

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

- 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 \$ 4,359,508,527

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

| | |
|--|------------|
| 3 Number of voting members of the governing body (Part VI, line 1a) | 30 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 25 |
| 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 18,318 |
| 6 Total number of volunteers (estimate if necessary) | 690 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 32,564,351 |
| 7b Net unrelated business taxable income from Form 990-T, line 34 | 6,867,699 |

| | Prior Year | Current Year |
|---|---------------------------|---------------|
| 8 Contributions and grants (Part VIII, line 1h) | 295,668,368 | 296,250,819 |
| 9 Program service revenue (Part VIII, line 2g) | 2,005,054,547 | 2,116,146,442 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 24,975,711 | 39,816,280 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 103,275,100 | 161,862,711 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,428,973,726 | 2,614,076,252 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 5,874,680 | 9,633,252 |
| 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) | 1,426,109,829 | 1,519,586,019 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 33,000 | 27,500 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 7,222,000 | | |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 918,201,436 | 975,685,997 |
| 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 2,350,218,945 | 2,504,932,768 |
| 19 Revenue less expenses Subtract line 18 from line 12 | 78,754,781 | 109,143,484 |
| | Beginning of Current Year | End of Year |
| 20 Total assets (Part X, line 16) | 5,711,861,189 | 6,457,499,425 |
| 21 Total liabilities (Part X, line 26) | 1,266,582,189 | 1,267,436,425 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 4,445,279,000 | 5,190,063,000 |

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: _____ Date: 2020-07-09

Carolyn Karageorges VP, Chief Accounting Officer
Type or print name and title

Paid Preparer Use Only

| | | | | |
|---|----------------------|------|---|----------------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN P00741382 |
| Firm's name ▶ Deloitte Tax LLP | | | Firm's EIN ▶ 86-1065772 | |
| Firm's address ▶ 200 Renaissance Center Suite 3900 Detroit, MI 49243 | | | Phone no (313) 396-3000 | |

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 Cincinnati Children's 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 \$ 1,995,470,047 including grants of \$ 9,633,252) (Revenue \$ 2,154,345,146)
See Additional Data

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 ▶ 1,995,470,047

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 22 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, and various organizational transactions.

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 []

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

| | | | | | |
|---|------------|--------|-----|----|--|
| <p>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</p> | 2a | 18,318 | | | |
| <p>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)</p> | 2b | | Yes | | |
| <p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p> | 3a | | Yes | | |
| <p>b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i></p> | 3b | | Yes | | |
| <p>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)?</p> | 4a | | Yes | | |
| <p>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)</p> | | | | | |
| <p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p> | 5a | | | No | |
| <p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p> | 5b | | | No | |
| <p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p> | 5c | | | | |
| <p>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?</p> | 6a | | | No | |
| <p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p> | 6b | | | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | | |
| <p>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?</p> | 7a | | Yes | | |
| <p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p> | 7b | | Yes | | |
| <p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p> | 7c | | | No | |
| <p>d If "Yes," indicate the number of Forms 8282 filed during the year</p> | 7d | | | | |
| <p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p> | 7e | | | No | |
| <p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p> | 7f | | | No | |
| <p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p> | 7g | | | | |
| <p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p> | 7h | | | | |
| 8 Sponsoring organizations maintaining donor advised funds. | | | | | |
| <p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p> | 8 | | | | |
| <p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p> | 9a | | | | |
| <p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p> | 9b | | | | |
| 10 Section 501(c)(7) organizations. Enter | | | | | |
| <p>a Initiation fees and capital contributions included on Part VIII, line 12</p> | 10a | | | | |
| <p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p> | 10b | | | | |
| 11 Section 501(c)(12) organizations. Enter | | | | | |
| <p>a Gross income from members or shareholders</p> | 11a | | | | |
| <p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p> | 11b | | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | | | |
| <p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p> | 12b | | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| <p>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</p> | 13a | | | | |
| <p>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</p> | 13b | | | | |
| <p>c Enter the amount of reserves on hand</p> | 13c | | | | |
| <p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p> | 14a | | | No | |
| <p>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i></p> | 14b | | | | |
| <p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p> | 15 | | | No | |
| <p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p> | 16 | | | No | |

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

Table with 3 columns: Question, Yes, No. Rows include: 1a (30), 1b (25), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17, 18, 19, 20.

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 | | | |
| See Additional Data Table | | | | | | | | | | |
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|---|------------|---|-----------|
| 1b Sub-Total | | | |
| 1c Total from continuation sheets to Part VII, Section A | | | |
| 1d Total (add lines 1b and 1c) | 19,231,215 | 0 | 1,496,120 |

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 ▶ 2,163

| | Yes | No |
|--|-------|----|
| 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | 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? <i>If "Yes," complete Schedule J for such individual</i> | 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? <i>If "Yes," complete Schedule J for such person</i> | 5 Yes | |

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 Co 5158 Fishwick Drive Cincinnati, OH 45216 | Construction Services | 75,273,051 |
| TriVersity Group LLC 5158 Fishwick Drive Cincinnati, OH 45216 | Construction Services | 23,643,799 |
| Crothall Healthcare 1500 Liberty Ridge Drive Suite 210 Wayne, PA 19087 | Housekeeping Services | 17,721,284 |
| ZGF Architects LLC 1223 SW Washington Street Portland, OR 97205 | Construction Services | 6,493,916 |
| Barefoot Proximity 700 W Pete Rose Way 73 Cincinnati, OH 45203 | Advertising/Marketing Services | 5,176,309 |

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 ▶ 181

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 | 1,436,951 | | | | | |
| | d Related organizations | 1d | 83,966,108 | | | | | |
| | e Government grants (contributions) | 1e | 180,894,665 | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 29,953,095 | | | | | |
| | g Noncash contributions included in lines 1a - 1f \$ | | 872,802 | | | | | |
| | h Total. Add lines 1a-1f | | 296,250,819 | | | | | |
| Program Service Revenue | | | Business Code | | | | | |
| | 2a Net Inpatient Revenue | | 621990 | 981,408,870 | 947,039,539 | 34,369,331 | | |
| | b Net Outpatient Revenue | | 621990 | 797,367,650 | 797,367,650 | | | |
| | c Physician Services | | 621990 | 337,369,922 | 337,369,922 | | | |
| | d | | | | | | | |
| | e | | | | | | | |
| | f All other program service revenue | | | | | | | |
| g Total. Add lines 2a-2f | | | 2,116,146,442 | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 34,479,167 | | -1,869,486 | 36,348,653 | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | | |
| | 5 Royalties | | | 27,295,541 | | | 27,295,541 | |
| | 6a Gross rents | (i) Real | (ii) Personal | | | | | |
| | | 4,292,477 | | | | | | |
| | | b Less rental expenses | | | | | | |
| | | 7,143,862 | | | | | | |
| | c Rental income or (loss) | | | | | | | |
| | | -2,851,385 | | | | | | |
| | d Net rental income or (loss) | | | | -2,851,385 | | 64,506 | -2,915,891 |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | | |
| | | 1,743,036,000 | | | | | | |
| | | b Less cost or other basis and sales expenses | | | | | | |
| | | 1,737,698,887 | | | | | | |
| | c Gain or (loss) | | | | | | | |
| | 5,337,113 | | | | | | | |
| d Net gain or (loss) | | | | 5,337,113 | | | 5,337,113 | |
| 8a Gross income from fundraising events (not including \$ 1,436,951 of contributions reported on line 1c) See Part IV, line 18 | | | | | | | | |
| | a | | | | | | | |
| | | 172,176 | | | | | | |
| b Less direct expenses | | | | | | | | |
| | 589,526 | | | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | | |
| | | | | | | | | |
| c Net income or (loss) from fundraising events | | | | -417,350 | | | -417,350 | |
| 9a Gross income from gaming activities See Part IV, line 19 | | | | | | | | |
| | a | | | | | | | |
| | | | | | | | | |
| b Less direct expenses | | | | | | | | |
| | | | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | | | | | | | | |
| | a | | | | | | | |
| | | | | | | | | |
| b Less cost of goods sold | | | | | | | | |
| | | | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | | |
| 11a Industry Grants | | 611710 | 27,317,102 | 27,317,102 | | | | |
| | b GME Funding | | 611710 | 10,881,602 | 10,881,602 | | | |
| | c Cafeteria Receipts | | 722210 | 9,365,219 | | | 9,365,219 | |
| | d All other revenue | | | 90,271,982 | | | 90,271,982 | |
| e Total. Add lines 11a-11d | | | 137,835,905 | | | | | |
| 12 Total revenue. See Instructions | | | 2,614,076,252 | 2,119,975,815 | 32,564,351 | | 165,285,267 | |

