

# Children's Hospital Medical Center and Affiliates

Title 2 U.S. Code of Federal Regulations Part 200 (Uniform  
Guidance) Reports For The Year Ended June 30, 2017

# CHILDREN'S HOSPITAL MEDICAL CENTER AND AFFILIATES

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## **INDEPENDENT AUDITORS' REPORT**

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

### **Report on the Consolidated Financial Statements**

We have audited the accompanying consolidated financial statements of Children's Hospital Medical Center and Affiliates ("Cincinnati Children's"), which comprise the consolidated balance sheets as of June 30, 2017 and 2016, and the related consolidated statements of operations and changes in net assets and of cash flows for the years then ended, and the related notes to the consolidated financial statements. The consolidated financial statements include the accounts of Children's Hospital Medical Center and the affiliated entities as discussed in Note 1(a). These entities are under common ownership and management.

### **Management's Responsibility for the Consolidated Financial Statements**

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditors' Responsibility**

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Company's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Opinion**

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Cincinnati Children's as of June 30, 2017 and 2016, and the consolidated results of their operations and their consolidated cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### **Other Information**

Our audits were conducted for the purpose of forming an opinion on the basic consolidated financial statements taken as a whole. The accompanying schedule of expenditures of federal awards as required by Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, and the accompanying schedule is presented for the purposes of additional analysis and is not a required part of the basic consolidated financial statements.

The schedule of expenditures of federal awards is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic consolidated financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic consolidated financial statements or to the basic consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated, in all material respects, in relation to the basic consolidated financial statements as a whole.

### **Other Reporting Required by *Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated October 18, 2017 on our consideration of Cincinnati Children's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Cincinnati Children's internal control over financial reporting and compliance.

Deloitte & Touche LLP

October 18, 2017, Except for Note 12, as to which the date is March 28, 2018

## Children's Hospital Medical Center and Affiliates

### Consolidated Balance Sheets June 30, 2017 and 2016 (dollars in thousands)

	<u>2017</u>	<u>2016</u>
CURRENT ASSETS:		
Cash and cash equivalents	\$ 143,004	\$ 148,913
Marketable securities	847,810	724,580
Cash, cash equivalents and marketable securities	<u>990,814</u>	<u>873,493</u>
Patient receivables, net of allowances of \$79,162 in 2017 and \$76,358 in 2016	346,748	353,783
Other receivables, net	139,769	130,524
Inventories and prepaid expenses	41,854	37,773
Total current assets	<u>1,519,185</u>	<u>1,395,573</u>
ASSETS LIMITED AS TO USE - Funds in trust	11,395	10,946
PROPERTY AND EQUIPMENT, net of accumulated depreciation	1,164,232	1,174,544
OTHER LONG-TERM ASSETS	58,839	58,695
INTEREST IN NET ASSETS OF SUPPORTING ORGANIZATIONS (Note 1(b))	<u>2,447,554</u>	<u>1,377,455</u>
Total assets	<u><u>\$5,201,205</u></u>	<u><u>\$4,017,213</u></u>
CURRENT LIABILITIES:		
Accounts payable and accrued expenses	\$ 253,322	\$ 244,057
Current portion of long-term debt and capital lease obligations	<u>36,255</u>	<u>34,039</u>
Total current liabilities	<u>289,577</u>	<u>278,096</u>
ACCRUED PENSION BENEFIT LIABILITY (Note 8)	193,078	421,695
SELF-INSURANCE RESERVES	40,133	38,235
LONG-TERM DEBT:		
Tax-exempt bonds payable	321,831	343,888
Taxable bonds payable	396,635	297,327
Notes payable	72,584	59,203
Capital lease obligations	4,006	6,466
OTHER LONG-TERM LIABILITIES	<u>20,390</u>	<u>19,644</u>
Total liabilities	<u>1,338,234</u>	<u>1,464,554</u>
COMMITMENTS AND CONTINGENCIES (Notes 5 and 9)	-	-
NET ASSETS:		
Unrestricted	1,271,934	1,036,207
Temporarily restricted	1,105,023	155,558
Permanently restricted (Note 1(b))	<u>1,486,014</u>	<u>1,360,894</u>
Total net assets	<u>3,862,971</u>	<u>2,552,659</u>
Total liabilities and net assets	<u><u>\$5,201,205</u></u>	<u><u>\$4,017,213</u></u>

See accompanying notes to consolidated financial statements.

Consolidated Statements of Operations and Changes in Net Assets  
For the Years Ended June 30, 2017 and 2016 (dollars in thousands)

	<u>2017</u>	<u>2016</u>
UNRESTRICTED REVENUES, GAINS AND OTHER SUPPORT:		
Net hospital patient service revenue	\$1,602,561	\$1,611,570
Provision for bad debt	(14,763)	(13,703)
Net hospital patient service revenue less provision for bad debts	<u>1,587,798</u>	<u>1,597,867</u>
Capitation revenue	25,798	36,537
Net professional services revenue	305,453	299,516
Net assets released from restriction used for operations-		
Grant revenue	171,766	159,349
Other restricted net assets used to support operations	78,544	83,908
Investment income	21,188	25,469
Other revenue	129,761	107,991
Total unrestricted revenues, gains and other support	<u>2,320,308</u>	<u>2,310,637</u>
EXPENSES:		
Salaries	1,093,470	1,080,585
Employee benefits	297,491	270,163
Supplies, drugs and other	353,808	359,058
Purchased services	219,637	219,330
Depreciation	127,399	124,595
Utilities	20,291	18,537
Interest	27,032	24,883
Total expenses	<u>2,139,128</u>	<u>2,097,151</u>
Excess of revenues over expenses	181,180	213,486
OTHER CHANGES IN UNRESTRICTED NET ASSETS:		
Receipts from supporting organizations (Notes 1(b) and 1(c))	3,357	4,150
Net assets released from restrictions used for purchase of property and equipment	<u>1,118</u>	<u>1,066</u>
Increase in unrestricted net assets before transfers to supporting organizations and pension and post-retirement health liability adjustment	185,655	218,702
Transfers to supporting organizations (Note 1(c))	(68,400)	(23,250)
Pension and post-retirement health liability adjustment (Note 8)	<u>118,472</u>	<u>(219,370)</u>
Increase (Decrease) in unrestricted net assets	<u>235,727</u>	<u>(23,918)</u>

(Continued on next page)

Consolidated Statements of Operations and Changes in Net Assets  
For the Years Ended June 30, 2017 and 2016 (dollars in thousands)

	<u>2017</u>	<u>2016</u>
TEMPORARILY RESTRICTED NET ASSETS:		
Contributions and investment income-		
Grant receipts	172,195	158,447
Gifts, contributions and other income	82,750	83,583
Income transfers from permanently restricted net assets	53	-
	<u>254,998</u>	<u>242,030</u>
Net assets released from restriction-		
Grant expenditures	(171,766)	(159,349)
Restricted net assets used to support operations	(78,544)	(83,908)
Restricted net assets used for purchase of property and equipment	(1,118)	(1,066)
	<u>(251,428)</u>	<u>(244,323)</u>
Gain (Loss) in interest in net assets of supporting organizations (Note 1(b))	945,895	(290)
Increase (Decrease) in temporarily restricted net assets	<u>949,465</u>	<u>(2,583)</u>
PERMANENTLY RESTRICTED NET ASSETS:		
Investment income	53	-
Income transfers based on donor stipulations	(53)	-
Gifts and contributions	916	1,804
Gain in interest in net assets of supporting organizations	124,204	58,006
Increase in permanently restricted net assets	<u>125,120</u>	<u>59,810</u>
INCREASE IN NET ASSETS	1,310,312	33,309
NET ASSETS, beginning of year	<u>2,552,659</u>	<u>2,519,350</u>
NET ASSETS, end of year	<u><u>\$3,862,971</u></u>	<u><u>\$2,552,659</u></u>

See accompanying notes to consolidated financial statements.

## Children's Hospital Medical Center and Affiliates

### Consolidated Statements of Cash Flows

For the Years Ended June 30, 2017 and 2016 (dollars in thousands)

	<u>2017</u>	<u>2016</u>
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
Increase in net assets	\$ 1,310,312	\$ 33,309
Adjustments to reconcile increase in net assets to net cash provided by operating activities-		
Depreciation and amortization	126,782	125,292
Loss on disposal of property and equipment	2,624	3,035
Impairment of land	4,404	3,340
Proceeds from sale of donated securities	2,277	1,247
Receipts from supporting organizations	(3,357)	(4,150)
Contributions to supporting organizations	68,400	23,250
Contributions restricted for purchase of property and equipment	(1,118)	(1,066)
Gain in interest in net assets of supporting organizations	(1,070,099)	(57,716)
Unrealized and realized losses (gains) on marketable securities, net	2,446	(10,443)
Increase in allowances on receivables	2,804	25,898
Increase in receivables	(5,014)	(18,586)
(Increase) Decrease in inventories and prepaid expenses and other assets	(4,225)	4,100
Increase (Decrease) in accounts payable and accrued expenses	8,130	(34,756)
(Decrease) Increase in accrued pension liability	(228,617)	192,443
Increase in self-insurance reserves and other long-term liabilities	2,644	1,041
Net cash provided by operating activities	<u>218,393</u>	<u>286,238</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
Expenditures for property and equipment	(122,980)	(167,761)
Receipts from sale of fixed assets	-	750
Purchases of marketable securities	(3,023,710)	(1,891,387)
Sales and maturities of marketable securities	2,894,200	1,846,247
Cash withdrawn from funds in trust	108,388	41,755
Cash invested in funds in trust	(108,837)	(42,865)
Net cash used in investing activities	<u>(252,939)</u>	<u>(213,261)</u>
<b>CASH FLOWS FROM FINANCING ACTIVITIES:</b>		
Issuance of bonds and notes payable	189,733	96,175
Repayment of bonds and notes payable	(97,171)	(127,472)
Contributions restricted for purchase of property and equipment	1,118	1,066
Receipts from supporting organizations	3,357	4,150
Contributions to supporting organizations	(68,400)	(23,250)
Net cash provided by (used in) financing activities	<u>28,637</u>	<u>(49,331)</u>
Net (decrease) increase in cash and cash equivalents	(5,909)	23,646
CASH AND CASH EQUIVALENTS, beginning of year	<u>148,913</u>	<u>125,267</u>
CASH AND CASH EQUIVALENTS, end of year	<u>\$ 143,004</u>	<u>\$ 148,913</u>
<b>SUPPLEMENTAL DISCLOSURE OF NON-CASH INVESTING ACTIVITIES:</b>		
Capital expenditures in accounts payable and accrued expenses	\$ 12,266	\$ 11,131
Acquisition of property through capital leases	\$ -	\$ 5,472

See accompanying notes to consolidated financial statements.



## Children's Hospital Medical Center and Affiliates

### Consolidated Financial Statements

For the Years Ended June 30, 2017 and 2016, respectively (dollars in thousands)

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(1) Accounting Policies-

- (a) Basis of Consolidation--Children's Hospital Medical Center (Cincinnati Children's), River City Insurance Limited (River City), CHMC Community Health Services Network (CHSN), Northern Kentucky Children's Medical Services LLC (NKCMS) (through October 31, 2015), Burnet Ave LLC (Burnet), TSHCH LLC (TSHCH), DTPM2 LLC, BACE, and Avondale Rentals, which are under common management, are included in the accompanying consolidated financial statements and are collectively referred to as Cincinnati Children's or the Medical Center. Intercompany transactions and balances have been eliminated.

