)(3)	64,490				Sponsorship
The Abercrumbie Group 10301 Giverny Blvd Cincinnati, OH 45241	30-0520187		44,500				Sponsorship
Chrohn's & Colitis Foundation of America733 Third Avenue Suite 510 New York, NY 10017	13-6193105	501(c)(3)	17,500				Sponsorship

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
University of Cincinnati FoundationPO Box 14970 Cincinnati, OH 45219	31-0896555	501(c)(3)	14,690				Community Support

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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, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

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 or provision of all of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations 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 Regulations 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(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 in column(B) reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

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 key employees 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 - $170,092 2 Michael Fisher - $159,013 3 Scott Hamlin - $113,506 4 Beth Stautberg - $69,447 5 Dean Kurth - $110,257 6 Mark Mumford - $81,686 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 - $211,930 2 Scott Hamlin - $261,920 3 Beth Stautberg - $78,339 4 Dean Kurth - $134,820 5 Fred Ryckman - $481,011 6 Lane Donnelly - $1,236,059
Schedule J, 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 Cincinnati Children'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 CCHMC 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 & Management Development Committee (the "Committee") is comprised of trustee members The Committee is charged with responsibility for review, approval, and oversight of all of the items of compensation that impact Cincinnati Children's senior management and those individuals described in the Committee's charter The Committee establishes Cincinnati Children's compensation philosophy for these employees by utilizing the following fundamental concepts in determining compensation strategy and objectives 1 Cincinnati Children's is an equal opportunity employer Compensation decisions at Cincinnati children's are based upon 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 global markets which enables it to attract and retain senior management, highly-compensated non-faculty employees and faculty members with the talent and expertise necessary for it to carry out its mission and to be a global 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, including other national health care organizations with annual net revenues similar to that of Cincinnati Children's, 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 their 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

Additional Data

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Richard Azizkhan, Surgeon-in-Chief	(I)	912,234	375,801	282,917	196,092	2,820	1,769,864	211,930
	(II)	0	0	0	0	0	0	0
Margaret Hostetter, Chair, Pediatrics	(I)	424,059	0	52,998	70,702	10,898	558,657	0
	(II)	0	0	0	0	0	0	0
Michael Fisher, President & CEO	(I)	872,843	100,000	68,724	185,013	29,250	1,255,830	0
	(II)	0	0	0	0	0	0	0
Vicki Davies, Treasurer	(I)	194,843	55,009	1,602	0	15,463	266,917	0
	(II)	0	0	0	0	0	0	0
Beth Stautberg, Secretary, Sr VP & Counsel	(I)	436,801	151,239	128,069	95,447	11,074	822,630	78,339
	(II)	0	0	0	0	0	0	0
Mark Mumford, Chief Financial Officer	(I)	487,395	192,367	57,306	107,686	27,410	872,164	0
	(II)	0	0	0	0	0	0	0
Scott Hamlin, Executive VP & COO	(I)	646,438	230,907	323,999	139,506	26,563	1,367,413	261,920
	(II)	0	0	0	0	0	0	0
Dean Kurth, Anesthesiologist-in-Chief	(I)	634,439	234,414	200,540	136,257	16,945	1,222,595	134,820
	(II)	0	0	0	0	0	0	0
Charles Mehlman, Professor - Orthopaedic	(I)	752,502	118,654	41,218	26,000	256	938,630	0
	(II)	0	0	0	0	0	0	0
Eric Wall, Professor - Orthopaedic	(I)	806,427	132,188	49,818	26,000	27,707	1,042,140	0
	(II)	0	0	0	0	0	0	0
Fred Ryckman, Sr VP, Medical Operations	(I)	660,994	264,407	606,816	149,082	2,047	1,683,346	481,011
	(II)	0	0	0	0	0	0	0
David Morales, Prof/Div Dir, Cardiology	(I)	1,356,935	0	38,440	26,000	23,700	1,445,075	0
	(II)	0	0	0	0	0	0	0
Lane Donnelly, Former Highest Comp	(I)	0	0	1,236,059	0	0	1,236,059	1,236,059
	(II)	0	0	0	0	0	0	0