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 | 2,739,699 | 2,739,699 | | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | 222,904 | 222,904 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16 | 6,670,649 | 6,670,649 | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 11,013,299 | 352,350 | 10,660,949 | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 1,365,593 | 287,218 | 1,078,375 | |
| 7 Other salaries and wages | 1,145,916,829 | 965,177,998 | 176,815,442 | 3,923,389 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 90,959,349 | 70,948,187 | 20,011,162 | |
| 9 Other employee benefits | 196,178,751 | 153,993,528 | 41,233,270 | 951,953 |
| 10 Payroll taxes | 74,152,198 | 62,600,607 | 11,316,188 | 235,403 |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | 4,829,747 | | 4,829,747 | |
| c Accounting | 690,645 | | 690,645 | |
| d Lobbying | 469,349 | 469,349 | | |
| e Professional fundraising services See Part IV, line 17 | 27,500 | | | 27,500 |
| f Investment management fees | 1,558,236 | | 1,558,236 | |
| 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 | 9,781,277 | 4,444,118 | 4,735,704 | 601,455 |
| 13 Office expenses | 50,447,645 | 42,576,464 | 7,758,408 | 112,773 |
| 14 Information technology | 28,620,897 | 14,763,801 | 13,857,096 | |
| 15 Royalties | | | | |
| 16 Occupancy | 28,951,735 | 25,069,405 | 3,850,936 | 31,394 |
| 17 Travel | 12,096,032 | 10,124,859 | 1,860,264 | 110,909 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 27,105,906 | | 27,105,906 | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 129,448,051 | 105,401,871 | 23,851,736 | 194,444 |
| 23 Insurance | 16,939,209 | 14,334,106 | 2,605,103 | |
| 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 | 190,024,831 | 97,336,852 | 92,002,437 | 685,542 |
| b Medical Supplies | 134,395,120 | 134,395,120 | | |
| c Drugs | 131,992,642 | 131,992,642 | | |
| d | | | | |
| e All other expenses | 208,334,675 | 151,568,320 | 56,419,117 | 347,238 |
| 25 Total functional expenses. Add lines 1 through 24e | 2,504,932,768 | 1,995,470,047 | 502,240,721 | 7,222,000 |
| 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 <input type="checkbox"/> 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 IX

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|---------------|--------------------------|
| Assets | 1 Cash—non-interest-bearing | | 1 | |
| | 2 Savings and temporary cash investments | 179,077,031 | 2 | 168,250,059 |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 483,499,166 | 4 | 574,436,261 |
| | 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 | 29,283,214 | 8 | 27,102,402 |
| | 9 Prepaid expenses and deferred charges | 15,619,183 | 9 | 16,135,153 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 2,482,190,944 | | |
| | b Less accumulated depreciation | 10b 1,273,148,536 | 1,188,505,677 | 10c 1,209,042,408 |
| | 11 Investments—publicly traded securities | 879,658,700 | 11 | 908,062,387 |
| | 12 Investments—other securities See Part IV, line 11 | | 12 | 43,183,107 |
| | 13 Investments—program-related See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets See Part IV, line 11 | 2,936,218,218 | 15 | 3,511,287,648 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 5,711,861,189 | 16 | 6,457,499,425 | |
| Liabilities | 17 Accounts payable and accrued expenses | 324,035,000 | 17 | 355,227,000 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | 301,132,000 | 20 | 278,765,000 |
| | 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 | 574,156,000 | 23 | 562,215,000 |
| | 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 | 67,259,189 | 25 | 71,229,425 |
| | 26 Total liabilities. Add lines 17 through 25 | 1,266,582,189 | 26 | 1,267,436,425 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 1,444,444,275 | 27 | 1,591,424,000 |
| | 28 Temporarily restricted net assets | 1,335,181,725 | 28 | 1,761,848,000 |
| | 29 Permanently restricted net assets | 1,665,653,000 | 29 | 1,836,791,000 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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 | 4,445,279,000 | 33 | 5,190,063,000 | |
| 34 Total liabilities and net assets/fund balances | 5,711,861,189 | 34 | 6,457,499,425 | |

Part XI Reconciliation 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 | 2,614,076,252 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,504,932,768 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 109,143,484 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 4,445,279,000 |
| 5 | Net unrealized gains (losses) on investments | 5 | 42,830,650 |
| 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 | 592,809,866 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 5,190,063,000 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 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?
 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?
 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?
 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?
- 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

| | Yes | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | Yes | |
| 3b | Yes | |

Additional Data

Software ID:

Software Version:

EIN: 31-0833936

Name: Children's Hospital Medical Center

Form 990 (2018)

Form 990, Part III, Line 4a:

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, academic 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.

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 | | | |
| Sharry Addison Trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| Robert D H Anning Trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| Carol Armstrong Trustee | 2 00 1 00 | X | | | | | | 0 | 0 | 0 |
| Lynwood Battle Trustee | 1 00 | X | | | | | | 0 | 0 | 0 |
| Mark Biegger Trustee | 1 00 4 00 | X | | | | | | 0 | 0 | 0 |
| Maureen Bisognano Trustee | 1 00 0 00 | X | | | | | | 0 | 0 | 0 |
| Christine Browner Trustee | 1 00 0 00 | X | | | | | | 0 | 0 | 0 |
| Michael S Cambron Trustee (through 10/18) | 1 00 1 00 | X | | | | | | 0 | 0 | 0 |
| Lee A Carter Trustee (through 10/18) | 1 00 2 00 | X | | | | | | 0 | 0 | 0 |
| Thomas G Cody 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 | | | |
| Dave Dougherty Trustee | 4 00 1 00 | X | | | | | | 0 | 0 | 0 |
| Nancy Krieger Eddy PhD Trustee | 4 00 1 00 | X | | | | | | 0 | 0 | 0 |
| Tom Finn Trustee (effective 10/18) | 1 00 0 00 | X | | | | | | 0 | 0 | 0 |
| Kay Geiger Trustee | 1 00 0 00 | X | | | | | | 0 | 0 | 0 |
| Beth Guttman Trustee | 4 00 1 00 | X | | | | | | 0 | 0 | 0 |
| Michael Hirschfeld Esq Trustee | 1 00 1 00 | X | | | | | | 0 | 0 | 0 |
| Gary Huffman Trustee | 1 00 1 00 | X | | | | | | 0 | 0 | 0 |
| Mark Jahnke Trustee | 4 00 1 00 | X | | | | | | 0 | 0 | 0 |
| Joyce J Keeshin Trustee | 1 00 1 00 | X | | | | | | 0 | 0 | 0 |
| David Osborn 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 | | | |
| Jane Portman Chair | 4 00 1 00 | X | | X | | | | 0 | 0 | 0 |
| Liza Smitherman Trustee | 1 00 0 00 | X | | | | | | 0 | 0 | 0 |
| John Steinman Trustee | 1 00 1 00 | X | | | | | | 0 | 0 | 0 |
| Susan Shelton Trustee | 1 00 1 00 | X | | | | | | 0 | 0 | 0 |
| Jim Vance Trustee (effective 10/18) | 4 00 0 00 | X | | | | | | 0 | 0 | 0 |
| Hillary Weidner Trustee | 1 00 0 00 | X | | | | | | 0 | 0 | 0 |
| Chiquita White Trustee | 1 00 0 00 | X | | | | | | 0 | 0 | 0 |
| Felicia Williams Trustee | 1 00 1 00 | X | | | | | | 0 | 0 | 0 |
| Craig Young Trustee | 1 00 1 00 | X | | | | | | 0 | 0 | 0 |
| Daniel von Allmen MD Surgeon-in-Chief | 50 00 0 00 | X | | | | | | 1,564,008 | 0 | 141,741 |

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 | | | |
| Margaret Hostetter Chair, Pediatrics | 50 00 0 00 | X | | | | | | 910,490 | 0 | 37,530 |
| Michael Fisher President & CEO | 50 00 0 00 | X | | X | | | | 2,011,839 | 0 | 151,850 |
| Steve Davis MD COO | 50 00 0 00 | | | X | | | | 1,023,636 | 0 | 111,284 |
| Mark Mumford SVP & CFO, Treasurer | 50 00 1 00 | | | X | | | | 1,234,913 | 0 | 140,997 |
| Beth Stautberg Secretary, Sr VP & Counsel | 50 00 0 00 | | | X | | | | 843,895 | 0 | 76,966 |
| Brian Coley Radiologist-in-Chief | 50 00 0 00 | | | | X | | | 991,642 | 0 | 96,716 |
| John McAuliffe MD Anesthesiologist-in-Chief | 50 00 0 00 | | | | X | | | 762,954 | 0 | 29,207 |
| Nerissa Morris SVP and CHRO (effective 3/18) | 50 00 0 00 | | | | X | | | 352,402 | 0 | 42,369 |
| Barbara Tofani SVP-Patient Services | 50 00 0 00 | | | | X | | | 428,820 | 0 | 60,040 |
| David Morales MD Div Dir, Cardiology | 50 00 0 00 | | | | | X | | 1,551,606 | 0 | 134,880 |

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 | | | |
| James Anthony Quintessenza MD Cardiothoracic Surgery | 50 00 0 00 | | | | | X | | 1,404,341 | 0 | 49,856 |
| Andrew Redington MD Instit Dir, Cardiology | 50 00 0 00 | | | | | X | | 1,471,731 | 0 | 100,907 |
| James Tweddell MD Instit Dir, Cardiothor Surg | 50 00 0 00 | | | | | X | | 2,658,105 | 0 | 189,750 |
| Eric J Wall MD Faculty Professor | 50 00 0 00 | | | | | X | | 1,076,774 | 0 | 53,425 |
| Jennifer Dauer Former Key Employee | 50 00 0 00 | | | | | | X | 832,138 | 0 | 65,249 |
| Cheryl Hoying Former Key Employee | 50 00 0 00 | | | | | | X | 111,921 | 0 | 13,353 |

SCHEDULE A
(Form 990 or 990-EZ)

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.