Cincinnati Children's is an Ohio not-for-profit corporation providing pediatric healthcare services, teaching and related research. River City is a captive insurance company and a wholly-owned subsidiary of Cincinnati Children's. CHSN is a wholly-owned subsidiary of Cincinnati Children's whose purpose is to manage primary care practices in a community setting. NKCMS was a limited liability corporation formed to enhance the scope and quality of pediatric care in Northern Kentucky. Effective October 31, 2015 NKCMS was dissolved. Burnet, DTPM2 LLC, BACE and Avondale Rentals are wholly-owned subsidiaries of Cincinnati Children's, whose purpose is to hold land. TSHCH is a wholly-owned subsidiary of Cincinnati Children's whose purpose is to acquire, hold, develop, subdivide, sell, lease, mortgage, manage and otherwise deal in real property.

- (b) Supporting Organizations--The Children's Hospital (TCH) and Convalescent Hospital for Children and Orphan Asylum (CHCOA) are both Ohio not-for-profit corporations that provide financial support to Cincinnati Children's. Certain endowment funds of these supporting organizations are restricted by the donors for specific operating purposes of Cincinnati Children's and are recorded as Interest in Net Assets of Supporting Organizations in the accompanying Consolidated Balance Sheets. Additionally, as discussed below, effective July 1, 2016, TCH amended its purpose clause to solely support Cincinnati Children's and thus, the unrestricted net assets of TCH are included in Interest in Net Assets in Supporting Organizations as of June 30, 2017. Receipts from such restricted endowment funds and certain other receipts that are designated by the Boards of Trustees of the supporting organizations for specific operating purposes are reflected as a component of restricted gifts and contributions in the accompanying Consolidated Statements of Operations and Changes in Net Assets. Upon utilization in operations, such funds are reflected in the Consolidated Statements of Operations and Changes in Net Assets as other-restricted net assets used to support operations. Changes in the fair value of Interest in Net Assets of Supporting Organizations are recorded as a Gain (Loss) in Interest in Net Assets of Supporting Organizations in the accompanying Consolidated Statements of Operations and Changes in Net Assets.

Other funds are contributed to Cincinnati Children's as designated by the Boards of the supporting organizations to provide general support and are reflected as receipts from supporting organizations in the accompanying Consolidated Statements of Operations and Changes in Net Assets.

Cincinnati Children's records in its consolidated financial statements the fair value of certain temporarily and permanently restricted net assets held by supporting organizations on its behalf.

Effective July 1, 2016, TCH's Board of Trustees amended their Articles of Incorporation naming Cincinnati Children's as its sole-beneficiary. The impact of this amendment is Unrestricted Net Assets of TCH are recorded in Cincinnati Children's consolidated financial statements as an increase in Interest in Net Assets of Supporting Organizations and an increase in Temporarily Restricted Net

## Children's Hospital Medical Center and Affiliates

### Consolidated Financial Statements

For the Years Ended June 30, 2017 and 2016, respectively (dollars in thousands)

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Assets. The impact of the amendment to the purpose clause as of July 1, 2016, was to increase Interest in Net Assets of Supporting Organizations and a gain in Interest in Net Assets of Supporting Organizations of \$776,504.

- (c) Support Received from Supporting Organizations-- In general, the supporting organizations provide annual support to Cincinnati Children's that includes the dividend and interest earnings of the respective investment portfolios (net of operational expenses and any donor required reinvestment of income). On occasion, the respective Boards of Trustees of these supporting organizations may also designate certain pledges of unrestricted principal in support of key projects at Cincinnati Children's. As of June 30, 2017, TCH had outstanding revocable pledges of \$260,000. All outstanding pledges of principal support are revocable at the discretion of TCH's Board of Trustees. As a result, such revocable pledges are not recorded as receivables in the accompanying consolidated financial statements.

During fiscal 2017 and 2016, TCH transferred \$59,189 and \$55,201, respectively, of temporarily restricted net assets to Cincinnati Children's which are recorded as Gifts, contributions and other income in the Consolidated Statements of Operations and Changes in Net Assets.

During fiscal 2017 and 2016, TCH transferred \$3,357 and \$4,150, respectively, of unrestricted net assets to Cincinnati Children's, which are recorded as Receipts from Supporting Organizations in the Consolidated Statements of Operations and Changes in Net Assets.

During fiscal 2017 and fiscal 2016, respectively, Cincinnati Children's transferred \$68,400 and \$23,250 of unrestricted net assets to TCH to create funds designated to support divisional activities and strategic priorities.

During fiscal 2017 and 2016, CHCOA transferred \$3,283 and \$2,272 respectively, to Cincinnati Children's which are recorded as Gifts, contributions and other income in the Consolidated Statements of Operations and Changes in Net Assets.

At June 30, 2016, Cincinnati Children's had a payable to CHCOA for \$20, which was repaid through a reduction in support in fiscal 2017. There was no such payable at June 30, 2017.

At June 30, 2017 and 2016, Cincinnati Children's has a receivable from CHCOA for \$1,542 and \$4,000, respectively, related to an irrevocable pledge to be paid in fiscal years 2016 through 2018 in support of the renovation of the College Hill facility.

At June 30, 2017 and 2016, Cincinnati Children's has a receivable from TCH of \$10,587 related to the expected payment from TCH upon maturity of a life insurance policy. Additionally at June 30, 2017, Cincinnati Children's has a receivable from TCH of \$22 related to income transfers, which will be paid in fiscal 2018.

- (d) Concentration of Patient Accounts Receivable and Revenue and Revenue Recognition--In both fiscal 2017 and 2016, respectively, substantially all of total net hospital patient service revenue is derived from third-party payment programs (Medicaid, insurance companies and various managed care agreements).

## Children's Hospital Medical Center and Affiliates

### Consolidated Financial Statements

For the Years Ended June 30, 2017 and 2016, respectively (dollars in thousands)

The following details the percentage of net hospital patient service revenue by payer category for the fiscal years ended June 30, 2017 and 2016:

	2017		2016	
	Gross	Net	Gross	Net
Commercial insurers	1%	2%	1%	2%
Managed care	44%	64%	45%	64%
Government (HMO and third party)	47%	26%	45%	25%
International	4%	5%	5%	6%
Specialty contracts	3%	3%	3%	3%
Self pay	1%	-	1%	-

The following details the percentage of accounts receivable by payer category as of June 30, 2017 and 2016:

	2017	2016
Commercial insurers	2%	1%
Managed care	43%	43%
Government (HMO and third party)	29%	30%
International	18%	18%
Specialty contracts	7%	6%
Self pay	1%	2%

Specialty contracts are single case agreements or contracts for specialty services, such as transplants.

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

Cincinnati Children's recognizes net hospital patient service revenue associated with services provided to patients who have third-party payer coverage on the basis of estimated contractual rates for services rendered. For uninsured patients that do not qualify for charity care, Cincinnati Children's recognizes net hospital patient service revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy). On the basis of historical experience, a significant portion of Cincinnati Children's uninsured patients will be unable or unwilling to pay for the services provided. Thus, Cincinnati Children's records a provision for bad debts related to uninsured patients in the period the services are provided.

Revenue from government (Medicaid and Medicare) programs accounted for approximately 26% and 25%, respectively, of Cincinnati Children's net hospital patient service revenue for the fiscal years ended June 30, 2017 and 2016, respectively. Laws and regulations governing the Medicaid and Medicare programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change a material amount in the near term. At June 30, 2017, Cincinnati Children's has settled all Medicaid cost reports through 2011 and all Medicare cost reports through 2015.

## Children's Hospital Medical Center and Affiliates

### Consolidated Financial Statements

For the Years Ended June 30, 2017 and 2016, respectively (dollars in thousands)

The following table reconciles gross patient service revenue to net hospital patient service revenue for the years ended June 30, 2017 and 2016:

	<u>2017</u>	<u>2016</u>
Charges at established rates	\$2,896,211	\$2,894,337
Deductions:		
Discounts on commercial contractals	(353,663)	(335,402)
Write-downs related to services to the poor: Including Medicaid and governmental contractuals, charity care and other uncollectible self pay write-offs	<u>(978,383)</u>	<u>(978,838)</u>
	1,564,165	1,580,097
Tax Levy Program	4,700	4,950
Care Assurance Program	33,696	26,523
Net Hospital Patient Service Revenue	<u>\$1,602,561</u>	<u>\$1,611,570</u>

Patient accounts receivable and related allowances for contractual adjustments and doubtful accounts are recorded on an accrual basis at estimated collection rates to report patient accounts receivable at net realizable value. Accounts receivable are reduced by an allowance for doubtful accounts and contractual allowances. In evaluating the collectability of accounts receivable, Cincinnati Children's performs a detail review of current accounts, analyzes its past history and identifies trends for each of its major payer sources of revenue to estimate the appropriate allowance for doubtful accounts and contractual allowances. Management regularly reviews data about these major payer sources of revenue in evaluating the sufficiency of the allowances. For receivables associated with services provided to patients who have a third-party coverage, Cincinnati Children's analyzes contractually due amounts and provides an allowance for contractals (for example, for expected unrecoverable amounts based on contract provisions on accounts for which the third-party payer has not yet paid, or for payers who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), Cincinnati Children's records a provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

Cincinnati Children's allowance for doubtful accounts for self-pay patients was 22.5% and 21.5% of self-pay accounts receivable at June 30, 2017 and 2016. In addition, Cincinnati Children's bad debt write-offs (before recoveries) totaled approximately \$27,912 and \$27,302 for the years ended June 30, 2017 and 2016, respectively. Cincinnati Children's does not maintain a material allowance for doubtful accounts from third-party payers nor does it have significant write-offs from third-party payers. Cincinnati Children's does maintain an allowance for contractual write-offs for third party payers in order to appropriately reduce receivables to net realizable value.

## Children's Hospital Medical Center and Affiliates

### Consolidated Financial Statements

For the Years Ended June 30, 2017 and 2016, respectively (dollars in thousands)

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A summary of activity in Cincinnati Children's provision for doubtful accounts for the year ended June 30, 2017 and 2016 related to patient receivables is as follows:

	Balance at Beginning of <u>Year</u>	Provision for doubtful <u>Accounts</u>	Accounts written off, Net <u>of recoveries</u>	Balance at End <u>of Year</u>
Year Ended June 30, 2017	\$12,684	\$12,740	\$(14,762)	\$10,662
Year Ended June 30, 2016	\$12,140	\$13,669	\$(13,125)	\$12,684

The Consolidated Balance Sheet also includes \$68,500 and \$63,674 of contractual reserves related to net patient receivables as of June 30, 2017 and 2016.

Accounts receivable related to professional services billings is included in Other Receivables in the accompanying Consolidated Balance Sheets.

- (e) Capitation Revenue – Cincinnati Children's has agreements with two Ohio Medicaid managed care companies, covering approximately 31,900 and 31,000 children, respectively, in fiscal 2017 and fiscal 2016, to provide for reimbursement under a variable capitation methodology for hospital services. Under these two contracts, all physician and home care services continue to be reimbursed based on provider fee schedules. The hospital services are reimbursed through a variable capitation payment which represents the amount remaining after payment has been made for (a) Cincinnati Children's physician services, (b) Cincinnati Children's home care services, and (c) services provided to members outside the Cincinnati Children's network. Under delegation agreements, Health Network by Cincinnati Children's receives fixed payments to perform the required medical management, care management and care coordination functions. Medicaid managed care organizations retain risk for payments to providers.