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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 Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

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	123550FJ9	12-08-2006	63,541,881	Outpatient Satellite Bldg		X		X		X
B	Hamilton County Ohio	31-6000063	407272M34	12-11-2007	61,230,000	Medical Building & Garage		X		X		X
C	County of Butler Ohio	31-6000061	123550FM2	04-30-2008	51,950,000	Repay 2006L Bonds (12/8/06)		X		X		X
D	County of Butler Ohio	31-6000061		12-17-2009	30,000,000	Repay 20080 Bonds (4/30/08)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired		30,615,000	30,000,000	18,000,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	65,205,028	61,230,000	51,950,000	30,000,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	463,708	389,866	399,995	
8	Credit enhancement from proceeds	921,385			
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	63,819,935	60,840,134		
11	Other spent proceeds			51,550,005	30,000,000
12	Other unspent proceeds				
13	Year of substantial completion	2008	2009	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 of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X		X		X		X
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
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 ▶		0 100 %		0 %		0 700 %		0 700 %
6	Total of lines 4 and 5		0 100 %		0 %		0 700 %		0 700 %
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?	X		X		X		X	
c	No rebate due?		X		X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X		X			X
4a	Has the organization or the governmental issuer entered into a qualified 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 the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (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?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Form 990, Schedule K, Part I	The 4/30/08 bond issue repaid the series 2006L bond issued dated 12/8/06 A portion of the 4/30/08 bond issue was refinanced by the 12/17/09 bond issue

Return Reference	Explanation
Form 990, Schedule K, Part I	The 12/17/09 bond issue repaid a portion of the series 2008O bond issued dated 4/30/08, which repaid a portion of the 2006L bond issued dated 12/8/06

Return Reference	Explanation
Form 990, Schedule K, Part I	The 11/19/10 bond issue repaid a portion of the series 2007N bond issue dated 12/11/07

Return Reference	Explanation
Form 990, Schedule K, Part I	The 10/14/11 bond issue repaid a portion of the series 1998G bond issue dated 8/27/98

Return Reference	Explanation
Form 990, Schedule K, Part I	The 1/08/2014 bond issue repaid the 1998 bond issue dated 8/27/1998 and the 2004 bond issue dated 6/30/2004 The 2004 bond issue repayment is considered part of an advance refunding issue

Return Reference	Explanation
Form 990, Schedule K, Part II, Line 3	Differences between the issue price (Part I, column (e)) and Part II, line 3 are due to investment earnings

Return Reference	Explanation
Form 990, Schedule K, Part III, Line 3D	While CCHMC does not routinely engage outside bond counsel to review management or service contracts and research agreements related to bond-financed property, CCHMC regularly consults with in-house counsel to perform an internal assessment of management and service contracts and research agreements related to bond-financed property

Return Reference	Explanation
Form 990, Schedule K, Part IV, Line 6	This question is being answered without regard to a yield restricted refunding escrow

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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 Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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		11-19-2010	30,000,000	Repay 2007N Bonds (12/11/07)		X		X		X
B	Hamilton County Ohio	31-6000063		10-14-2011	62,135,000	Repay 1998G Bonds (8/27/98)		X		X		X
C	Hamilton County Ohio	31-6000063	407272N25	01-08-2014	134,694,252	Repay 1998 and 2004 Bonds (8/27/98 and 6/30/04)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	15,000,000	17,010,000	4,445,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	30,000,000	62,135,000	134,694,252	
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds			1,635,569	
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	30,000,000	62,135,000	133,058,683	
12	Other unspent proceeds				
13	Year of substantial completion	2010	2011	2014	

		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			
15	Were the bonds issued as part of an advance refunding issue?		X		X	X			
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		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 of bond-financed property?		X		X		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X			
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X		X		X		
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
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 %		1 340 %			
6	Total of lines 4 and 5	0 %		0 %		1 340 %			
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		
b	Exception to rebate?	X		X		X			
c	No rebate due?		X		X		X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X			X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		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?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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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, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