▶ Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 12, 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 (Form 990 or 990-EZ))
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 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)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - 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- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| Total | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|---|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant") | | | | | | |
| 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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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 2018 (line 6, column (f) divided by line 11, column (f)) | 14 | |
| 15 | Public support percentage for 2017 Schedule A, Part II, line 14 | 15 | |

- 16a 33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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 10 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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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 2018 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | | |
|-----------|--|-----------|--|
| 17 | Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2018. 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—2017. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| 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 I of Schedule L (Form 990 or 990-EZ). | | |
| 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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b 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 | | |

Part IV Supporting Organizations (continued)

| | | Yes | No |
|-----------|---|------------|----|
| 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? | | |
| b | A family member of a person described in (a) above? | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i> | | |
| | | 11a | |
| | | 11b | |
| | | 11c | |

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? <i>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.</i> | | |
| | | 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? <i>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.</i> | | |
| | | 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)? <i>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).</i> | | |
| | | 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| | | 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |
| | | 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 | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 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? <i>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.</i> | Yes | No |
| | | 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? <i>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.</i> | | |
| | | 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? <i>Provide details in Part VI.</i> | | |
| | | 3a | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |
| | | 3b | |

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

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **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 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

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

| 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 2018 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-2018 | (iii) Distributable Amount for 2018 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | |
| a From 2013. | | | |
| b From 2014. | | | |
| c From 2015. | | | |
| d From 2016. | | | |
| e From 2017. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2018 distributable amount | | | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2018 from Section D, line 7 \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 7 Excess distributions carryover to 2019. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a Excess from 2014. | | | |
| b Excess from 2015. | | | |
| c Excess from 2016. | | | |
| d Excess from 2017. | | | |
| e Excess from 2018. | | | |

Additional Data

Software ID:

Software Version:

EIN: 31-0833936

Name: Children's Hospital Medical Center

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

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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018
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If the organization answered "Yes" on 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" on 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" on 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 Children's Hospital Medical Center | Employer identification number 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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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- |
|----------|-------------|---------|---|--|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

| | (a) | | (b) |
|---|-----|----|---------|
| | Yes | No | 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 | | 178,164 |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | Yes | | 291,185 |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i Other activities? | | No | |
| j Total Add lines 1c through 1i | | | 469,349 |
| 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). | 2a | |
| a Current year | 2b | |
| b Carryover from last year | 2c | |
| c Total | 3 | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 4 | |
| 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? | 5 | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | | |

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 does not spend a substantial amount of resources or time participating in lobbying activities, Cincinnati Children's does pay membership dues to professional organizations who, among their many responsibilities, do perform certain lobbying activities on behalf of their member organizations. Cincinnati Children's has written these organizations to determine the portion of their operating budgets which are dedicated to such lobbying activities. Using their responses, Cincinnati Children's has determined the portion of Cincinnati Children's membership dues which are applicable to their lobbying activities. Below is a complete listing of these professional organizations: 1 American Hospital Association - \$15,071 2 Cincinnati Business Committee - \$2,250 3 Cincinnati Regional Business Committee - \$2,250 4 Cincinnati USA Regional Chamber - \$2,500 5 National Assoc of Children's Hospitals - \$43,595 6 National Assoc of Children's Hospitals (GME Campaign) - \$59,300 7 Ohio Hospital Association - \$7,873 8 Ohio Business Roundtable - \$4,840 9 Ohio Children's Hospital Association - \$40,485 Cincinnati Children's 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 2019, Cincinnati Children's government relations office incurred \$291,185 in expenses related to various lobbying activities. The Cincinnati Children's government management office provides support for specific legislation as part of these lobbying activities. Below is a complete listing of specific legislation supported by Cincinnati Children's government relations office: 1 Children's Services Levy Campaign - \$12,500. Certain members of Cincinnati Children'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 Cincinnati Children's consistent with its travel and business expense reimbursement guidelines. Furthermore, the value of their time spent performing lobbying activities is not quantifiable. In addition, Cincinnati Children's 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. |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
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" on 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? | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Part II Conservation Easements. Complete if the organization answered "Yes" on 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 7/25/06, 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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" on 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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 3,000,835,000 | 2,591,037,000 | 1,516,482,000 | 1,459,225,000 | 1,434,037,000 |
| b Contributions | 287,091,000 | 286,256,000 | 255,914,000 | 243,834,000 | 256,160,000 |
| c Net investment earnings, gains, and losses | 589,558,000 | 389,827,000 | 1,070,099,000 | 57,716,000 | 21,051,000 |
| d Grants or scholarships | 180,895,000 | 180,959,000 | 171,766,000 | 159,319,000 | 165,142,000 |
| e Other expenditures for facilities and programs | 97,950,000 | 85,326,000 | 79,692,000 | 84,974,000 | 86,881,000 |
| f Administrative expenses | | | | | |
| g End of year balance | 3,598,639,000 | 3,000,835,000 | 2,591,037,000 | 1,516,482,000 | 1,459,225,000 |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 0 %
 - b** Permanent endowment ▶ 51 000 %
 - c** Temporarily restricted endowment ▶ 49 000 %
- The percentages on 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 | | No |
| (ii) related organizations | Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 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" on 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 | | 40,430,112 | | 40,430,112 |
| b Buildings | | 1,589,770,429 | 775,465,866 | 814,304,563 |
| c Leasehold improvements | | | | |
| d Equipment | | 699,717,299 | 481,962,609 | 217,754,690 |
| e Other | | 152,273,104 | 15,720,061 | 136,553,043 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ | | | | 1,209,042,408 |

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on 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 | | |
| (3) Other _____ | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | ▶ | |

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on 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 |
|--|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | ▶ | |

Part IX Other Assets. Complete if the organization answered 'Yes' on 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 | 52,329,481 |
| (3) Interest in Assets of Supporting Organizations | 3,426,938,748 |
| (4) Assets Limited to Use - Funds in Trust | 10,900,007 |
| (5) Pension Benefit Asset | 20,999,412 |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) | ▶ 3,511,287,648 |

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

| (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| Self-Insurance Reserves | 51,167,260 |
| Capital Lease Obligations | 4,070,970 |
| Other Long-Term Liabilities | 15,991,195 |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | ▶ 71,229,425 |

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' on Form 990, Part IV, line 12a.

| | | | | |
|----------|---|-----------|-------------|------------------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 2,941,580,849 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| a | Net unrealized gains (losses) on investments | 2a | 42,830,650 | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII) | 2d | 282,913,085 | |
| e | Add lines 2a through 2d | | | 2e 325,743,735 |
| 3 | Subtract line 2e from line 1 | | | 3 2,615,837,114 |
| 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 | -1,760,862 | |
| c | Add lines 4a and 4b | | | 4c -1,760,862 |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | | | 5 2,614,076,252 |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | |
|----------|--|-----------|-------------|------------------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 2,665,201,849 |
| 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 | 283,125,219 | |
| e | Add lines 2a through 2d | | | 2e 283,125,219 |
| 3 | Subtract line 2e from line 1 | | | 3 2,382,076,630 |
| 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 | 122,856,138 | |
| c | Add lines 4a and 4b | | | 4c 122,856,138 |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | | | 5 2,504,932,768 |

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 |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
| | |
| | |
| | |
| | |
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| | |
| | |
| | |
| | |
| | |

Additional Data

Software ID:

Software Version:

EIN: 31-0833936

Name: Children's Hospital Medical Center

Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| Part V, Line 4 | Cincinnati Children's endowment funds are utilized to support the operations of various departments at Cincinnati Children's in furtherance of Cincinnati Children's primary tax-exempt purposes of patient care, education, and research. See Form 990, Part III and Schedule O for additional information. |

Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| 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 material penalties or interest recognized in fiscal years 2019 and 2018 Fiscal years 2016 through 2019 are subject to examination by both the Federal and State tax jurisdictions |

Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|--|
| Part XI, Line 2d - Other Adjustments | Eliminate intercompany operating/restricted revenue 278,845,000 CHSN revenue elimination 4,066,538 Other 1,547 |

Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|---|
| Part XI, Line 4b - Other Adjustments | Reclass below the line per financial statements to revenue per 990 5,383,000 Reclass rent expense to offset rental income per 990 -7,143,862 |

Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|--|
| Part XII, Line 2d - Other Adjustments | Eliminate intercompany operating/restricted expense 278,845,000 CHSN expense elimination 4,278,672 Other 1,547 |

Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|--|
| Part XII, Line 4b - Other Adjustments | Reclass below the line per financial statements to expenses per 990 130,000,000 Reclass rental expense to offset rental income per 990 -7,143,862 |

**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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
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** Activities 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 |
|---|-------------------------------------|--|---|--|--|
| See Add'l Data | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3a Sub-total | 0 | 1 | | | 3,804,425 |
| b Total from continuation sheets to Part I | | | | | 2,866,224 |
| c Totals (add lines 3a and 3b) | 0 | 50 | | | 6,670,649 |

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 separately 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, don't 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't 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 | Cincinnati Children's monitors the use of grant funds within and outside of the United States in accordance with 45 CFR Part 74 Appendix E Cincinnati Children's 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 Cincinnati Children's policies as well as 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 and the Caribbean | 0 | 1 | Program Services | Offshore Captive Management | 1,075,672 |
| Central America and the Caribbean | 0 | 0 | Program Services | Education, Teaching, & Research | 1,008 |