Subsequent to June 30, 2017, Cincinnati Children's renegotiated both contracts providing variable capitation payments to change the reimbursement methodology to be consistent with traditional Medicaid reimbursement.

- (f) Grant Revenue and Other Revenue -- Grants and contributions restricted for a specific operating purpose are recorded as temporarily restricted net assets and reflected in unrestricted revenues, gains, and other support when the funds are expended in accordance with the specifications of the grantor or donor. Contributions for capital expenditures, recorded as temporarily restricted net assets when received, are recorded as net assets released from restrictions used for the purchase of property and equipment when expended. Unrestricted contributions and bequests are included in other revenue when received.
- (g) Graduate Medical Education--Cincinnati Children's receives Federal graduate medical education funding, which has resulted in other revenue of \$10,658 and \$10,209 recognized in the accompanying consolidated financial statements for the years ended June 30, 2017 and 2016, respectively.

## Children's Hospital Medical Center and Affiliates

### Consolidated Financial Statements

For the Years Ended June 30, 2017 and 2016, respectively (dollars in thousands)

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- (h) Tax Exempt Status--Cincinnati Children's and CHSN are recognized by the Internal Revenue Service as exempt from federal income taxes under Section 501(a) of the Internal Revenue Code as charitable organizations qualifying under Section 501(c)(3). River City is a captive insurance company and has no income tax obligations. NKCMS, Burnet, TSHCH, DTPM2 LLC, BACE, and Avondale Rentals are limited liability corporations whose income is taxable to Cincinnati Children's. The income tax provisions recorded in the accompanying consolidated financial statements are immaterial for the years ended June 30, 2017 and 2016.

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 2017 and 2016.

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

Federal – 2014 to 2017

State – 2014 to 2017

- (i) Cash Equivalents--Cash equivalents consist primarily of money market investments (including money market mutual funds), certificates of deposit and demand deposits. Cash is held primarily in one bank.
- (j) Inventories--Inventories consist of medical supplies and pharmaceuticals and are valued on an average cost method.
- (k) Marketable Securities-- Cincinnati Children's accounts for its investments under ASC 958-320 "Not-for-Profit Entities – Investments – Debt and Equity Securities". Cincinnati Children's carries its marketable securities at fair value with unrealized gains and losses included in investment income in the accompanying Consolidated Statements of Operations and Changes in Net Assets.

At June 30, 2017 and 2016, Cincinnati Children's marketable securities included 31% and 17% in U.S. Treasury securities, respectively.

- (l) Assets Limited As To Use--Assets limited as to use include funds in trust (Note 3). Assets limited as to use are carried at fair value with unrealized gains and losses included in investment income in the accompanying Consolidated Statements of Operations and Changes in Net Assets.
- (m) Investment Income--The following details the components of investment income on marketable securities and funds in trust for the years ended June 30, 2017 and 2016:

	<u>2017</u>	<u>2016</u>
Interest income	\$23,634	\$15,026
Unrealized and realized (losses) gains, net	(2,446)	10,443
Investment income	<u>\$21,188</u>	<u>\$25,469</u>

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- (n) Fair Value Measurements—Cincinnati Children's accounts for its assets and liabilities under ASC 820 "Fair Value Measurements". As defined in ASC 820, fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In order to increase consistency and comparability in fair value measurements and related disclosures, ASC 820 establishes a fair value hierarchy that prioritizes inputs to valuation techniques used to measure fair value into three broad levels, which are described below:

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

Level 2: Inputs other than quoted prices included within Level 1 that are observable for the assets or liabilities, either directly or indirectly. These include quoted prices for identical or similar assets or liabilities in markets that are not active, that is, markets in which there are a few transactions for the asset or liability, the prices are not current, or price quotations vary substantially either over time or among market makers, or in which little information is released publicly and inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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The table below includes the major categorization for debt and equity securities on the basis of the nature and risk of the investments at June 30, 2017.

	Level 1	Level 2	Level 3	Total
<b>Marketable Securities:</b>				
U.S. Government and agency securities	\$ -	\$378,275	\$ -	\$ 378,275
Foreign bonds	-	36,924	-	36,924
Municipal bonds	-	3,726	-	3,726
Common stock	81,031	-	-	81,031
Corporate obligations	-	343,300	-	343,300
	<u>81,031</u>	<u>762,225</u>	<u>-</u>	<u>843,256</u>
<b>Assets Limited As To Use:</b>				
Money market mutual funds	8,956	-	-	8,956
Common stock	2,439	-	-	2,439
	<u>11,395</u>	<u>-</u>	<u>-</u>	<u>11,395</u>
<b>Deferred Compensation Plans (included in Other Long-term Assets):</b>				
Cash	2,577	-	-	2,577
Common stock	4,127	-	-	4,127
<b>Mutual Funds:</b>				
Money Market	84	-	-	84
Equity	1,319	-	-	1,319
International Equity	1,183	-	-	1,183
Bond	810	-	-	810
Lifecycle	2,840	-	-	2,840
Real Estate	79	-	-	79
<b>Variable Annuities:</b>				
Bond	-	22	-	22
Equity	-	66	-	66
International Equity	-	29	-	29
Money Market	-	6	-	6
Guaranteed Insurance Contract	-	-	2,753	2,753
	<u>13,019</u>	<u>123</u>	<u>2,753</u>	<u>15,895</u>
Total assets measured in the fair value hierarchy	105,445	762,348	2,753	870,546
<b>Investments measured at net asset value<sup>1</sup>:</b>				
High yield corporate obligations				4,554
Total assets at fair value	<u>\$ 105,445</u>	<u>\$ 762,348</u>	<u>\$ 2,753</u>	<u>\$ 875,100</u>

<sup>1</sup>Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the consolidated balance sheet.



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The table below includes the major categorization for debt and equity securities on the basis of the nature and risk of the investments at June 30, 2016.

	Level 1	Level 2	Level 3	Total
<b>Marketable Securities:</b>				
U.S. Government and agency securities	\$ -	\$215,984	\$ -	\$ 215,984
Foreign bonds	-	4,780	-	4,780
Municipal bonds	-	3,590	-	3,590
Common stock	254	-	-	254
Corporate obligations	-	481,633	-	481,633
	<u>254</u>	<u>705,987</u>	<u>-</u>	<u>706,241</u>
<b>Assets Limited As To Use:</b>				
Money market mutual funds	10,946	-	-	10,946
	<u>10,946</u>	<u>-</u>	<u>-</u>	<u>10,946</u>
<b>Deferred Compensation Plans (included in Other Long-term Assets):</b>				
Cash	2,992	-	-	2,992
Common stock	3,556	-	-	3,556
<b>Mutual Funds:</b>				
Money Market	104	-	-	104
Equity	1,240	-	-	1,240
International Equity	874	-	-	874
Bond	596	-	-	596
Lifecycle	3,325	-	-	3,325
Real Estate	205	-	-	205
<b>Variable Annuities:</b>				
Bond	-	22	-	22
Equity	-	274	-	274
International Equity	-	105	-	105
Money Market	-	43	-	43
Guaranteed Insurance	-	-	2,321	2,321
	<u>12,892</u>	<u>444</u>	<u>2,321</u>	<u>15,657</u>
Total assets measured in the fair value hierarchy	24,092	706,431	2,321	732,844
<b>Investments measured at net asset value<sup>1</sup>:</b>				
High yield corporate obligations				18,339
Total assets at fair value	<u>\$ 24,092</u>	<u>\$ 706,431</u>	<u>\$ 2,321</u>	<u>\$ 751,183</u>

<sup>1</sup> Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the consolidated balance sheet.

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

Cincinnati Children's uses quoted market prices in active markets to determine the fair value of common stock and mutual funds; such items are classified as Level 1 in the fair value hierarchy.

Cincinnati Children's primarily bases fair value for investments in fixed income securities, including U.S. government securities, municipal bonds and corporate obligations on a calculation using interest rate curves and credit spreads applied to the terms of the debt instrument (maturity and coupon interest rate) and considers the counterparty credit rating. Such items are classified as Level 2 in the fair value hierarchy.

Cincinnati Children's investment in High Yield Corporate Obligations is an investment in a limited liability company whose investment objective is to achieve superior fixed income returns on invested funds through exposure to higher quality, less volatile, high yield debt securities. As set forth in the LLC agreement, the LLC will dissolve on March 29, 2040, but may dissolve earlier under certain conditions. Any Investing Member may elect to withdraw, in whole or in part from the LLC on the last business day of any month or at such other date, as determined by the manager. The High Yield Corporate Obligations is measured at fair value using the net asset value per share practical expedient.

ASC 825 permits entities to choose to measure many financial instruments and certain other items at fair value. Entities that elect the fair value option will report unrealized gains and losses in earnings at each subsequent reporting date. Cincinnati Children's elected to measure its high yield corporate obligation investment fund under the provisions of ASC 825. In the future, Cincinnati Children's may elect to measure certain additional financial instruments at fair value in accordance with this standard.

The guaranteed insurance contract is recorded based on discounted cash flows, which is an approximation of fair value.

Cincinnati Children's Level 3 investment is primarily in a guaranteed insurance contract. This investment is classified as Level 3 based on time restrictions for redemption.

The following is a reconciliation of the roll forward of the fair value measurements using significant unobservable inputs for fiscal 2017:

Balance at July 1, 2016	\$2,321
Purchases	1,250
Unrealized gains	40
Sales	(858)
Balance at June 30, 2017	<u>\$2,753</u>

The amount of total gains or losses for the period included in changes in net assets attributable to the change in unrealized gains or losses related to assets still held at June 30, 2017

\$40

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The following is a reconciliation of the roll forward of the fair value measurements using significant unobservable inputs for fiscal 2016:

Balance at July 1, 2015	\$3,069
Purchases	1,205
Unrealized losses	(24)
Sales	(1,929)
Balance at June 30, 2016	<u>\$2,321</u>

The amount of total gains or losses for the period included in changes in net assets attributable to the change in unrealized gains or losses related to assets still held at June 30, 2016

\$(24)

Cincinnati Children's policy is to recognize transfers in and out as of the actual date of the event or change in circumstances that caused the transfer. For the years ended June 30, 2017 and 2016, there were no material transfers in or out of Levels 1, 2 or 3.

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

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

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

Cincinnati Children's evaluates long-lived assets under the provisions of ASC 360 "Property Plant and Equipment". During fiscal 2017 and 2016, Cincinnati Children's recorded losses of \$4,404 and \$3,340, respectively, related to impairment of land values based on a fair market value assessment of the estimated sales price Cincinnati Children's would expect to receive upon sale of this land.

- (p) Costs of Borrowing--Interest incurred on borrowed funds, net of interest earned on restricted bond funds, during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets. In fiscal 2017 and fiscal 2016, Cincinnati Children's capitalized \$420 and \$48 of interest related to construction in progress. Total cash paid for interest was approximately \$27,029 and \$24,975 and in fiscal 2017 and 2016, respectively.

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

- (q) Temporarily Restricted Net Assets--Temporarily restricted net assets are those whose use by Cincinnati Children's has been limited by donors to a specific purpose. Temporarily restricted net assets and net assets released from donor restrictions are primarily comprised of net assets restricted to support operations. Substantially all of these net assets are restricted by donors to support research, education and other advances in clinical care and prevention. The amount of temporarily restricted net assets whose use by Cincinnati Children's has been limited by donors for a specific purpose was \$140,744 and \$137,194 at June 30, 2017 and 2016, respectively.