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), section 501(c)(4), and 501(c)(29) 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)** Relationship between disqualified person and organization	**(c)** Description of transaction	**(d)** Corrected? Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting 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 assistance	**(d)** Type of assistance	**(e)** Purpose 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 Member Trustee	43,220	Compensation & Benefits		No
(2) Geralyn Azizkhan	Family Member Trustee	124,744	Compensation & Benefits		No
(3) Ann Chambers-Blackmore	Family Member Trustee	78,715	Compensation & Benefits		No
(4) Margaret Kettler	Family Member Trustee	79,082	Compensation & Benefits		No
(5) PNC Bank	Trustee is Officer	1,057,000	Banking Relationship		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
SCHEDULE L, PART IV	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 organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 noncash 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	27	1,322,262	Fair Market Value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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 noncash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Column (b)	The number reported in Column b represents the number of items received

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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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	Article I, Section 1 1 of Cincinnati Children's Code of Regulations provides that the membership of Cincinnati Children's shall consist of the persons who are the members of the Board of Trustees of the Children's Hospital

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	Article I, Section 1 1 of Cincinnati Children's Code of Regulations provides that the membership of Cincinnati Children's shall consist of the persons who are the members of the Board of Trustees of the Children's Hospital

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

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 a relationship exists that may present a conflict of interest, Cincinnati Children's follows the provisions set forth in its conflict of interest policy to disclose and manage the conflict and determines the appropriate reporting to board committees and, if required, Form 990 disclosure

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

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

Return Reference	Explanation
From 990, Part VII	The amounts reported on the Form 990, Part VII, Section B may include payments for services, products, expense reimbursements, and other types of payments Any payment for non-services is not available for breakout separately based on the invoices received from the contractors

Return Reference	Explanation
Form 990, Part XI, line 9	Minimum Pension Liability Adjustment -92,317,907 Gain in Net Assets of Supporting Organizations, Net 21,051,000 Elimination of CHSN Income 325,429

Return Reference	Explanation
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 Cincinnati Children's offers numerous programs and services to meet community health needs In fiscal year 2015, Cincinnati Children's provided approximately $216 1 million in free care or discounted services to families in the community who are unable to pay Cincinnati Children's has a long tradition of working with its community partners on matters related to the community's health and well-being and has conducted several community health surveys in the Greater Cincinnati/Northern Kentucky community since the year 2000 These surveys gather information about the community's health and well-being, and the data gathered in each continues to inform Cincinnati Children's community health agenda Cincinnati Children's 2020 Strategic Plan continues the bold vision to be the leader in improving child health While the strategic plan provides a framework for Cincinnati Children's ongoing strategic emphasis, it does not define the totality of our efforts Cincinnati Children's strives to deliver demonstrably superior outcomes and experience at the lowest possible cost, and to discover and apply better ways to improve the health of more children in the community and around the world In developing its 2020 Strategic Plan, Cincinnati Children's was deliberate in its approach to identify community providers, governmental organizations, and area non-profit organizations with whom it could partner to more effectively address community health needs Recognizing that we are stronger working together and coordinating efforts to address systemic community health needs, Cincinnati Children's partners with many organizations including federally qualified health clinics, school based health clinics, county and city programs, offices and departments, the Health Foundation of Greater Cincinnati, the Greater Cincinnati United Way, Every Child Succeeds, and with the police, prosecutors and county case workers co-located in Cincinnati Children's Mayerson Center for Safe and Healthy Children Developing and more effectively utilizing these partnerships to address community health needs is an integral component of Cincinnati Children's 2020 Strategic Plan