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 |
|--|-------------------------------------|---|--|--|-----------------------------------|
| East Asia and the Pacific | 0 | 0 | Program Services | Education, Teaching, & Research | 217,666 |
| Europe (Including Iceland & Greenland) | 0 | 0 | Program Services | Education, Teaching, & Research | 551,441 |

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 |
|------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| Middle East and North Africa | 0 | 0 | Program Services | Education, Teaching, & Research | 256,456 |
| North America | 0 | 0 | Program Services | Education, Teaching, & Research | 1,008,235 |

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 Asia | 0 | 0 | Program Services | Education, Teaching, & Research | 404,733 |
| Sub-Saharan Africa | 0 | 0 | Program Services | Education, Teaching, & Research | 289,214 |

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 and the Caribbean | 0 | 6 | Program Services | Patient Services | 9,543 |
| East Asia and the Pacific | 0 | 0 | Program Services | Patient Services | 18,883 |

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 (Including Iceland & Greenland) | 0 | 1 | Program Services | Patient Services | 3,008 |
| Middle East and North Africa | 0 | 16 | Program Services | Patient Services | 117,600 |

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 |
|-------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| North America | 0 | 0 | Program Services | Patient Services | 146 |
| Russia and Neighboring States | 0 | 0 | Program Services | Patient Services | 102 |

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 | Patient Services | 161 |
| South Asia | 0 | 6 | Program Services | Patient Services | 33,521 |

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 |
|---------------------------|-------------------------------------|---|--|--|-----------------------------------|
| Sub-Saharan Africa | 0 | 20 | Program Services | Patient Services | 66,369 |
| East Asia and the Pacific | 0 | 0 | Program Services | Salaries | 2,055,986 |

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 (Including Iceland & Greenland) | 0 | 0 | Program Services | Salaries | 305,429 |
| Middle East and North Africa | 0 | 0 | Program Services | Salaries | 232,107 |

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 |
|-------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| Russia and Neighboring States | 0 | 0 | Program Services | Salaries | 23,369 |

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) |
|--------------------------|---|--|--------------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | East Asia and the Pacific | Education, Training & Research | 207,864 | Electronic fund/wire transfer | | | FMV |
| | | Europe (Including Iceland & Greenland) | Education, Training & Research | 516,103 | Electronic fund/wire transfer | | | FMV |

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) |
|--------------------------|---|------------------------------|--------------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| | | Middle East and North Africa | Education, Training & Research | 256,456 | Electronic fund/wire transfer | | | FMV |
| | | North America | Education, Training & Research | 971,052 | Electronic fund/wire transfer | | | FMV |

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 Asia | Education, Training & Research | 400,183 | Electronic fund/wire transfer | | | FMV |
| | | Sub-Saharan Africa | Education, Training & Research | 283,614 | Electronic fund/wire transfer | | | FMV |

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 Asia | Patient Services | 0 | | 10,357 | Donated Medical Supplies | FMV |
| | | Sub-Saharan Africa | Patient Services | 0 | | 25,449 | Donated Medical Supplies | FMV |

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

| (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) |
|---------------------------------|------------------------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| Housing Assistance | East Asia and the Pacific | 2 | | | 18,800 | Housing Assistance | FMV |
| Transportation Assistance | Middle East and North Africa | 95 | | | 12,194 | Transportation Assistance | FMV |

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

| (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) |
|---------------------------------|-----------------------------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| Transportation Assistance | Central America and the Caribbean | 1 | | | 133 | Transportation Assistance | FMV |
| Transportation Assistance | East Asia and the Pacific | 1 | | | 83 | Transportation Assistance | FMV |

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

| (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) |
|---------------------------------|--|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| Transportation Assistance | Europe (Including Iceland & Greenland) | 1 | | | 518 | Transportation Assistance | FMV |
| Transportation Assistance | North America | 1 | | | 146 | Transportation Assistance | FMV |

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

| (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) |
|---------------------------------|-------------------------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| Transportation Assistance | Russia and Neighboring States | 1 | | | 102 | Transportation Assistance | FMV |
| Transportation Assistance | South America | 1 | | | 161 | Transportation Assistance | FMV |

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

| (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) |
|---------------------------------|--------------------|--------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| Transportation Assistance | South Asia | 1 | | | 24 | Transportation Assistance | FMV |
| Transportation Assistance | Sub-Saharan Africa | 1 | | | 43 | Transportation Assistance | FMV |

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" on 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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2018

**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" on 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? | | (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 |
|--|---|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
| Schultz & Williams 1617 JFK Boulevard Suite 1700 Philadelphia, PA 19103 | Direct Mail Program Consulting and Review | | No | 0 | 27,500 | -27,500 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | 27,500 | -27,500 |

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

AK, CO, FL, GA, KY, MA, MD, MI, MN, MS, NC, ND, NH, NJ, NM, NV, NY, OH, OK, OR, PA, SC, TN, UT, WA, WI

Part II Fundraising Events. Complete if the organization answered "Yes" on 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.

| Revenue | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) |
|-----------------|---|--|-------------------------------------|----------------------------|--|
| | | <u>Go the Distance</u> (event type) | <u>Kaleidoscope</u> (event type) | <u>6</u> (total number) | Total events (add col (a) through col (c)) |
| Revenue | 1 Gross receipts | 718,064 | 544,706 | 346,357 | 1,609,127 |
| | 2 Less Contributions | 640,633 | 501,766 | 294,552 | 1,436,951 |
| | 3 Gross income (line 1 minus line 2) | 77,431 | 42,940 | 51,805 | 172,176 |
| Direct Expenses | 4 Cash prizes | 0 | 0 | 2,440 | 2,440 |
| | 5 Noncash prizes | 0 | 0 | 41,555 | 41,555 |
| | 6 Rent/facility costs | 31,784 | 7,043 | 63,401 | 102,228 |
| | 7 Food and beverages | 6,538 | 0 | 19,552 | 26,090 |
| | 8 Entertainment | 8,987 | 125,000 | 1,250 | 135,237 |
| | 9 Other direct expenses | 89,270 | 179,216 | 13,490 | 281,976 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 589,526 |
| | 11 Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | -417,350 |

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

| Revenue | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
|--|--|---|---|---|---|
| | | 1 Gross revenue | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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 activity conducted in

| | | |
|----------|-----------------------------|---|
| a | The organization's facility | % |
| b | An outside facility | % |

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 |
|-----------------------------|--|
| Part I, Line 2b, Column (v) | Schultz & Williams also received payments totaling \$381,992 for preparation, printing, and postage of mailings and mailing list |

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

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990EZ for instructions and the latest information.**

OMB No 1545-0047
2018
Open to Public Inspection

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 <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % | 3a | Yes | |
| b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 20100 0000000000 % | 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 eligible 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) | | | 10,877,578 | 4,230,000 | 6,647,578 | 0 270 % |
| b Medicaid (from Worksheet 3, column a) | | | 755,913,397 | 544,378,409 | 211,534,988 | 8 440 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total Financial Assistance and Means-Tested Government Programs | | | 766,790,975 | 548,608,409 | 218,182,566 | 8 710 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 9,491,898 | 134,046 | 9,357,852 | 0 370 % |
| f Health professions education (from Worksheet 5) | | | 80,777,120 | 20,133,951 | 60,643,169 | 2 420 % |
| g Subsidized health services (from Worksheet 6) | | | 18,938,297 | 11,934,601 | 7,003,696 | 0 280 % |
| h Research (from Worksheet 7) | | | 395,514,768 | 275,928,511 | 119,586,257 | 4 770 % |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 4,642,793 | 0 | 4,642,793 | 0 190 % |
| j Total. Other Benefits | | | 509,364,876 | 308,131,109 | 201,233,767 | 8 030 % |
| k Total. Add lines 7d and 7j | | | 1,276,155,851 | 856,739,518 | 419,416,333 | 16 740 % |

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 | | | 157,500 | | 157,500 | 0.010 % |
| 2 Economic development | | | 294,280 | | 294,280 | 0.010 % |
| 3 Community support | | | 404,588 | | 404,588 | 0.020 % |
| 4 Environmental improvements | | | | | | |
| 5 Leadership development and training for community members | | | 278,667 | 100,000 | 178,667 | 0.010 % |
| 6 Coalition building | | | | | | |
| 7 Community health improvement advocacy | | | | | | |
| 8 Workforce development | | | | | | |
| 9 Other | | | | | | |
| 10 Total | | | 1,135,035 | 100,000 | 1,035,035 | 0.050 % |