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Temporarily restricted net assets related to assets held in endowments at supporting organizations on Cincinnati Children's behalf are either donor restricted to support research at Cincinnati Children's, deferred gift programs, or life insurance contracts where the restriction is a time restriction tied to the life expectancy of the donor or unrestricted assets that are subject to Board discretion on utilization at Cincinnati Children's. The amount of temporarily restricted net assets held at supporting organizations was \$964,279 and \$18,364 at June 30, 2017 and 2016, respectively.

- (r) Permanently Restricted Net Assets— Permanently restricted net assets related to assets held at Cincinnati Children's are gifts to Cincinnati Children's restricted by the donor to be maintained in perpetuity and are recorded in Assets Limited to Use in the accompanying Consolidated Balance Sheets. Permanently restricted net assets held at Cincinnati Children's with expendable investment income restricted by donors was \$2,719 and \$1,803 at June 30, 2017 and 2016, respectively. The assets underlying such permanently restricted net assets held at Cincinnati Children's are primarily equity securities.

Permanently restricted net assets related to assets held in endowments at supporting organizations on Cincinnati Children's behalf are restricted by the donor to be maintained in perpetuity and are recorded in Interest in Net Assets of Supporting Organizations in the accompanying Consolidated Balance Sheets as they are held by supporting organizations. The amount of permanently restricted net assets held at supporting organizations with expendable investment income restricted by donors was \$1,483,295 and \$1,359,091 at June 30, 2017 and 2016, respectively. The assets underlying Cincinnati Children's permanently restricted net assets held by supporting organizations have been invested primarily in equity securities.

As of June 30, 2017 and 2016, permanently restricted net assets consisted of the following amounts with expendable investment income restricted by donors to be used for the following purposes:

	<u>2017</u>	<u>2016</u>
Research activities	\$1,407,224	\$1,159,700
Clinical activities	78,790	201,194
	<u>\$1,486,014</u>	<u>\$1,360,894</u>

- (s) Excess of Revenues Over Expenses--The Consolidated Statements of Operations and Changes in Net Assets include "excess of revenues over expenses." Changes in unrestricted net assets which are excluded from excess of revenues over expenses include receipts from supporting organizations, transfers to supporting organizations, pension and post-retirement health liability adjustment, and contributions of long-lived assets (including assets acquired using contributions which by donor restrictions were to be used for the purpose of acquiring such assets).
- (t) Use of Estimates--The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.
- (u) New Accounting Pronouncements - - In May 2014, the FASB issued ASU 2014-09 "Revenue from Contracts with Customers (Topic 606)." ASU 2014-09 will eliminate the transaction- and industry-

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specific revenue recognition guidance currently in place under generally accepted accounting principles and will replace it with a principle-based approach for determining revenue recognition. ASU 2014-09 was amended by ASU 2015-14 and will be effective for annual and interim periods beginning after December 15, 2017, and early adoption is permitted. Management is still assessing the impact of adopting the new standard on the consolidated financial statements and related disclosures.

Furthermore, ASU 2014-09 and ASU 2015-14 were further amended in March 2016 with ASU 2016-08 "Principal versus Agent Considerations," in April 2016 with ASU 2016-10 "Identifying Performance Obligations and Licensing," and in May 2016 with ASU 2016-12 "Narrow-Scope Improvements and Practical Expedients." The amendments have the same effective date and transition requirements as the new revenue standard in ASU 2014-09 and ASU 2015-14. Management is currently evaluating the impact of the revenue accounting standard updates, ASU 2014-09, ASU 2015-14, ASU 2016-08, ASU 2016-10, and 2016-12.

In fiscal 2017, Cincinnati Children's changed its accounting policy on accounting disclosures and presentation of fair value of investments using the net asset value per share by adopting the provisions of ASU 2015-07, Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities that Calculate Net Asset Value Per Share (or Its Equivalent). In accordance with this guidance, investments measured at net asset value per share as a practical expedient are not categorized within the fair value hierarchy. This change was applied retrospectively to all periods presented.

In February 2016, the FASB issued ASU 2016-02 "Leases." ASU 2016-02 introduces a new lessee model that brings substantially all leases onto the balance sheet. Most of the existing lessor principles are retained, but ASU 2016-02 aligns many of those principles with the FASB's new revenue guidance. ASU 2016-02 will be effective for fiscal years beginning after December 15, 2018 with modified retrospective transition; early adoption permitted. Management has not yet evaluated the impact of ASU 2016-02 on the consolidated financial statements and related disclosures.

In August 2016, the FASB issued ASU 2016-14 "Presentation of Financial Statements for Not-for-Profit Entities." The amendments focus on improving reporting in areas unique to not-for-profit financial statements. Temporarily restricted and permanently restricted net assets are combined into a single category called "net assets with donor restrictions." Donor-restricted endowment funds that are underwater are reported in net assets with donor restrictions and require enhanced disclosures. Additional disclosures are required around liquidity of financial assets, internal transfers included in the operating subtotal, the nature of expenses, and cost allocation between program and support functions. Lastly, investment expenses netted with investment return are limited to external investment expenses and direct internal investment expenses. ASU 2016-14 will be effective for fiscal years beginning after December 15, 2017, with application applied retrospectively; early adoption is permitted. Management is currently evaluating the impact of ASU 2016-14 on the consolidated financial statements and related disclosures.

In November 2016, the FASB issued ASU 2016-18 "Statement of Cash Flows (Topic 230): Restricted Cash" to add or clarify guidance on the classification and presentation of restricted cash in the statement of cash flows. The ASU will be effective for fiscal years beginning after December 15, 2018 with retrospective transition, and early adoption is permitted. Management has not yet evaluated the impact of ASU 2016-18 on the consolidated financial statements.

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In March 2017, the FASB issued ASU 2017-07 “Compensation – Retirement Benefits (Topic 715): Improving the Presentation of Net Periodic Pension Cost and Net Periodic Postretirement Benefit Cost.” The amendment requires the service cost component of net benefit cost to be presented with other employee compensation costs in operating income. The other components of net benefit cost will be reported separately outside of operations. The ASU will be effective for fiscal years beginning after December 15, 2018, with application applied retrospectively; early adoption is permitted. Management has does not believe the impact of ASU 2017-07 will be significant to the consolidated financial statements.

(2) Losses on the Provision of Uncompensated Care-

In accordance with its mission and purpose, Cincinnati Children’s maintains a policy of providing medically necessary services to pediatric patients within its primary service area regardless of ability to pay. This primary service area has been defined to include the four counties in Ohio, three counties in Kentucky and one county in Indiana that geographically surround Cincinnati. Under certain circumstances, Cincinnati Children’s accepts patients from outside the primary service area regardless of their ability to pay. Cincinnati Children’s defines indigent patient care as services rendered to patients whose families’ annual income or net worth falls below certain minimum standards. As such, losses absorbed by the Medical Center in rendering services to patients who are covered under governmental programs which are designed to aid low income families (primarily the Medicaid program) are considered indigent patient care.

The following information summarizes uncompensated care provided during the years ended June 30, 2017 and 2016:

	<b>2017</b>		
<b>CHARGES</b>	<b>Hospital</b>	<b>Physician</b>	<b>Total</b>
Charges under Medicaid and other entitlement programs	\$1,338,432	\$298,360	\$1,636,792
Charity care not eligible for Medicaid assistance, at established charges	24,311	1,792	26,103
Other uncollectible self pay, at established charges	14,763	6,904	21,667
Total Medicaid, charity care and other uncollectible self pay charges	<u>\$1,377,506</u>	<u>\$307,056</u>	<u>\$1,684,562</u>
<b>COSTS/LOSSES</b>			
Estimated costs to provide uncompensated care	\$ 604,495	\$126,507	\$ 731,002
Reimbursement from Medicaid programs	(426,738)	(35,678)	(462,416)
Losses on the provision of uncompensated care	(177,757)	(90,829)	(268,586)
Funds received from HCAP and tax levy	38,396	-	38,396
Losses on provision of uncompensated care net of HCAP and tax levy	<u>\$(139,361)</u>	<u>\$(90,829)</u>	<u>\$(230,190)</u>

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CHARGES	2016		
	Hospital	Physician	Total
Charges under Medicaid and other entitlement programs	\$1,308,262	\$288,106	\$1,596,368
Charity care not eligible for Medicaid assistance, at established charges	29,290	3,682	32,972
Other uncollectible self pay, at established charges	13,703	8,438	22,141
Total Medicaid, charity care and other uncollectible self pay charges	<u>\$1,351,255</u>	<u>\$300,226</u>	<u>\$1,651,481</u>
<b>COSTS/LOSSES</b>			
Estimated costs to provide uncompensated care	\$ 606,333	\$ 141,857	\$ 748,190
Reimbursement from Medicaid programs	(446,443)	(35,006)	(481,448)
Losses on the provision of uncompensated care	(159,890)	(106,851)	(266,742)
Funds received from HCAP and tax levy	31,473	-	31,473
Losses on provision of uncompensated care net of HCAP and tax levy	<u>\$(128,417)</u>	<u>\$(106,851)</u>	<u>\$(235,269)</u>

The 2017 and 2016 cost amounts reflected in the tables above are calculated using cost to charge ratios calculated from prior year cost reports as the current year cost report is not yet available. Management does not believe that the difference in the cost report year would have a material impact on the amounts calculated.

(3) Funds in Trust-

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

	June 30,	
	2017	2016
Self-insurance Funds-		
Professional liability (A)	\$ 160	\$ 160
Employee health and workers' compensation (B)	140	230
Health Network Escrow (C)	3,549	2,642
Bond interest escrow funds (D)	4,827	6,111
Endowment funds held at Cincinnati Children's (E)	<u>2,719</u>	<u>1,803</u>
	<u>\$11,395</u>	<u>\$10,946</u>

(A) Cincinnati Children's has established an irrevocable trust fund for the payment of professional liability claim settlements. See Note 5 for further discussion of professional liability self-insurance.

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

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(C) Cincinnati Children's maintains an escrow fund with a bank as part of the arrangement with an Ohio Medicaid Managed Care Company under its division called Health Network to cover estimated incurred but not reported claims for Cincinnati Children's providers, home care and mental health services as well non-Cincinnati Children's providers.

(D) Cincinnati Children's maintains bond interest escrow funds as required under the terms of the related bond indentures to hold interest payments until the required payment dates to bondholders.

(E) Cincinnati Children's holds endowment funds related to permanently restricted assets gifted directly to Cincinnati Children's.

(4) Property and Equipment-

Property and equipment consists of the following:

	<b>June 30,</b>	
	<b>2017</b>	<b>2016</b>
Land	\$ 37,935	\$ 37,885
Land improvements	30,252	27,650
Buildings and building improvements	1,491,758	1,473,622
Equipment	670,924	604,897
Construction in progress	46,781	54,143
	<u>2,277,650</u>	<u>2,198,197</u>
Accumulated depreciation	(1,113,418)	(1,023,653)
Property and equipment, net	<u>\$ 1,164,232</u>	<u>\$ 1,174,544</u>

(5) Professional Liability-

The Medical Center's insurance program includes a self-insured retention for losses arising out of healthcare professional liability claims. The self-insured retention for the claims that are currently asserted is \$10,000 (\$25,000 in aggregate). The Medical Center annually purchases excess healthcare professional liability insurance on a claims made basis at varying levels.