Return Reference	Explanation
Form 990, Part III	Cincinnati Children's has performed an analysis and quantification of its estimated benefit to the Community A summary of this analysis is detailed below and is also provided on Schedule H * Patient Care (net of tax levy and Ohio HCAP)(Note A) $216 1 million * Subsidized Health Services $7 3 million * Research $86 0 million * Education $33 0 million * Community Outreach $6 2 million * Total Value of Community Benefits Provided $348 6 million Note A Charitable Patient Care ($216 1 million) - Free or discounted services for those unable to pay because they are poor or uninsured The benefit amount includes the shortfall from Medicaid reimbursement based on the cost of providing care to Medicaid recipients (after accounting for support from Hamilton County Health and Hospitalization levy and the Hospital Care Assurance Program) and the loss from the cost of providing charity care Cincinnati Children's provides patient care to infants, children and adolescents It serves as a tertiary level referral center for pediatric illnesses During the fiscal year ended June 30, 2015, Cincinnati Children's admitted 19,427 patients who were associated with 150,184 patient days In addition, Cincinnati Children's treated nearly 1,080,000 outpatient visits Cincinnati Children's maintains one of the nation's busiest Emergency Departments Over the past year, Cincinnati Children's handled over 100,000 emergency room visits During fiscal 2015, Cincinnati Children's performed over 44,000 hours of surgery As with other not-for-profit organizations, Cincinnati Children's reinvests its net revenues to continuously improve its ability to provide quality healthcare, research, and education These resources allow Cincinnati Children's to maintain a renowned staff of medical professionals and provide state-of-the-art medical facilities and equipment Cincinnati Children's makes significant investments in information technology, continuously striving to improve its business and clinical practices The advanced technology allows physicians to bring timely and relevant information to the patient's bedside, making patient care safer and more efficient Cincinnati Children's is accredited by the Joint Commission on Accreditation of Healthcare Organizations and is a member of the American Hospital Association, the Ohio Hospital Association, the Greater Cincinnati Hospital Council, The Association of Ohio Children's Hospitals, the Council of Teaching Hospitals Cincinnati Children's has also been designated as a magnet hospital

Return Reference	Explanation
Form 990, Part III	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, 2015, more than 45% of all Cincinnati Children's gross patient revenue was generated from patients whom were enrolled in various state Medicaid programs and Medicare 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 in the calculation of 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 2015, the loss on provision of charity care and means-tested government programs totaled approximately $216 1 million (after taking into account funds received under the Ohio Hospital Care Assurance program and the Hamilton County Health and Hospitalization Tax Levy which total approximately $30 0 million) 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, 2015, Cincinnati Children's absorbed approximately $13 2 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 $5 2 million of funding to help offset the cost of providing care to eligible Hamilton County Residents 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 At June 30, 2015, Cincinnati Children's has 593 registered inpatient beds, including 100 inpatient beds at its College Hill campus, 12 beds at the Liberty Campus, and 16 beds at the Lindner campus, of which 551 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 59-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 25-bed cardiac intensive care unit In addition, Cincinnati Children's facilities include a 68-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 The services offered at these centers vary by location, but generally include diagnostic testing, pediatric specialty clinics, therapies and dental services Several of the centers also offer urgent care services In addition, the Liberty Campus, which opened in August 2008, also provides inpatient, observation, emergency room and surgical services

Return Reference	Explanation
Form 990, Part III	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, 2015, there were more than 953 active-sponsored research projects The Research Foundation occupies approximately 35% of the available space of Cincinnati Children's Main Campus and accounts for about 31% 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 third in the nation among all pediatric health care facilities in terms of NIH grant awards received The second major expense area for Cincinnati Children's is research 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

Return Reference	Explanation
Form 990, Part III	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 525 physician residents and 207 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 costs of providing such training include the salary and training costs of interns and residents and other providers Cincinnati Children's received approximately $9 2 million in funding from the Federal CHGME program in fiscal 2015 to help offset such costs Additionally, Cincinnati Children's received approximately $9 3 million from State Medicaid and Medicare programs and grants to further assist in offsetting medical education costs in fiscal 2015 In fiscal 2015, Cincinnati Children's devoted a portion of its expenditures to the education mission of the hospital This money is used to provide graduate medical education for residents and fellows and extensive training and education for nurses and other medical professionals, including nursing, nutrition therapy, occupational and physical therapy, respiratory therapy, radiology technology, genetic counseling, speech pathology and audiology, child life and social work 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)

Return Reference	Explanation
Form 990, Part III	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 90 years, beginning in 1926 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 has 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