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

| | | Yes | No |
|---|---|-----|------------|
| 1 | Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? | | 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. | | |
| | | | 11,056,778 |
| 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. | | |
| | | | 3,803,532 |
| 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 | 8,189,221 |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5. | 6 | 13,239,194 |
| 7 | Subtract line 6 from line 5. This is the surplus (or shortfall). | 7 | -5,049,973 |
| 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. <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> 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)

| | 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? | | 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 | | 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 If "Yes," indicate what the CHNA report describes (check all that apply) | Yes | |
| a | <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | |
| b | <input checked="" type="checkbox"/> Demographics of the community | | |
| c | <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d | <input checked="" type="checkbox"/> How data was obtained | | |
| e | <input checked="" type="checkbox"/> The significant health needs of the community | | |
| f | <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g | <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h | <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i | <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | |
| 4 | Indicate the tax year the hospital facility last conducted a CHNA 20 <u>18</u> | | |
| 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 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 | 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 | 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 | | No |
| 7 | Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) | Yes | |
| a | <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Part V, Section C</u> | | |
| b | <input type="checkbox"/> Other website (list url) _____ | | |
| c | <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d | <input type="checkbox"/> 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 | Yes | |
| 9 | Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>18</u> | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? | Yes | |
| a | If "Yes" (list url) <u>http://www.cincinnatichildrens.org/about/community/health-needs-assessment/</u> | | |
| b | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | | |
| 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)? | | No |
| b | If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | | |
| c | If "Yes" on 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)**Financial Assistance Policy (FAP)**

Facility Reporting Group A

Name of hospital facility or letter of facility reporting group _____

| | | Yes | No |
|--|---|---------------|----|
| 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? If "Yes," indicate the eligibility criteria explained in the FAP | 13 Yes | |
| a | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>201 000000000000</u> % | | |
| b | <input type="checkbox"/> Income level other than FPG (describe in Section C) | | |
| c | <input checked="" type="checkbox"/> Asset level | | |
| d | <input checked="" type="checkbox"/> Medical indigency | | |
| e | <input checked="" type="checkbox"/> Insurance status | | |
| f | <input checked="" type="checkbox"/> Underinsurance discount | | |
| g | <input checked="" type="checkbox"/> Residency | | |
| h | <input type="checkbox"/> 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? 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) | 15 Yes | |
| a | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | |
| b | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | |
| c | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | |
| d | <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | |
| e | <input type="checkbox"/> Other (describe in Section C) | | |
| 16 | Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) | 16 Yes | |
| a | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>http://www.cincinnatichildrens.org/patients/resources/financial-assistance/</u> | | |
| b | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>http://www.cincinnatichildrens.org/patients/resources/financial-assistance/</u> | | |
| c | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>http://www.cincinnatichildrens.org/patients/resources/financial-assistance/</u> | | |
| d | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| e | <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| f | <input checked="" type="checkbox"/> 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 | <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention | | |
| h | <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | |
| i | <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations | | |
| j | <input checked="" type="checkbox"/> Other (describe in Section C) | | |

Part V Facility Information (continued)**Billing and Collections**

Facility Reporting Group A

Name of hospital facility or letter of facility reporting group _____

| | | Yes | No | |
|-----------|--|-----|-----|----|
| 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 nonpayment? | 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 | <input type="checkbox"/> Reporting to credit agency(ies) | | | |
| b | <input type="checkbox"/> Selling an individual's debt to another party | | | |
| c | <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP | | | |
| d | <input type="checkbox"/> Actions that require a legal or judicial process | | | |
| e | <input type="checkbox"/> Other similar actions (describe in Section C) | | | |
| f | <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted | | | |
| 19 | Did the hospital facility or other authorized 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? If "Yes," check all actions in which the hospital facility or a third party engaged | 19 | | No |
| a | <input type="checkbox"/> Reporting to credit agency(ies) | | | |
| b | <input type="checkbox"/> Selling an individual's debt to another party | | | |
| c | <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP | | | |
| d | <input type="checkbox"/> Actions that require a legal or judicial process | | | |
| e | <input type="checkbox"/> 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 19 (check all that apply) | | | |
| a | <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs | | | |
| b | <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process | | | |
| c | <input type="checkbox"/> Processed incomplete and complete FAP applications | | | |
| d | <input type="checkbox"/> Made presumptive eligibility determinations | | | |
| e | <input type="checkbox"/> Other (describe in Section C) | | | |
| f | <input checked="" type="checkbox"/> 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? If "No," indicate why | 21 | Yes | |
| a | <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions | | | |
| b | <input type="checkbox"/> The hospital facility's policy was not in writing | | | |
| c | <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) | | | |
| d | <input type="checkbox"/> Other (describe in Section C) | | | |

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Facility Reporting Group A

Name of hospital facility or letter of facility reporting group _____

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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

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?

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?

If "Yes," explain in Section C

| | Yes | No |
|-----------|-----|----|
| 23 | | No |
| 24 | | No |

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? 17

| 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

990 Schedule H, Supplemental Information

| 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 |
| Part II, Community Building Activities | Cincinnati Children's vision is to be the leader in improving child health and includes supporting a variety of community activities that benefit children's physical, emotional, and social health. To support children's health and the social health issues children are facing, Cincinnati Children's invests in community programs that benefit economic development and physical improvements within its Primary Service Area. As one of the largest employers in the region, Cincinnati Children's supports efforts to promote a competent healthcare workforce and initiatives that drive innovation and sustainability of the neighborhoods it serves. These initiatives and efforts are focused on improving child health and our goal of changing the outcome together with patients, families and communities. More information about Cincinnati Children's mission, vision and values can be found at https://www.cincinnatichildrens.org/about/mission |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|---|
| Part III, Line 2 | The bad debt reported on Line 2 is at cost, as calculated from the cost accounting system. It represents amounts charged to bad debt at cost related to amounts uncollectible from patients and families. |
| Part III, Line 3 | Cincinnati Children's utilizes economists from the University of Cincinnati to determine the estimated percentage of the bad debt expense reported on Line 2 attributable to patients eligible under our Financial Assistance Policy. This amount is not included in our community benefit calculation. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|---|
| Part III, Line 4 | Accounting Standard 606 changed how bad debt was reported. Previously, uncollectible amounts from patients who do not meet the criteria under Cincinnati Children's charity care policy were considered bad debt and were included as an offset to net hospital 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. |
| Part III, Line 8 | Cincinnati Children's utilizes its cost accounting system to calculate the cost of providing care to Medicare patients. |

990 Schedule H, Supplemental Information

| 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 |
| Part VI, Line 2 | <p>In order to understand the child health needs of the Cincinnati Children's community, community members and key child health organizations were asked to participate in our community survey, key informant interviews and community focus groups Through each data collection method, community input was solicited through community members or representatives of organizations, including organizations serving vulnerable populations Child health priorities included child mental health, childhood obesity, child safety and unintentional injury, childhood asthma, early literacy and school readiness, and infant mortality 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 identify community providers, governmental organizations, and area non-profits 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</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| Part VI, Line 3 | <p>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 families on answering assistance related questions as well. Cincinnati Children's also has a financial counseling department and a financial advocate program that reach out to underserved 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.</p> |
| Part VI, Line 4 | <p>Cincinnati Children's serves patients from all 50 states and over 100 countries but its primary service area is an eight county region across the Greater Cincinnati geographic area. The eight counties include Butler, Clermont, Hamilton, and Warren counties in Ohio, Boone, Campbell, and Kenton counties in Kentucky, and Dearborn County in Indiana. Cincinnati Children's operates 14 healthcare facilities within the primary service area. 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-assessment</p> <p>Part 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</p> <p>Part VI, Line 6 - Cincinnati Children's is not part of an affiliated health system</p> <p>Part VI, Line 7 - Cincinnati Children's is not required to file a community benefit report in any state. However, Cincinnati Children's prepares a community benefit report that can be found on our website at the following link https://www.cincinnatichildrens.org/about/community/community-benefit</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--------------------------|---|
| Community Benefit Report | In order to understand the child health needs of Cincinnati Children's community, community members and key child health organizations were asked to participate in our community survey, key informant interviews and community focus groups. Through each data collection method, community input was solicited through community members or representatives of organizations, including organizations serving vulnerable populations. Please refer to the Community Health Needs Assessment for more detailed discussion on the questions and people/organizations involved. |

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

| 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 | | 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 |
|--|---|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------------|--------------------------|
| 1 | CCHMC - Main Campus 3333 Burnet Avenue Cincinnati, OH 45229 www.cincinnatichildrens.org 1186 | X | X | X | X | | X | X | | | A |
| 2 | CCHMC - Liberty Campus 7777 Yankee Road Liberty Township, OH 45044 www.cincinnatichildrens.org 1492 | X | X | X | X | | | X | | | A |
| 3 | CCHMC - College Hill Campus 5642 Hamilton Avenue Cincinnati, OH 45224 www.cincinnatichildrens.org 1446 | X | | X | X | | | | | | A |
| 4 | CCHMC - Linder Center of Hope Campus 4015 Old Western Row Road Mason, OH 45040 www.cincinnatichildrens.org 1500 | X | | X | X | | | | | Mental Health Facility | A |

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 - Linder Center of Hope Campus |

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, line 5 | <p>Facility Reporting Group ACincinnati Children's received input from a broad range of individuals that are representative of medically underserved, low-income, and minority populations when completing its most recent Community Health Needs Assessment Cincinnati Children's Community Health Needs Assessment was designed and completed by a team including representatives from key internal departments, public health, and the community Cincinnati Children's completed a Community Health Needs Assessment by completing surveys, interviewing key informants, conducting focus groups, and reviewing secondary data across Cincinnati Children's eight-county primary service area In order to understand the child health needs of Cincinnati Children's community, community members and key child health organizations were asked to participate in our community survey, key informant interviews and community focus groups Through each data collection method, community input was solicited through community members or representatives of organizations, including organizations serving vulnerable populations Please refer to the Community Health Needs Assessment for more detailed discussion on the questions and people/organizations involved</p> |
| Part V, Section B, line 6a | <p>Facility Reporting Group ACCHMC - Main CampusCCHMC - Liberty CampusCCHMC - College Hill CampusCCHMC - Lindner Center of Hope CampusFacility Reporting Group APart V, Section B, Line 7a, Hospital facility's website http //www cincinnatichildrens org/about/community/health-needs-assessment/</p> |