The actuarial present value of expected costs (including incurred, but not reported claims) for the healthcare professional liability program of \$40,373 and \$38,483 for 2017 and 2016, respectively, has been accrued in the accompanying Consolidated Balance Sheets. Accrued healthcare professional liability losses have been discounted at a rate of 4% at June 30, 2017 and 2016, respectively. The costs of the Medical Center's healthcare professional liability program, including premiums paid for excess re-insurance, legal fees, settlements, judgments, and other administrative costs are included in Supplies, Drugs and Other in the accompanying Consolidated Statements of Operations and Changes in Net Assets. On an ongoing basis, management reviews the status of all healthcare professional liability claims, as well as legal proceedings, and, based upon consultation with a professional actuary, adjusts the accrued losses and self-insured retention funding levels to reflect its best estimate of the present value of expected costs for the healthcare professional liability claims. Healthcare professional liability expense amounted to \$6,874 and \$3,418 for fiscal 2017 and 2016, respectively.



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(6) Capital Lease Obligations-

The Medical Center leases certain equipment under capital leases. The aggregate future minimum lease payments total \$6,465, with \$2,459 due in fiscal 2018. In fiscal 2016, Cincinnati Children's entered into ten capital leases for certain equipment. Cincinnati Children's did not enter into any capital leases in fiscal 2017.

(7) Bonds Payable and Notes Payable-

Bonds payable and notes payable for the years ended June 30, 2017 and 2016 consist of the following:

	<u>2017</u>	<u>2016</u>
Bonds payable and notes payable:		
Series 1997, variable interest, due through 2017	\$ -	\$ 9,072
Series 2002, variable interest (.90% at June 30, 2017), due through 2028	16,078	17,243
Series 2006, 4.25% to 5.00%, due through 2032, net of unamortized premium of \$360 in 2016	-	62,416
Series 2009, 4.20% due through 2019	5,985	8,977
Series 2010, 2.27% due through 2020	8,980	11,974
Series 2011, 2.18% due through 2022	38,545	41,875
Series 2014S, 3.0% to 5.0% due through 2034, net of unamortized premium of \$6,453 in 2017 and \$7,679 in 2016	115,223	121,021
Series 2014T, 4.268% due 2044, taxable	297,422	297,327
Series 2016U, variable interest (1.48% at June 30, 2017), due through 2026	45,950	46,515
Series 2016V, variable interest (1.40% at June 30, 2017), due through 2037	30,615	30,615
Series 2016W, variable interest (1.31% at June 30, 2017), due through 2036	19,045	19,045
Series 2016X, 5.00%, due through 2032, net of unamortized premium of \$11,791 in 2017	62,810	-
Series 2016Y, 2.853% due 2026, taxable	99,213	-
Term Note Payable, 2.20% due through 2022	30,000	36,000
Note Payable on Vernon Manor Property I, interest at 6.392%	23,518	24,289
Note Payable on Vernon Manor Property II	31,461	5,685
Total bonds payable and notes payable	<u>824,845</u>	<u>732,054</u>
Less- current portion	<u>(33,796)</u>	<u>(31,636)</u>
Bonds payable and notes payable - long-term	<u>\$791,049</u>	<u>\$700,418</u>

- (a) Tax Exempt Bonds Payable—Cincinnati Children's has pledged their gross revenues, as defined, to secure the payment of Series 2002, 2009, 2010, 2011, 2014S, 2014T, 2016U, 2016V, 2016W, 2016X and 2016Y bonds. Cincinnati Children's is bound by certain financial covenants included in the bond indentures, letter of credit (fully securing the 2002 issuance), direct placement agreements, and related agreements. Among other restrictions is a requirement to maintain a minimum Debt Service Coverage Ratio, as defined.

## Children's Hospital Medical Center and Affiliates

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The 2002 bonds may be tendered to a remarketing agent by bondholders on business days for full payment of principal and accrued interest. Cincinnati Children's has entered into standby letters of credit totaling \$16,364 which commits financial institutions to make funds available to purchase the bonds that are not remarketed. Cincinnati Children's is required to maintain these or similar agreements until the bonds have been paid or converted to fixed rate obligations.

The interest rate on the 2002 variable rate bond is reset weekly by a rate-setting agent. The interest rates on the 2016U, 2016V and 2016W variable rate bonds are reset monthly by the financial institution in accordance with the terms of the direct placement agreements.

- (b) Early Extinguishment of Bonds Payable – In June 2016, Cincinnati Children's legally defeased \$46,515 of the outstanding 2000 bonds with the issuance of tax-exempt direct private placement obligations (2016U). The obligations bear interest at a variable rate (70% of LIBOR + 67 basis points) and mature in fiscal 2026.

In June 2016, Cincinnati Children's legally defeased \$30,615 of the outstanding 2007M bonds with the issuance of tax-exempt direct private placement obligations (2016V). The obligations bear interest at a variable rate (70% of LIBOR + 59 basis points) and mature in fiscal 2037.

In June 2016, Cincinnati Children's legally defeased \$19,045 of the outstanding 2008O bonds with the issuance of tax-exempt direct private placement obligations (2016W). The obligations bear interest at a variable rate (70% of LIBOR + 50 basis points) and mature in fiscal 2036.

In connection with the retirement of the above bonds, Cincinnati Children's wrote off \$319 of deferred bond costs in fiscal 2016.

In December 2016, Cincinnati Children's refinanced \$63,075 of the outstanding 2006 tax exempt bonds with a \$51,690 tax exempt bond offering (2016X), with a premium recorded of \$12,266. The obligations bear interest at a fixed rate of 5%. As part of the refunding, Cincinnati Children's recorded a \$645 loss on early extinguishment of tax exempt bonds payable in fiscal 2017.

- (c) Future Debt Maturities --

The following is a schedule of future debt maturities, excluding discounts/premiums and deferred issuance costs:

2018	\$ 33,796
2019	26,687
2020	33,542
2021	28,470
2022	29,423
Thereafter	659,867
	<u>\$811,785</u>

- (d) Lines of Credit – In June 2016 Cincinnati Children's entered into a new 5 year agreement for a line of credit of \$200,000. The line of credit expires in June 2021 and bears interest at the greater of the prime rate, federal funds rate plus .50% or the sum of LIBOR plus 1.00%. There were no draws on the line of credits during fiscal 2017 and 2016.

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- (e) Note Payable on Vernon Manor Property I -- Cincinnati Children's entered into an agreement with a Developer to renovate and occupy the Vernon Manor property to be used primarily for administrative office space. Additionally, a parking garage was constructed on adjacent property in order to provide parking for the occupants of the building. As part of the agreement, Cincinnati Children's agreed to make fixed monthly payments over the seventeen year term of the agreement. In fiscal 2016, Cincinnati Children's agreed to a four year extension of the agreement to expire in fiscal 2032. The present value of such fixed payments at June 30, 2017 and 2016 is \$23,518 and \$24,289, respectively, using Cincinnati Children's estimated tax-exempt interest rate at the time of the agreement of 6.392%. The agreement also calls for variable payments monthly to cover operating expenses for the office building and the parking garage.
- (f) Note Payable on Vernon Manor Property II – In November 2015, Cincinnati Children's entered into an agreement with a Developer to build and occupy property to be used primarily for parking and administrative office space. The property is adjacent to the existing Vernon Manor property. As part of the agreement, Cincinnati Children's agreed to make fixed monthly payments over the fifteen year term of the agreement at commencement of the lease, which will not occur until fall 2017. At June 30, 2017, Cincinnati Children's placed in service an asset for \$14,631 upon completion of the garage and recorded \$16,830 in construction in progress and \$31,461 note payable related to this project. The agreement also calls for variable payments monthly to cover operating expenses for the office building and the parking garage to commence upon completion of all of the properties which is expected in fiscal 2018.

(8) Employee Benefit Plans-

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

Cincinnati Children's investment strategy with respect to pension assets is designed to achieve a moderate level of overall portfolio risk in keeping with desired risk objective, which is established through careful consideration of plan liabilities, plan funded status and corporate financial condition. Cincinnati Children's adopted an Investment Policy that adjusts allocations based on the funded status of the Plan and prevailing yields. As funded ratio improves, allocations to fixed income increase accordingly. Based on a funded ratio between 85% and 89.9% at June 30, 2017, the portfolio has a target allocation as follows:

U.S. Investment Grade Fixed Income (Core and Long Duration)	30.0%
High Yield Fixed Income	5.0%
Emerging Markets Fixed Income	5.0%
Global Developed Markets Equity	37.0%
Emerging Markets Equity	10.0%
Private Equity	6.0%
Real Estate	6.0%
Cash	1.0%

In order to maintain the portfolio's actual asset allocation in line with the target allocations specified above, the assets are re-allocated or rebalanced regularly within each asset class. Because of the illiquid nature of private equity and real estate investments, it is not anticipated that these asset classes will be rebalanced on a regular basis. As of June 30, 2017, Cincinnati Children's made \$126,400 in funding commitments in

## Children's Hospital Medical Center and Affiliates

### Consolidated Financial Statements

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eleven investment partnerships of which \$79,500 had been funded. Additionally, Cincinnati Children's made \$72,500 in funding commitments in nine real estate investment partnerships of which \$41,400 had been funded. It is anticipated that these commitments will be funded from liquid investments in the plan and any required funding contributions.

Cincinnati Children's defined benefit plan investment allocation at the actuarial measurement date of June 30, 2017 and 2016 by asset category is as follows:

	<u>2017</u>	<u>2016</u>
Cash and cash equivalents	2.0%	4.1%
Equity mutual funds and EFTs	5.9%	8.1%
Bond mutual funds and EFTs	1.0%	7.7%
Common stock	1.3%	1.5%
Corporate bonds	15.5%	8.1%
Government bonds	2.2%	0.6%
Investment Partnerships:		
Equity	11.4%	14.8%
Bond	23.4%	15.7%
International equity	33.8%	35.7%
Real estate	3.5%	3.7%
	<u>100.0%</u>	<u>100.0%</u>

At June 30, 2017, the fair value and its placement in the fair value hierarchy of the underlying assets of the Plan that are required to be measured at fair value are as follows (see Note 1(n) for further discussion on the fair value hierarchy and fair value principles):

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash and cash equivalents	\$ 22,066	\$ -	\$ -	\$ 22,066
Equity mutual funds and EFTs	66,711	-	-	66,711
Bond mutual funds and EFTs	11,033	-	-	11,033
Corporate bonds	-	174,267	-	174,267
Common stock	14,420	-	-	14,420
Government bonds	-	<u>24,023</u>	-	<u>24,023</u>
Total assets in the fair value hierarchy	114,230	198,290	-	312,520
Investment partnerships measured at net asset value <sup>2</sup> :				
Equity				127,759
Bond				263,434
International equity				380,058
Real Estate				<u>39,340</u>
Total assets at fair value	<u>\$ 114,230</u>	<u>\$ 198,290</u>	<u>\$ -</u>	<u>\$1,123,111</u>

<sup>2</sup> Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the consolidated balance sheet.