Return Reference	Explanation
Form 990, Part III	Community Outreach Cincinnati Children's and its staff participate in many community outreach programs The following list includes some of the programs participated in, but should not be considered an all inclusive listing * Partner in Education with Rockdale Elementary School * Child Abuse Team/Mayerson Center * Community Partners Program/Aaron W Perlman Center * Career Development Program/Project Search * Comprehensive Sickle Cell Center * Family Resource Center * Parent-Infant Nurturing Group * International Adoption Center * Starshine Hospice Services * Family Support Network * Injury Free Coalition for Kids * Safe Kids Coalition * Child Car Seat Safety * Safety Fair * Child Policy Research Center * Innovations * Drug & Poison Information Center * Blood Drives * Participation in various Fundraising and Volunteer Opportunities

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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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 (if applicable) 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) TSHCH LLC 3333 Burnet Avenue Cincinnati, OH 45229	Land Holding Co	OH	0	8,666,053	CHMC
(2) Burnet Ave LLC 3333 Burnet Avenue Cincinnati, OH 45229	Land Holding Co	OH	0	81,360	CHMC
(3) North Fairmount Healthcare Company LTD 222 Piedmont Avenue Suite 1200 Cincinnati, OH 45219 31-1484848	Building Lease	OH	0	578,548	CHMC

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 entity? Yes	(g) No
(1) Adolescent Health Center of Greater Cincinnati 3333 Burnet Avenue Cincinnati, OH 45229 23-7042940	Support Adolescent Medicine at CHMC	OH	501(C)(3)	509(a)(3) Type III	N/A		No
(2) CHMC Community Health Services Network 3333 Burnet Avenue Cincinnati, OH 45229 31-1459815	Pediatric Medical Services	OH	501(C)(3)	509(a)(2)	CHMC	Yes	
(3) Children's Hospital Medical Center Uninsured Loss Fund #2 PO Box 1118 ML CN-OH-W10X Cincinnati, OH 45201 31-6197894	Malpractice and Liability Trust Fund	OH	501(C)(3)	509(a)(3) Type III	CHMC	Yes	
(4) The Children's Hospital 3333 Burnet Avenue Cincinnati, OH 45229 31-0537130	Support CHMC	OH	501(C)(3)	509(a)(3) Type II	N/A		No
(5) Convalescent Hospital for Children and Orphan Asylum 3333 Burnet Avenue Cincinnati, OH 45229 31-0536649	Support CHMC	OH	501(C)(3)	509(a)(3) Type III	N/A		No

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?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Northern Kentucky Children's Medical Services LLC 3333 Burnet Avenue Cincinnati, OH 45229 26-0084305	Medical Services	KY	CHMC	Related	-365,746	3,297		No		Yes		50 000 %

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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) River City Insurance Limited 3333 Burnet Avenue Cincinnati, OH 45229	Healthcare Liability Insurance for CCHMC	OH	CHMC	C	2,077,129	3,122,348	100 000 %	Yes	

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
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, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) The Children's Hospital	C	61,627,000	Fair Market Value
(2) The Children's Hospital	R	47,893,000	Fair Market Value
(3) CHMC Community Health Services Network	S	1,334,776	Fair Market Value
(4) CHMC Community Health Services Network	R	46,055	Fair Market Value
(5) Convalescent Hospital for Children and Orphan Asylum	C	10,922,274	Fair Market Value
(6) Adolescent Health Center of Greater Cincinnati	C	98,440	Fair Market Value

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) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
Form 990, Schedule R	Cincinnati Children's provides various related organizations with certain shared services at no charge

Additional Data

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

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
The Children's Hospital	C	61,627,000	Fair Market Value
The Children's Hospital	R	47,893,000	Fair Market Value
CHMC Community Health Services Network	S	1,334,776	Fair Market Value
CHMC Community Health Services Network	R	46,055	Fair Market Value
Convalescent Hospital for Children and Orphan Asylum	C	10,922,274	Fair Market Value
Adolescent Health Center of Greater Cincinnati	C	98,440	Fair Market Value