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, line 11 | Cincinnati Children's worked both internally and with external community partners in establishing plans to address the pediatric community health needs identified in the CHNA. Cincinnati Children's, through its CHNA, did not identify any needs that are not being addressed. The implementation strategy has been 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 |
| Part V, Section B, line 16j | In addition to Cincinnati Children's Financial Assistance Policy being available on its website, available upon request, included with billing statements, and prominently displayed in emergency rooms and admissions offices, a plain language summary of Cincinnati Children's Financial Assistance Policy is available on its website, http://www.cincinnatichildrens.org/patients/resources/financial-assistance/ |

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) |
|--|-----------------------------|
| 1 1 - CCHMC Anderson 7495 State Road Suite 355 Cincinnati, OH 45255 | Neighborhood Facility |
| 1 2 - CCHMC Drake 151 West Galbraith Road Cincinnati, OH 45216 | Neighborhood Facility |
| 2 3 - CCHMC Eastgate 796 Cincinnati-Batavia Pike Cincinnati, OH 45245 | Neighborhood Facility |
| 3 4 - CCHMC Fairfield 3050 Mack Road Cincinnati, OH 45014 | Neighborhood Facility |
| 4 5 - CCHMC Green Township 5899 Harrison Avenue Cincinnati, OH 45248 | Neighborhood Facility |
| 5 6 - CCHMC Kenwood 7714-A Montgomery Road Cincinnati, OH 45236 | Neighborhood Facility |
| 6 7 - CCHMC Mason 9560 Childrens Drive Mason, OH 45040 | Neighborhood Facility |
| 7 8 - Children's Outpatient NKY 2765 Chapel Place Crestview Hills, OH 41017 | Neighborhood Facility |
| 8 9 - CCHMC Oak 2800 Winslow Avenue Cincinnati, OH 45206 | Neighborhood Facility |
| 9 10 - CCHMC Hopple Street 2750 Beekman Avenue Cincinnati, OH 45225 | Neighborhood Facility |
| 10 11 - CCHMC Bardstown 201 S Fifth Street Suite 10 Bardstown, KY 40004 | Specialty Outreach Clinic |
| 11 12 - CCHMC Danville 303 S Fourth Street Suite 201 Danville, KY 40422 | Specialty Outreach Clinic |
| 12 13 - CCHMC Elizabethtown 1003 N Dixie Highway Elizabethtown, KY 42701 | Specialty Outreach Clinic |
| 13 14 - CCHMC Louisville 731 E Broadway Louisville, KY 40202 | Specialty Outreach Clinic |
| 14 15 - CCHMC Shelbyville 720 Hospital Drive Shelbyville, KY 40065 | Specialty Outreach Clinic |

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) |
|--|-----------------------------|
| 16 16 - Children's Health Care Batesville 124 State Road 46 West Batesville, IN 47006 | Specialty Outreach Clinic |
| 1 17 - Children's Health Care Greensburg 1809 N Lincoln Street Greensburg, IN 47240 | Specialty Outreach Clinic |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

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...
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" on 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

Table with 8 columns: (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 noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 40
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" on 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 noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) Housing for Domestic Patient Families | 210 | | 80,489 | FMV | Housing Assistance |
| (2) Transportation for Domestic Patient Families | 1095 | | 142,415 | FMV | Transportation Assistance |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

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 | Cincinnati Children's provides grants and allocations 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 Cincinnati Children's 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 Cincinnati Children's are notified of Cincinnati Children's support, including the stated purpose for the grant award. Cincinnati Children's 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 section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| The Health Collaborative 615 Elsmore Place No 500 Cincinnati, OH 45202 | 31-1449807 | 501(c)(3) | 946,454 | | | | Sponsorship |
| American Heart Association 7272 Greenville Avenue Dallas, TX 75231 | 13-5613797 | 501(c)(3) | 224,688 | | | | 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 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Avondale Comprehensive Development Corporation 3494 Reading Road Cincinnati, OH 45229 | 45-2412695 | 501(c)(3) | 208,386 | | | | Sponsorship |
| Children's Miracle Network 205 West 700 South Salt Lake City, UT 84101 | 87-0387205 | 501(c)(3) | 206,056 | | | | 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 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| National Association of Children's Hospitals & Related Institutions Inc 600 13th Street NW No 500 Washington, DC 20005 | 51-0120256 | 501(c)(3) | 177,405 | | | | Sponsorship |
| United Way of Greater Cincinnati 2400 Reading Rd Cincinnati, OH 45202 | 31-0537502 | 501(c)(3) | 150,000 | | | | 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 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Activities Beyond the Classroom 635 W 7th Street No 301 Cincinnati, OH 45203 | 35-2222723 | 501(c)(3) | 100,000 | | | | Sponsorship |
| Ronald McDonald House Charities of Greater Cincinnati 350 Erkenbrecher Ave Cincinnati, OH 45229 | 31-0965333 | 501(c)(3) | 35,000 | | | | 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 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Avondale Community Council Inc 3635 Reading Road Cincinnati, OH 45229 | 23-7089046 | 501(c)(3) | 30,250 | | | | Sponsorship |
| Urban League of Greater Southwestern Ohio 3458 Reading Road Cincinnati, OH 45202 | 31-0565428 | 501(c)(3) | 26,615 | | | | 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 section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Cincinnati Zoo Foundation Inc 3400 Vine Street Cincinnati, OH 45220 | 31-1680106 | 501(c)(3) | 26,330 | | | | Sponsorship |
| Closing the Health Gap 3120 Burnet Avenue Suite 201 Cincinnati, OH 45229 | 20-0902286 | 501(c)(3) | 25,000 | | | | 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 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Greenlight Fund Inc 200 Clarendon St 44th Floor Boston, MA 02116 | 20-0407083 | 501(c)(3) | 25,000 | | | | Sponsorship |
| Cincinnati Reds Community Fund 100 Nuxhall Way Cincinnati, OH 45202 | 31-1790195 | 501(c)(3) | 22,500 | | | | 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 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Makenna Foundation 2808 Palumbo Dr Ste 205 Lexington, KY 40509 | 16-1687755 | 501(c)(3) | 20,000 | | | | Sponsorship |
| Cincinnati Public Schools 2651 Burnet Avenue Cincinnati, OH 45219 | 31-6000758 | Government Entity | 19,590 | | | | 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 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Ohio Business Roundtable 41 South High Street Suite 2240 Columbus, OH 43215 | 31-1359114 | 501(c)(6) | 19,360 | | | | Sponsorship |
| James W Miller Memorial Fund 6715 Hammerstone Way Cincinnati, OH 45227 | 27-3346632 | 501(c)(3) | 19,000 | | | | 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 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| West Chester Chamber Alliance 8922 Beckett Road West Chester, OH 45069 | 31-0901492 | 501(c)(6) | 15,750 | | | | Sponsorship |
| Little Footprints Learning Center 3660 Washington Ave Cincinnati, OH 45229 | 82-2401241 | 501(c)(3) | 15,000 | | | | 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 section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| The Children's Home of Cincinnati Ohio 5050 Madison Road Cincinnati, OH 45227 | 31-0536969 | 501(c)(3) | 15,000 | | | | Sponsorship |
| Give Back Cincinnati 312 Walnut Street No 3600 Cincinnati, OH 45202 | 31-1774381 | 501(c)(3) | 15,000 | | | | 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 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Boys & Girls Clubs of Greater Cincinnati 600 Dalton Avenue Cincinnati, OH 45203 | 31-0536965 | 501(c)(3) | 15,000 | | | | Sponsorship |
| The Community Builders Inc 185 Dartmouth Street Boston, MA 02116 | 04-2324773 | 501(c)(3) | 15,000 | | | | 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 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Global Genes 28 Argonaut Suite 150 Aliso Viejo, CA 92656 | 26-3331487 | 501(c)(3) | 15,000 | | | | Sponsorship |
| Mortar Cincinnati 1329 Vine Street Cincinnati, OH 45202 | 47-2431620 | 501(c)(3) | 15,000 | | | | 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 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| March of Dimes Foundation 10806 Kenwood Road Cincinnati, OH 45242 | 13-1846366 | 501(c)(3) | 13,300 | | | | Sponsorship |
| LifeCenter Organ Donor Network 615 Elsmore Place No 400 Cincinnati, OH 45202 | 31-1040508 | 501(c)(3) | 12,500 | | | | 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 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 Foundation PO Box 19970 Cincinnati, OH 45219 | 31-0896555 | 501(c)(3) | 12,000 | | | | Sponsorship |
| JazJordan Inc 9910 Coventry Ct Mason, OH 450409537 | 46-4687760 | 501(c)(3) | 12,000 | | | | 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 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Adult Congenital Heart Association 280 North Providence Road No 6 Media, PA 19063 | 04-3447959 | 501(c)(3) | 10,000 | | | | Sponsorship |
| Ohio Hospital Association 155 East Broad Street 301 Columbus, OH 432153640 | 31-4270340 | 501(c)(3) | 10,000 | | | | 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 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Easter Seals Tristate 2901 Gilbert Ave Cincinnati, OH 45206 | 31-0873433 | 501(c)(3) | 10,000 | | | | Sponsorship |
| Boomer Esiason Foundation 483 10th Avenue Suite 300 New York, NY 10018 | 11-3142753 | 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 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Wesley Education Center for Children and Families 525 Hale Ave Cincinnati, OH 452293105 | 31-0597419 | 501(c)(3) | 7,500 | | | | Sponsorship |
| Crohn's & Colitis Foundation Inc 733 Third Avenue New York, NY 10017 | 13-6193105 | 501(c)(3) | 7,250 | | | | 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 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Axis (Edge) Teen Center 7568 Wyandot Ln Liberty Township, OH 45044 | 26-1438129 | 501(c)(3) | 7,000 | | | | Sponsorship |
| National Kidney Foundation Inc 30 E 33rd Street New York, NY 10016 | 13-1673104 | 501(c)(3) | 6,800 | | | | 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 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CWFF Child Development Center 434 Forest Ave Cincinnati, OH 45229 | 31-0301096 | 501(c)(3) | 6,000 | | | | Sponsorship |
| CancerFree KIDS Pediatric Cancer Research Alliance PO Box 575 Loveland, OH 45140 | 30-0087852 | 501(c)(3) | 6,000 | | | | 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 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Learning Through Art 4721 Reading Road Suite 310 Cincinnati, OH 45237 | 31-1367751 | 501(c)(3) | 6,000 | | | | Sponsorship |