## Children's Hospital Medical Center and Affiliates

### Consolidated Financial Statements

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At June 30, 2016, the fair value and its placement in the fair value hierarchy of the underlying assets of the Plan that are required to be measured at fair value are as follows (see Note 1(n) for further discussion on the fair value hierarchy and fair value principles):

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash and cash equivalents	\$ 35,914	\$ -	\$ -	\$ 35,914
Equity mutual funds and EFTs	72,000	-	-	72,000
Bond mutual funds and EFTs	67,964	-	-	67,964
Corporate bonds	-	71,713	-	71,713
Common stock	13,642	-	-	13,642
Government bonds	<u>-</u>	<u>5,097</u>	<u>-</u>	<u>5,097</u>
Total assets in the fair value hierarchy	189,520	76,810	-	266,330
Investment partnerships measured at net asset value <sup>3</sup> :				
Equity				130,956
Bond				138,628
International equity				315,273
Real Estate				<u>32,811</u>
Total assets at fair value	<u>\$189,520</u>	<u>\$76,810</u>	<u>\$ -</u>	<u>\$883,998</u>

The fair values of Level 1 investments are based on quoted prices in active markets. The fair value for investments in fixed income securities, including U.S. government securities and corporate obligations, is based on a calculation using interest rate curves and credit spreads applied to the terms of the debt instrument (maturity and coupon interest rate) and considers the counterparty credit rating. Such items are classified as Level 2 in the fair value hierarchy. Investments in partnerships – U.S. equities, international equities, real estate and bonds – are valued using the net asset value reported by the managers of the funds and as supported by the unit prices of actual purchase and sale transactions. The investments in investment partnerships generally are associated with liquidation restrictions that may range from 91 days to the life of the fund (up to fifteen years) and may require redemption penalties.

There were no transfers between levels in fiscal 2017 or fiscal 2016.

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

	<u>2017</u>	<u>2016</u>
Discount rate used to determine actuarial present value of the projected benefit obligation	3.89%	3.58%
Assumed rate of increase in compensation levels	3.50%	3.50%
Long-term rate of return	6.00%	7.00%

<sup>3</sup> Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the consolidated balance sheet.

## Children's Hospital Medical Center and Affiliates

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The following table sets forth the funded status of the plan and amounts recognized in the accompanying Consolidated Balance Sheets as of June 30, 2017 and 2016, utilizing actuarial measurement dates as of June 30, 2017 and 2016.

	<u>2017</u>	<u>2016</u>
Change in projected benefit obligation:		
Projected benefit obligation at beginning of year	\$1,305,693	\$1,099,073
Service cost	53,113	47,591
Interest cost	45,380	47,869
Other actuarial (gain) loss	(25,020)	165,872
Benefits paid	(62,978)	(54,711)
Projected benefit obligation at end of year	<u>1,316,188</u>	<u>1,305,693</u>
Change in plan assets:		
Fair value of plan assets at beginning of year	883,998	869,821
Actual gain (loss) on plan assets	132,090	(1,112)
Employer contributions	170,000	70,000
Benefits paid	(62,978)	(54,711)
Fair value of plan assets at end of year	<u>1,123,110</u>	<u>883,998</u>
Funded status	(193,078)	(421,695)
Net accrued pension benefit liability in Consolidated Balance Sheets	<u><u>\$(193,078)</u></u>	<u><u>\$(421,695)</u></u>

In 2017 and 2016, the mortality tables utilized by actuaries to value the pension liability were updated based on current experience. The impact of the change in mortality assumptions is included in other actuarial (gain) loss in fiscal years 2017 and 2016.

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

	<u>2017</u>	<u>2016</u>
Net actuarial loss	\$558,616	\$688,555
Net prior service credit	(124,045)	(135,796)
	<u><u>\$434,571</u></u>	<u><u>\$552,758</u></u>

The estimated actuarial loss and prior service credit that will be amortized from Unrestricted Net Assets into net pension cost in fiscal 2018 are \$33,619 and \$(11,751) respectively.

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

	<u>2017</u>	<u>2016</u>
Discount rate used to determine actuarial present value of the projected benefit obligation	3.58%	4.43%
Assumed rate of increase in compensation levels	3.50%	3.50%
Expected long-term rate of return on plan assets	7.00%	7.50%

## Children's Hospital Medical Center and Affiliates

### Consolidated Financial Statements

For the Years Ended June 30, 2017 and 2016, respectively (dollars in thousands)

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

Net periodic pension cost for 2017 and 2016 related to the defined benefit plan consisted of the following components:

	<u>2017</u>	<u>2016</u>
Service cost	\$53,113	\$47,591
Interest cost	45,379	47,869
Return on plan assets	(63,737)	(65,876)
Amortization of prior service credit	(11,751)	(11,751)
Recognized net actuarial loss	36,567	25,361
Net periodic pension cost	<u>\$59,571</u>	<u>\$43,194</u>

Based on preliminary estimates, we do not expect any required fiscal 2018 contributions for the qualified defined benefit plan under the current funding regulations.

The accumulated benefit obligation for the pension plan was \$1,276,220 and \$1,273,156 at June 30, 2017 and 2016, respectively.

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

2018	\$ 81,694
2019	79,746
2020	82,305
2021	84,232
2022	86,133
2023-2027	451,559

All other retirement plans maintained by Cincinnati Children's are defined contribution plans. Cincinnati Children's contributions to these plans are generally based on ten percent of salaries up to established ERISA limits. Total expense related to these other plans was approximately \$23,770 and \$22,143 in fiscal 2017 and 2016, respectively.

Cincinnati Children's has a nonqualified deferred compensation plan, which permits eligible officers, directors and key employees to defer a portion of their compensation. The deferred compensation amounts are in participant directed investments. The deferral period is two years. The amounts are at a substantial risk of forfeiture and will revert back to the Cincinnati Children's if the employee is not actively employed at the vesting date. The fair value of the assets and liabilities to participants included in the accompanying Consolidated Balance Sheets were \$8,649 and \$8,446 at June 30, 2017 and 2016, respectively. The amount of deferred compensation income recognized in fiscal 2017 and fiscal 2016 was \$644 and \$232, respectively. Additionally, Cincinnati Children's provides for individual nonqualified deferred compensation benefits for retention of key employees with varying terms. The fair value of the assets and liabilities to participants related to these individual agreements in the accompanying Consolidated Balance Sheets were \$7,245 and \$7,211, respectively at June 30, 2017 and 2016.

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In addition to providing pension benefits, former employees who retired prior to March 1, 1997 are entitled to subsidized medical and dental benefits. Effective January 1, 2016, the retiree dental plan was transitioned from a Cincinnati Children's sponsored plan to a fixed dollar Health Reimbursement Account. The medical plan is based on a fixed dollar Health Reimbursement Account, and thus the postretirement plan has no sensitivity to the health care cost trend.

The postretirement benefit obligations, included within other long-term liabilities, as of June 30, 2017 and 2016 were as follows:

	<u>2017</u>	<u>2016</u>
Change in benefit obligation:		
Benefit obligation at beginning of year	\$3,158	\$3,659
Interest cost	73	112
Plan participants contributions	-	39
Plan amendment	-	(134)
Actuarial gains	(508)	(45)
Benefits paid	(335)	(473)
Benefit obligation at end of year	<u>\$2,388</u>	<u>\$3,158</u>

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

	<u>2017</u>	<u>2016</u>
Net actuarial loss	\$ 2,336	\$ 3,202
Net prior service cost	(1,878)	(2,460)
	<u>\$ 458</u>	<u>\$ 742</u>

The estimated actuarial loss and prior service credit which will be amortized from Unrestricted Net Assets into net postretirement cost in fiscal 2018 are \$284 and \$(578), respectively.

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

	<u>2017</u>	<u>2016</u>
Discount rate	2.94%	2.47%
Health care cost trend rate	N/A	5.00%

Net periodic cost for 2017 and 2016 related to the medical and dental postretirement benefits consisted of the following components:

	<u>2017</u>	<u>2016</u>
Interest cost	\$ 73	\$112
Amortization of unrecognized net gain and prior service credit	(225)	(300)
	<u>\$(152)</u>	<u>\$(188)</u>

For fiscal 2017 and fiscal 2016, the discount rate used to determine the net periodic postretirement costs was 2.47% and 3.27%, respectively.



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Cincinnati Children's expects to make the future benefit payments, which reflect expected future service, as appropriate. The following benefit payments are expected to be paid over each of the next five years and five fiscal years thereafter:

	<u>Payments</u>
2018	\$330
2019	304
2020	278
2021	253
2022	229
2023-2027	821

(9) Commitments and Contingencies-

- (a) Litigation-- Cincinnati Children's is engaged from time to time in a variety of litigation and regulatory compliance matters in addition to professional and general liability matters. Management assesses the probable outcome of unresolved litigation and records estimated reserves consistent with ASC No. 450, "Contingencies". After consultation with legal counsel, management believes that all such currently existing matters will be resolved without material adverse impact to the consolidated financial position or results of operations of Cincinnati Children's.
- (b) Laws and Regulations-- The healthcare industry is subject to numerous laws and regulations of federal, state and local governments. Compliance with these laws and regulations, specifically those relating to the Medicare and Medicaid programs, can be subject to review and interpretation, as well as regulatory actions unknown or unasserted at this time. Federal and State government activity within the health care industry continues with respect to investigations and allegations concerning possible violations of regulations by health care providers, this activity often includes the imposition of significant fines and penalties, as well as demands for significant repayment of previously billed and collected revenue from patient services.

Management believes that the Cincinnati Children's is in compliance, in all material respects, with fraud and abuse as well as other applicable government laws and regulations. Cincinnati Children's has recorded reserves for routine regulatory compliance issues and believes these reserves are adequate to cover any potential repayment of previously billed and collected revenue from patient services.

- (c) Capital Commitments-- Cincinnati Children's has entered into agreements with general contractors for several new construction projects, renovation projects, equipment and information system technology projects. The Medical Center has committed to spend an additional approximately \$15,808 in connection with current active projects as of June 30, 2017. The projects are expected to be completed primarily in fiscal 2018.
- (d) Funding Commitments-- During fiscal 2005, the Board of Trustees of Cincinnati Children's approved a revocable commitment for up to a \$15,000 non-recourse loan over seven years to Uptown Consortium Inc. These funds are to be used to invest in commercial and residential projects in the uptown area. As of June 30, 2017, Cincinnati Children's has provided \$12,867 of funding in relation to this commitment, and management does not anticipate any additional funding.

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During fiscal 2016, the Board of Trustees of Cincinnati Children's approved a revocable commitment for up to a \$5,000 non-recourse loan over ten years to Uptown Consortium Inc. These funds are to be used to invest in commercial and residential projects in the uptown area. As of June 30, 2017, Cincinnati Children's has provided \$5,000 of funding in relation to this commitment.

- (e) Investment Commitments – Cincinnati Children's has made commitments to invest \$12,000 in two limited partnerships that focus on investing in venture capital funds or provide venture capital for companies in the high-growth sectors of the economy, including life sciences, information technology and advanced manufacturing. As of June 30, 2017 and 2016, Cincinnati Children's has funded \$10,376 of this commitment. At June 30, 2017 and 2016, respectively, the value of the investment recorded in Other Assets in the Consolidated Balance Sheets is \$5,913 and \$8,349. Distributions from the limited partnership are made at the discretion of the General Partner, primarily based on distributions from investee partnerships and sales of securities less partnership expenses and amounts retained for working capital, as provided for in the limited partnership agreement. Redemptions of partnership interests prior to termination of the partnership defined in the limited partnership agreement are not anticipated.

Cincinnati Children's has made a commitment to invest \$5,000 in a limited partnership that focuses on investing in venture capital funds or provides ventures capital for companies in the high growth sectors of the economy, including life sciences, information technology and advanced manufacturing. As of June 30, 2017 and 2016, Cincinnati Children's has funded \$4,113 of this commitment. At June 30, 2017 and 2016, the value of the investment recorded in Other Assets in the Consolidated Balance Sheets is \$4,147 and \$3,965, respectively. Distributions from the limited partnership are made at the discretion of the General Partner, primarily based on distributions from investee partnerships and sales of securities less partnership expenses and amounts retained for working capital, as provided for in the limited partnership agreement. Redemptions of partnership interests prior to termination of the partnership defined in the limited partnership agreement are not anticipated.

Cincinnati Children's has made a commitment to invest \$7,000 in two limited liability corporations (LLC's) that focus on investing in early stage venture capital funds regionally and nationally. The goal is to make the Cincinnati region the place for entrepreneurs and investors to launch new ideas. As of June 30, 2017 and 2016, Cincinnati Children's has funded \$2,676 and \$1,774, respectively, of the commitment. At June 30, 2017 and 2016 the value of the investment recorded in Other Assets in the Consolidated Balance Sheets is \$2,924 and \$1,899, respectively. Unless the LLC is dissolved earlier in accordance with defined termination provisions, the term of the LLC shall end on the 12<sup>th</sup> anniversary of the date of the last sale of membership interests, subject to extension in the three one-year increments with written notice. In general, no member shall have the right to withdraw from the LLC.

Cincinnati Children's has made a commitment to invest \$3,000 in a limited partnership that invests primarily in high growth Information Technology and healthcare companies that leverage technology to make their customers' business or products/services better, faster or less expensive. As of June 30, 2017 and 2016, Cincinnati Children's has funded \$1,860 of this commitment. At June 30, 2017 and 2016, the value of the investment recorded in Other Assets in the Consolidated Balance Sheets is \$2,199 and \$1,944, respectively. Distributions from the limited partnership are made at the discretion of the General Partner, primarily based on distributions from investee partnerships and sales of securities less partnership expenses and amounts retained for working capital, as provided by in the limited partnership agreement. Redemptions of partnership interests prior to termination of the partnership defined in the limited partnership agreement are not anticipated.

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Cincinnati Children's has made an a commitment to invest \$2,100 in five limited liability corporations (LLC's) whose purpose is private-public seed-stage investor whose mission is to strengthen the regional economy by driving talent and capital into scalable technology companies in southwest Ohio. At June 30, 2017 and 2016, Cincinnati Children's has funded \$1,639 and \$1,260, respectively, of this commitment. At June 30, 2017 and 2016, respectively, the value of the investment recorded in Other Assets in the Consolidated Balance Sheets is \$1,685 and \$1,604, respectively. Unless the LLC is dissolved earlier in accordance with defined termination provisions, the term of the LLC shall end on the 12<sup>th</sup> anniversary of the date of the last sale of membership interests, subject to extension in the three one-year increments with written notice. In general, no member shall have the right to withdraw from the LLC.

- (f) Operating Leases – Cincinnati Children's leases certain property for varying periods. Rent expense related to such leases was approximately \$5,458 and \$5,300 in fiscal 2017 and 2016, respectively. Future minimum rental commitments under non-cancellable operating leases are as follows:

FY 2018	\$5,604
FY 2019	1,883
FY 2020	1,169
FY 2021	666
FY 2022	369
Thereafter	345

(10) Functional Expenses-

The functional expenses of Cincinnati Children's are as follows:

	<u>2017</u>	<u>2016</u>
Patient services	\$1,344,622	\$1,347,050
Physician services, research and education	528,203	507,630
Support services	266,303	242,471
	<u>\$2,139,128</u>	<u>\$2,097,151</u>

(11) Fair Value of Financial Instruments-

The following methods and assumptions were used by Cincinnati Children's in estimating its fair value disclosures for financial instruments:

Cash and Cash Equivalents--The carrying amounts reported in the Consolidated Balance Sheets approximate fair value.

Accounts Receivable and Accounts Payable -- The carrying amounts reported in the Consolidated Balance Sheets approximate fair value because of the relative short maturity of these items.

Marketable Securities and Assets Limited As To Use--The carrying amounts reported in the Consolidated Balance Sheets approximate fair value. Management, with the assistance from the trustee holding the asset, determined the fair value based on published market prices.

## Children's Hospital Medical Center and Affiliates

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Bonds Payable and Notes Payable--The fair values of Cincinnati Children's 's bonds payable and notes payable are estimated by management, with assistance from a third party, based on current rates for debt with similar remaining maturities. The fair value of the bonds payable and notes payable at June 30, 2017 and 2016 was \$858,736 and \$771,275, respectively. These would be classified as Level 2 investments in the fair value hierarchy.

(12) Subsequent Events-

Management reviewed subsequent events through October 18, 2017, the date the consolidated financial statements were issued, noting no changes were required to the consolidated financial statements or footnotes, except for the following as to which the date is March 28, 2018. Subsequent to year-end, Cincinnati Children's issued the 2018Z tax-exempt bonds in the amount of \$42,160 and the 2018AA tax-exempt bonds in the amount of \$65,000 to repay and retire the Series 2002, 2016U, 2016V, and 2016W bonds. In addition, Cincinnati Children's issued the 2018BB commercial paper notes in the amount of \$100,000. The bonds and notes bear interest at variable rates.

Children's Hospital Medical Center and Affiliates  
Supplementary Schedule of Expenditures of Federal Awards  
For the Year Ended June 30, 2017

Gov Agency	Gov Branch	Award Title	Pass-Through Grantor	Identifying Number	Subrecipient Name	Federal Grant Number	CFDA	Sub Exp	Fed Exp	Total Exp						
Department of Defense	Military Medical Research and Development	Identification of molecular and cellular contributors to Targeting the Ron-DEK Signaling Axis in Breast Cancer Regulation of Intracellular Trafficking in NF2 Investigating the Mechanisms of Leukemia Initiation in Mechanisms of nonalcoholic steatohepatitis IL-9-Producing Mast Cell Precursors and Food Allergy Modelling and Targeting of Oncogenic Liability in Drug-R A study of INFUSE Bone Graft in the treatment of Tibial A Phase II Trial on the Effect of Low-Dose versus High-D Induction of Food Allergy in Mice by Allergen Inhalation Global Mapping of Antimicrobial Resistance			University of Cincinnati..	W81XWH1210133	12.420	\$ -	\$ 60,935	\$ 60,935						
						W81XWH1210194	12.420	0	(11,424)	(11,424)						
						W81XWH1310136	12.420	0	40,102	40,102						
						W81XWH1510344	12.420	0	178,861	178,861						
						W81XWH1510370	12.420	3,442	342,954	346,396						
						W81XWH1510517	12.420	0	425,938	425,938						
						W81XWH1610028	12.420	0	191,761	191,761						
						W81XWH1210155	12.420	0	58,686	58,686						
						W81XWH1210487	12.420	0	2,004	2,004						
						W81XWH1310497	12.420	0	28,589	28,589						
						W81XWH15C0170	12.420	0	16,137	16,137						
						<b>Military Medical Research and Development Total</b>							<b>3,442</b>	<b>1,334,542</b>	<b>1,337,984</b>	
						Research and Technology Development	Uncovering general principles of network dynamic of circ Biochronicity: Time, Evolution, Networks and Function	University of Cincinnati University of Pennsylvania	007919-024 558910 / CREF 4212			D12AP00005	12.910	0	(1,435)	(1,435)
												12DARPA1068	12.910	0	32,609	32,609
						<b>Research and Technology Development Total</b>							<b>0</b>	<b>31,174</b>	<b>31,174</b>	
Research on Chemical and Biological Defense	Dose-Finding Study of Lyophilized Shigella sonnei 53G Cr					W911QY1620002	12.360	0	1,121,157	1,121,157						
						<b>Research on Chemical and Biological Defense Total</b>							<b>0</b>	<b>1,121,157</b>	<b>1,121,157</b>	
<b>Department of Defense Total</b>							<b>3,442</b>	<b>2,486,874</b>	<b>2,490,316</b>							
Department of Education	Education Research, Development and Dissemination	Longitudinal Evaluation of the Impact of Sleep Problems	Virginia Commonwealth University	FP00000519 SA001		5A160126	84.305	0	145,269	145,269						
						<b>Education Research, Development and Dissemination Total</b>							<b>0</b>	<b>145,269</b>	<b>145,269</b>	
						Research in Special Education	Sluggish Cognitive Tempo: Examining its Impact on Educat					5A160064	84.324	0	279,463	279,463
<b>Research in Special Education Total</b>													<b>0</b>	<b>279,463</b>	<b>279,463</b>	
<b>Department of Education Total</b>							<b>0</b>	<b>424,732</b>	<b>424,732</b>							
Department of Justice	Crime Victim Assistance	Incorporated Equipment Grant VOCA 2017	Crime Victims Assistance Office Crime Victims Assistance Office	2016-VOCA-27752233 2017-VOCA-43552065		2015VAGX0059	16.575	0	11,200	11,200						
						2017-VOCA-43552065	16.575	0	259,037	259,037						
	<b>Crime Victim Assistance Total</b>							<b>0</b>	<b>270,237</b>	<b>270,237</b>						
	Improving the Investg & Prosecution of Child Abuse & Reg & Local Children's Advoc Ctrs	State Chapter Support to Children's Advocacy Centers	National Children's Alliance	07-CINC-OH-SA16			07-CINC-OH-SA16	16.758	0	9,000	9,000					
							<b>&amp; Local Children's Advoc. Ctrs Total</b>							<b>0</b>	<b>9,000</b>	<b>9,000</b>
Public Safety Officers' Benefits Program	Trauma and Grief Component Therapy for Adolescents Train	University of Kentucky	DG2015DJJ00007			DG2015DJJ00007	16.571	0	6,600	6,600						
						<b>Public Safety Officers' Benefits Program Total</b>							<b>0</b>	<b>6,600</b>	<b>6,600</b>	
<b>Department of Justice Total</b>							<b>0</b>	<b>285,837</b>	<b>285,837</b>							
Department of Agriculture	Agriculture and Food Research Initiative (AFRI)	Inactivation of enteric foodborne viruses in high risk f Universal Flu Vaccine by a Norovirus P Particle Platform	University of Delaware Ohio State University	25893 60033189		2011680033005	10.310	0	20,847	20,847						
						20138701520479	10.310	0	90,445	90,445						
						<b>Agriculture and Food Research Initiative (AFRI) Total</b>							<b>0</b>	<b>111,291</b>	<b>111,291</b>	
<b>Department of Agriculture Total</b>							<b>0</b>	<b>111,291</b>	<b>111,291</b>							
Dept Health and Human Services	ACL National Inst on Disability, Independent Living, and Rehabilitation Research	SPAN - A Tool for Social Participation And Navigation				90IF0059-01-00	93.433	34,936	48,997	172,725						
						Tufts University		73,555	0	0						
						University of Wisconsin		15,237	0	0						
						Case Western Reserve University	93.433	23,568	59,893	83,461						
						90IF0122-01-00	93.433	0	80,342	80,342						
	<b>ACL National Inst. on Disability, Independent Living, &amp; Rehabilitation Res Total</b>							<b>147,296</b>	<b>189,233</b>	<b>336,529</b>						
	Affordable Care Act (ACA) Primary Care Residency Expansion Program	Expansion of a Pediatric Primary Care Resident Training					HP20766	93.510	0	121,740	121,740					
							<b>Affordable Care Act (ACA) Primary Care Residency Expansion Program Tota</b>							<b>0</b>	<b>121,740</b>	<b>121,740</b>
	Aging Research	Homeostasis and function of regulatory T cells in aging Lineage Determination and Tissue Homeostasis in the Aged Stem cell aging and biomarker studies Metabolic alterations in age-associated dendritic cell d Hypoxia Signaling and Spontaneous Pulmonary Fibrosis ir	University of Cincinnati..				AG033057	93.866	13,544	432,591	446,135					
							AG040118	93.866	0	(200)	(200)					
AG050650							93.866	0	(144,581)	(144,581)						
AG053498							93.866	0	38,171	38,171						
AG047473							93.866	0	10,781	10,781						
<b>Aging Research Total</b>							<b>13,544</b>	<b>336,762</b>	<b>350,306</b>							
Allergy, Immunology and Transplantation Research	Clinical Immunization Safety Assessment Potential Mechanisms for Intussusception after Rotavirus Clinical Study of the Safety of Quadrivalent Live Attenu Genetic Linkage in Lupus Regulation of Gastrointestinal Eosinophils Epithelial Genes in Allergic Inflammation Novel Vaccine Against Norovirus					200-2012-53661	93.855	0	79,952	79,952						
						200-2012-53661	93.855	0	536,590	536,590						
						200-2012-53661	93.855	0	134,755	134,755						
						A1024717	93.855	0	357,162	357,162						
						A1045898	93.855	0	285,121	285,121						
						A1070235	93.855	60,434	1,181,852	1,242,285						
						A1089634	93.855	0	22,621	22,621						