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2018

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 | | | | | | | | |
|---|---|--|---|--|---|---|---|--|--|--|
| <p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | | | | | | | | |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | | | | | | | | |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | | | | | | | | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | | | | | | | |
| <p>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.</p> | 1b | | | | | | | | | |
| <p>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?</p> | 2 | | | | | | | | | |
| <p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | |
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | | | | | | | | | |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study | | | | | | | | | |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | | | | | | |
| <p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p> | 4a | No | | | | | | | | |
| | 4b | Yes | | | | | | | | |
| | 4c | No | | | | | | | | |
| <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p> | 5a | No | | | | | | | | |
| | 5b | No | | | | | | | | |
| <p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p> | 6a | No | | | | | | | | |
| | 6b | No | | | | | | | | |
| <p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p> | 7 | No | | | | | | | | |
| <p>8 Were any amounts reported on Form 990, Part VII, paid or accrued 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.</p> | 8 | No | | | | | | | | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 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 on 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 on prior Form 990 |
|--------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |

See Additional Data Table

| | | | | | | | |
|--|--|--|--|--|--|--|--|
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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 | <p>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.</p> <p>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))</p> <p>1 Beth Stautberg - \$71,792 2 Michael Fisher - \$169,170 3 Mark Mumford - \$84,967 4 Brian Coley - \$97,497 5 Andrew Redington - \$97,102 6 Stephen Davis - \$61,292 7 Daniel von Allmen - \$154,056 8 James Tweddell - \$253,690 9 Jennifer Dauer - \$135,835</p> |

| Return Reference | Explanation |
|--|---|
| Explanation of compensation paid to John McAuliffe | <p>John McAuliffe received \$51,891 of other reportable compensation from the University of Cincinnati for services provided to the Department of Anesthesia 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:</p> <ol style="list-style-type: none"> 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) <p>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:</p> <ol style="list-style-type: none"> 1 Health and dental insurance benefits 2 Group life insurance (portions of which are taxed) 3 Unemployment benefits 4 Disability benefits <p>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. Cincinnati Children's 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 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.</p> |



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 on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| Daniel von Allmen MD Surgeon-in-Chief | (i) | 1,025,623 | 335,893 | 202,492 | 116,600 | 25,141 | 1,705,749 | 154,056 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Margaret Hostetter Chair, Pediatrics | (i) | 627,649 | 206,540 | 76,301 | 27,500 | 10,030 | 948,020 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Michael Fisher President & CEO | (i) | 1,032,953 | 756,657 | 222,229 | 118,801 | 33,049 | 2,163,689 | 169,170 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Steve Davis MD COO | (i) | 722,811 | 222,871 | 77,954 | 78,375 | 32,909 | 1,134,920 | 61,292 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Mark Mumford SVP & CFO, Treasurer | (i) | 597,350 | 511,837 | 125,726 | 107,948 | 33,049 | 1,375,910 | 209,520 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Beth Stautberg Secretary, Sr VP & Counsel | (i) | 562,198 | 181,070 | 100,627 | 66,945 | 10,021 | 920,861 | 71,792 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Brian Coley Radiologist-in-Chief | (i) | 642,007 | 209,288 | 140,347 | 79,265 | 17,451 | 1,088,358 | 97,497 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| John McAuliffe MD Anesthesiologist-in-Chief | (i) | 474,793 | 156,317 | 131,844 | 27,500 | 1,707 | 792,161 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Nerissa Morris SVP and CHRO (effective 3/18) | (i) | 261,712 | 50,000 | 40,690 | 34,397 | 7,972 | 394,771 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Barbara Tofani SVP-Patient Services | (i) | 336,350 | 74,057 | 18,413 | 44,847 | 15,193 | 488,860 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| David Morales MD Div Dir, Cardiology | (i) | 1,478,378 | 50,750 | 22,478 | 103,500 | 31,380 | 1,686,486 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| James Anthony Quintessenza MD Cardiothoracic Surgery | (i) | 1,130,333 | 250,000 | 24,008 | 27,500 | 22,356 | 1,454,197 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Andrew Redington MD Insttit Dir, Cardiology | (i) | 800,843 | 512,494 | 158,394 | 79,057 | 21,850 | 1,572,638 | 97,102 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| James Tweddell MD Insttit Dir, Cardiothor Surg | (i) | 1,859,641 | 482,055 | 316,409 | 161,586 | 28,164 | 2,847,855 | 253,690 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Eric J Wall MD Faculty Professor | (i) | 1,002,418 | 50,348 | 24,008 | 27,500 | 25,925 | 1,130,199 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Jennifer Dauer Former Key Employee | (i) | 465,899 | 138,533 | 227,706 | 34,494 | 30,755 | 897,387 | 135,835 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cheryl Hoying Former Key Employee | (i) | 83,386 | 50 | 28,485 | 8,898 | 4,455 | 125,274 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury
Internal Revenue Service

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 | 000000000 | 11-19-2010 | 30,000,000 | Repay 2007N Bonds (12/11/07) | | X | | X | | X |
| B Hamilton County Ohio | 31-6000063 | 000000000 | 06-11-2014 | 48,205,000 | Reissue 2011 bonds (10/14/2011) | | 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 |
| D Butler County Ohio | 31-6000061 | 123550GY5 | 11-18-2016 | 63,956,074 | Repay 2006K Bonds (12/8/06) | | X | | X | | X |

Part II Proceeds

| | | A | | B | | C | | D | |
|-----------|--|------------|-----------|------------|-----------|-------------|-----------|------------|-----------|
| 1 | Amount of bonds retired | 27,000,000 | | 23,960,000 | | 22,630,000 | | | |
| 2 | Amount of bonds legally defeased | | | | | | | | |
| 3 | Total proceeds of issue | 30,000,000 | | 48,205,000 | | 134,694,252 | | 63,956,074 | |
| 4 | Gross proceeds in reserve funds | | | | | | | | |
| 5 | Capitalized interest from proceeds | | | | | | | | |
| 6 | Proceeds in refunding escrows | | | | | | | | |
| 7 | Issuance costs from proceeds | | | | | 1,635,569 | | 698,655 | |
| 8 | Credit enhancement from proceeds | | | | | | | | |
| 9 | Working capital expenditures from proceeds | | | | | | | | |
| 10 | Capital expenditures from proceeds | | | | | | | | |
| 11 | Other spent proceeds | 30,000,000 | | 48,205,000 | | 133,058,683 | | 63,257,419 | |
| 12 | Other unspent proceeds | | | | | | | | |
| 13 | Year of substantial completion | 2010 | | 2014 | | 2014 | | 2016 | |
| | | 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 ▶ | 0 % | | 0 % | | 0 % | | 0 % | |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶ | 0 % | | 0 % | | 1 730 % | | 0 260 % | |
| 6 Total of lines 4 and 5 | 0 % | | 0 % | | 1 730 % | | 0 260 % | |
| 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 IV, Line 6 | This question is being answered without regard to a yield restricted refunding escrow |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Children's Hospital Medical Center

Employer identification number

31-0833936

Part I Bond Issues

Table with columns: (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. Row 1: Hamilton County Ohio, 31-6000063, 407272V75, 02-22-2018, 107,160,000, Repay 2002 and 2016 Bonds (1/30/02 and 6/29/16).

Part II Proceeds

Table with columns A, B, C, D. Rows 1-17 detailing bond proceeds: Amount of bonds retired (4,810,000), Total proceeds of issue (107,160,000), Other spent proceeds (107,160,000), and various questions about bond issuance (14-17).

Part III Private Business Use

Table with columns A, B, C, D. Rows 1-2: Was the organization a partner in a partnership... (1), Are there any lease arrangements... (2).

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 | | | | | | |
| 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 | | | | | | | |
| 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 | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶ | 0 % | | | | | | | |
| 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 ▶ | 1 350 % | | | | | | | |
| 6 Total of lines 4 and 5 | 1 350 % | | | | | | | |
| 7 Does the bond issue meet the private security or payment test? | | 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 | | | | | | |
| 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 | | | | | | | |

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 | | | | | | |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | X | | | | | | |
| b Exception to rebate? | X | | | | | | | |
| c No rebate due? | | 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 | | | | | | | |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | 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 | | | | | | |
| 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 | | | | | | |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | 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 | | | | | | | |

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

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **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.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

| | |
|--|--|
| 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? | | (e) Original principal amount | (f) Balance due | (g) In default? | | (h) Approved by board or committee? | | (i) Written agreement? | |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
| | | | To | From | | | Yes | No | Yes | No | 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 |
| See Additional Data Table | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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 |

Additional Data

Software ID:

Software Version:

EIN: 31-0833936

Name: Children's Hospital Medical Center

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

| (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 |
| Margaret Kettler | Family Mmbr Trust | 126,402 | Com & Ben | | No |
| Ann Chambers-Blackmore | Family Mmbr Trust | 98,553 | Com & Ben | | No |

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

| (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 |
| Denise Davis | Family Mmbr of Off | 59,428 | Com & Ben | | No |
| Cheryl Dukes | Family Mmbr Trust | 58,549 | Com & Ben | | No |

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

| (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 |
| PNC Bank | Trustee is Officer | 1,836,258 | Banking | | No |
| Fort Washington Investment Advisors | Trustee is Officer | 1,167,091 | Investment | | No |

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

| (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 |
| Substantial Contributor | Substantial Contr | 75,273,051 | Vendor | | No |
| Substantial Contributor | Substantial Contr | 18,128,178 | Vendor | | No |

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

| (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 |
| Substantial Contributor | Substantial Contr | 17,721,284 | Vendor | | No |
| Substantial Contributor | Substantial Contr | 16,915,566 | Vendor | | No |

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

| (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 |
| Substantial Contributor | Substantial Contributor | 7,831,611 | Vendor | | No |
| Substantial Contributor | Substantial Contributor | 7,504,248 | Vendor | | No |

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

| (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 |
| Substantial Contributor | Substantial Contributor | 4,578,707 | Vendor | | No |
| Substantial Contributor | Substantial Contributor | 3,102,057 | Vendor | | No |

| Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons | | | | | |
|---|--|----------------------------------|---------------------------------------|--|-----------|
| (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 |
| Substantial Contributor | Substantial Contributor | 1,423,385 | Vendor | | No |
| Substantial Contributor | Substantial Contributor | 1,320,864 | Vendor | | No |

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

| (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 |
| Substantial Contributor | Substantial Contributor | 1,058,237 | Vendor | | No |
| Substantial Contributor | Substantial Contributor | 908,827 | Vendor | | No |

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

| (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 |
| Substantial Contributor | Substantial Contributor | 836,689 | Vendor | | No |
| Substantial Contributor | Substantial Contributor | 744,029 | Vendor | | No |

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

| (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 |
| Substantial Contributor | Substantial Contributor | 653,273 | Vendor | | No |
| Substantial Contributor | Substantial Contributor | 650,498 | Vendor | | No |

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

| (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 |
| Substantial Contributor | Substantial Contributor | 610,972 | Vendor | | No |
| Substantial Contributor | Substantial Contributor | 598,986 | Vendor | | No |

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

| (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 |
| Substantial Contributor | Substantial Contributor | 559,899 | Vendor | | No |
| Substantial Contributor | Substantial Contributor | 558,205 | Vendor | | No |

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

| (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 |
| Substantial Contributor | Substantial Contributor | 409,523 | Vendor | | No |
| Substantial Contributor | Substantial Contributor | 296,688 | Vendor | | No |

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

| (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 |
| Substantial Contributor | Substantial Contributor | 288,648 | Vendor | | No |
| Substantial Contributor | Substantial Contributor | 280,286 | Vendor | | No |

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

| (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 |
| Substantial Contributor | Substantial Contributor | 279,580 | Vendor | | No |
| Substantial Contributor | Substantial Contributor | 277,222 | Vendor | | No |

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

| (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 |
| Substantial Contributor | Substantial Contributor | 243,618 | Vendor | | No |
| Substantial Contributor | Substantial Contributor | 225,563 | Vendor | | No |

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

| (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 |
| Substantial Contributor | Substantial Contributor | 209,213 | Vendor | | No |
| Substantial Contributor | Substantial Contributor | 150,000 | Vendor | | No |

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

| (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 |
| Substantial Contributor | Substantial Contributor | 140,723 | Vendor | | No |
| Substantial Contributor | Substantial Contributor | 125,594 | Vendor | | No |

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

| (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 |
| Substantial Contributor | Substantial Contributor | 124,980 | Vendor | | No |
| Substantial Contributor | Substantial Contributor | 115,481 | Vendor | | No |

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

| (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 |
| Substantial Contributor | Substantial Contributor | 109,068 | Vendor | | No |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 | 14 | 872,802 | FMV |
| 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 | |
|----|--|

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?

| | Yes | No |
|-----|-----|----|
| 30a | | No |
| 31 | Yes | |
| 32a | | 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 nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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 contributions received |

SCHEDULE O
(Form 990 or 990-EZ)**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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

Children's Hospital Medical Center

Employer identification number

31-0833936

990 Schedule O, Supplemental Information

| 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, Cincinnati, Ohio (TCH) |

990 Schedule O, Supplemental Information

| 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 TCH |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Section B, line 11b | 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. |

990 Schedule O, Supplemental Information

| 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 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. |

990 Schedule O, Supplemental Information

| 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 |

990 Schedule O, Supplemental Information

| 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 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------------------|--|
| Form 990, Part VII, Section B | The amounts reported on 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. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|--|
| Form 990, Part XI, line 9 | Minimum Pension Liability Adjustment 3,464,000 Gain in Net Assets of Supporting Organizat ions, Net 589,558,000 Elimination of CHSN Income -212,134 |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

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 | 8,633,913 | Children's Hospital Medical Center |
| (2) Burnet Ave LLC 3333 Burnet Avenue Cincinnati, OH 45229 | Land Holding Co | OH | 0 | 78,860 | Children's Hospital Medical Center |
| (3) DTPM2 425 Walnut St 1800 Cincinnati, OH 445229520 | Land Holding Co | OH | 127,986 | 1,598,171 | Children's Hospital Medical Center |
| (4) BACE Properties LLC 425 Walnut St 1800 Cincinnati, OH 45202 | Land Holding Co | OH | 107,620 | 1,343,869 | Children's Hospital Medical Center |
| (5) Avondale Rentals 8044 Montgomery Road No 552 Cincinnati, OH 45236 | Land Holding Co | OH | 95,882 | 1,197,295 | Children's Hospital Medical Center |

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 | No |
| (1) CHMC Community Health Services Network 3333 Burnet Avenue Cincinnati, OH 45229 31-1459815 | Pediatric Medical Services | OH | 501(c)(3) | 509(a)(2) | Children's Hospital Medical Center | Yes | |
| (2) Children's Hospital Medical Center Uninsured Loss Fund #2 PO Box 118 ML CN-OH-W10x Cincinnati, OH 45201 31-6197894 | Malpractice and Liability Trust Fund | OH | 501(c)(3) | 509(a)(3) Type III | Children's Hospital Medical Center | Yes | |
| (3) 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 |
| (4) 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 | |
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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 | Children's Hospital Medical Center | C | 1,990,450 | 1,220,914 | 100.000 % | Yes | |
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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

| | Yes | No |
|--|-----|----|
| 1 During the tax year, did the organization 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 | | No |
| b Gift, grant, or capital contribution to related organization(s) | | No |
| c Gift, grant, or capital contribution from related organization(s) | Yes | |
| d Loans or loan guarantees to or for related organization(s) | | No |
| e Loans or loan guarantees by related organization(s) | | No |
| f Dividends from related organization(s) | | No |
| g Sale of assets to related organization(s) | | No |
| h Purchase of assets from related organization(s) | | No |
| i Exchange of assets with related organization(s) | | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) | Yes | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | Yes | |
| o Sharing of paid employees with related organization(s) | Yes | |
| p Reimbursement paid to related organization(s) for expenses | Yes | |
| q Reimbursement paid by related organization(s) for expenses | Yes | |
| r Other transfer of cash or property to related organization(s) | Yes | |
| s Other transfer of cash or property from related organization(s) | 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 | 83,998,000 | Fair Market Value |
| (2)The Children's Hospital | R | 130,000,000 | Fair Market Value |
| (3)Convalescent Hospital for Children and Orphan Asylum | C | 3,857,000 | Fair Market Value |
| (4)CHMC Community Health Services Network | R | 5,900,859 | Fair Market Value |
| (5)CHMC Community Health Services Network | S | 6,105,298 | 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) 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 | | Yes | No | |
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Part VII **Supplemental Information**

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

| Return Reference | Explanation |
|-------------------------|--------------------|
| | |