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Gov Agency	Gov Branch	Award Title	Pass-Through Grantor	Identifying Number	Subrecipient Name	Federal Grant Number	CFDA	Sub Exp	Fed Exp	Total Exp
		HSV latency and reactivation and the novel neuronal regu			University of Cincinnati	AI093614	93.855	16,849	254,325	298,408
		Role of Spi-C in eosinophil development and functional r			Van Andel Institute			27,233	0	0
		The immune pathogenesis of prenatal listeria monocytogen				AI093673	93.855	0	(452)	(452)
		Molecular Mechanism of Eosinophil Cell Death				AI100934	93.855	0	666,245	666,245
		Epidemiologic Impact of HPV Vaccination			Indiana University	AI103853	93.855	0	(24,502)	(24,502)
		Exploiting the DNA damage response to selectively sculpt			University of California	AI104709	93.855	116,765	466,959	583,725
		Mucosal Protection Against HIV Generated by PIV5 Priming						12,998	0	12,998
		Food Allergy and Goblet Cell Antigen Passages				AI109810	93.855	0	499,026	499,026
		Inpatient Asthma Care for Children: Adding a Place-Based			Washington University	AI111863	93.855	0	96,173	96,173
		Receptors of rotaviruses				AI112626	93.855	93,752	440,103	533,855
		L-citrulline and anti-tuberculosis host defense			Miami University	AI112916	93.855	0	126,928	126,928
		Consortium of Eosinophilic Gastrointestinal Disease Rese				AI114831	93.855	18,616	364,693	383,309
						AI116668	93.855	0	305,234	305,234
					Children's Hospital of Philadelphia	AI117804	93.855	62,869	512,926	1,173,233
					Indiana University			21,251	0	0
					Northwestern University			116,343	0	0
					Tufts Medical Center			51,596	0	0
					University of California			174,038	0	0
					University of Colorado			181,525	0	0
					University of North Carolina-Chapel Hill			52,686	0	0
		A follicular regulatory subset of natural killer cells				AI118179	93.855	0	36,951	36,951
		Lipoxins and control of inflammation during cerebral mal				AI118302	93.855	0	33,904	33,904
		Pathogenesis and therapeutic targeting of immune disorder				AI118697	93.855	0	116,111	116,111
		The role of Tet1 in childhood asthma				AI119236	93.855	0	195,396	195,396
		Impact of prenatal HDM exposure in severely asthmatic mo				AI119385	93.855	0	70,434	70,434
		Maternal Regulatory T cell antigen-specificity				AI120202	93.855	0	301,318	301,318
		Biomarkers and Risk Stratification in Pediatric Communit				AI121325	93.855	0	177,575	177,575
		Human monoclonal antibodies against norovirus.				AI122132	93.855	0	190,610	190,610
		Systemic immune modulation by enteric commensal fungi.				AI123089	93.855	0	206,648	206,648
		Genetic and Immunological Dissection of Eosinophilic Eso				AI124355	93.855	0	705,916	705,916
		Functional immune tolerance to non-inherited maternal an				AI124657	93.855	0	10,370	10,370
		Metabolomics Evaluation of the Etiology of Pneumonia				AI125413	93.855	0	32,835	32,835
		ORMDL3 Regulation of Dendritic Cells in Asthma				AI125675	93.855	0	55,085	55,085
		Direct interactions with HDL promote regulatory T cells			University of Cincinnati	AI128218	93.855	21,170	35,180	56,350
		Characterization of a novel hematopoietic site				AI128445	93.855	0	54,666	54,666
		Commensal fungi positively calibrate asthma susceptibili				AI128932	93.855	0	25,042	25,042
		Role of Aiolos in eosinophilic asthma				AI130033	93.855	0	47,283	47,283
		Prevalence of P[8] and P[11] rotaviruses in developing c				AI130631	93.855	0	27,060	27,060
		Gene Regulation as a Foundation for Autoimmune Disease P				AI130830	93.855	0	2,019	2,019
		Immunological identity redefined by genetically foreign				AI131080	93.855	0	151,368	151,368
		Mechanisms of LRBA-mediated control of CTLA4				AI132822	93.855	0	549	549
		Vaccine and Treatment Evaluation Units (VTEUs)				HHSN272200800006C	93.855	0	1,272,575	1,272,575
		Vaccine and Treatment Evaluation Units (VTEU).			University of Alabama at Birmingham	HHSN272201300016I	93.855	123,752	1,616,998	1,740,749
		Murine memory B cell development and function	University of Pittsburgh	0050099 (128520-1)		AI043603	93.855	0	40,149	40,149
		Immunology/Allergy Fellowship Training Grant	University of Cincinnati	1012740		AI060515	93.855	0	178,260	178,260
		B-CELL TARGETED INDUCTION TO IMPROVE OUTCOMES IN PEDIATR	Washington University	WU-16-330		AI077810	93.855	0	63,156	63,156
		Resources to Assist Investigations in Primary Immunodef	US Immunodeficiency Network	2U24AI086037-08		AI086037	93.855	0	7,715	7,715
		Gene Therapy for SCID-X1 Using Self-Inactivating Gammare	Children's Hospital Boston	RSTFD0000593886		AI087628	93.855	0	(515)	(515)
		Role of Viral Chemokine Receptors in Cytomegalovirus Lat	Louisiana State University	PO-0000021768		AI087683	93.855	0	2,828	2,828
		Prospective Cohort Study of Severe Bronchiolitis and Ris	Massachusetts General Hospital	219473		AI087881	93.855	0	543	543
		Immunosuppression Withdrawal for Stable Pediatric Liver	The Regents of the Univ of California	7147sc		AI100807	93.855	0	159,021	159,021
		Biomarkers for Post-Transplant Lymphoproliferative Disor	Stanford University	60837668-107582		AI104342	93.855	0	40,099	40,099
		GM-CSF-Induced Metal Sequestration and Histoplasma	University of Cincinnati	1010447		AI106269	93.855	0	27,880	27,880
		Suppression of IgE-Mediated Disease by Polyclonal Rapic	University of Cincinnati	1011328		AI113162	93.855	0	76,597	76,597
		Inner City Asthma Consortium 3	University of Wisconsin-Madison	561K341		AI114271	93.855	0	662,764	662,764
		Infant specific-IgE, rhinovirus-C bronchiolitis, and inc	Massachusetts General Hospital	225488		AI114552	93.855	0	1,934	1,934
		Epigenetic Programming of Innate Immunity in Pediatric	U.C. Davis Medical Center	201501947-01		AI116129	93.855	0	8,210	8,210
		Revealing networks targeted by HSV-1 ncRNAs with in vivo	University of Cincinnati	1011619		AI116389	93.855	0	27,953	27,953
		Intestinal Organoids as a model system for studying ente	University of Cincinnati	1012441/1012440		AI116491	93.855	0	205,389	205,389
		Microwave-Accelerated Metal-Enhanced Fluorescence (MAMEF	University of Maryland (College Park)	0000016499		AI117272	93.855	0	18,722	18,722
		A novel lactic acid bacteria-based norovirus vaccine.	Ohio State University	60055306		AI123661	93.855	0	84,125	84,125
		Comparison of High vs. Standard Dose Flu Vaccine in Pedi	Vanderbilt University	VUMC59100		AI125135	93.855	0	63,438	63,438
		Dendritic cell KLF2/Notch Axis and Th2 Responses to Euka	University of Cincinnati	010379-002		AI126818	93.855	0	25,136	25,136
		Activated protein C peptides for radio-mitigation	P2D Bioscience	1R43AI127065-01A1		AI127065	93.855	0	6,187	6,187
		Burden of Neonatal Herpes Simplex Virus Infections: Dise	University of Alabama-Birmingham	000509734-001		AI2014028	99.998	0	119,177	119,177
					<b>Allergy, Immunology and Transplantation Research Total</b>			<b>1,151,875</b>	<b>13,490,373</b>	<b>14,642,248</b>
	Arthritis, Musculoskeletal and Skin Diseases Research	Cincinnati Rheumatic Disease Core Center			Stanford University...	AR047363	93.846	865	65,218	66,083
		Multidisciplinary Clinical Research Center			Phoenix Children's Hospital	AR047784	93.846	313	(313)	0
		Gene Expression In Pediatric Arthritis			Arkansas Children's Hospital Research In	AR048929	93.846	170	707,355	883,546
					Carolinas Healthcare System			9,340	0	0
					Emory University			302	0	0
					Indiana University			2,114	0	0
					Medical College of Wisconsin			3,037	0	0
					University of Cincinnati			103,162	0	0
					University of Pittsburgh			4,256	0	0
					Wake Forest Univ School of Medicine			53,810	0	0
		Myotonic Dystrophy type 2				AR052791	93.846	0	108,902	108,902

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Gov Agency	Gov Branch	Award Title	Pass-Through Grantor	Identifying Number	Subrecipient Name	Federal Grant Number	CFDA	Sub Exp	Fed Exp	Total Exp
		Behavioral Interventions and Long Term Outcomes in Juven				AR056687	93.846	0	164,772	164,772
		MUNC13-4 gene Polymorphisms in Macrophage Activation syn				AR059049	93.846	0	113,209	113,209
		The Role of IL-31 in TH2 Cytokine-Driven Systemic Scler				AR062832	93.846	0	(290)	(290)
		Fibromyalgia Integrative Training Program for Teens (FIT				AR063412	93.846	0	(7,918)	(7,918)
		Inhibition of GSK3 beta as potential therapy for DM1			University of Cincinnati..	AR064488	93.846	3,953	58,680	62,633
		Mechanisms of Muscle Afferent Sensitization after Ischem				AR064551	93.846	0	284,490	284,490
		Identification of Patellofemoral Pain Risk Factors Devel			Mayo Clinic Rochester	AR065068	93.846	6,018	94,523	100,541
		Innovative Efficacy Measures of Lupus Nephritis Therapie			Ohio State University	AR065098	93.846	2,886	110,687	115,770
					University of Cincinnati			2,197	0	0
		Optimization of Outcome Measures For Clinical Trials in			University of Cincinnati	AR067166	93.846	18,820	142,216	161,036
		Cincinnati Center for Innovative Medicine in Adult & Ped				AR067692	93.846	0	47,236	47,236
		Randomized Clinical Trial of FIT Teens for Juvenile Fibr			Research Inst. at Nationwide Hos	AR067978	93.846	3,482	45,590	49,072
		Real-Time Sensorimotor Feedback for Injury Prevention As			University of Cincinnati	AR067997	93.846	40,176	650,081	690,257
		Deciphering mechanisms of myoblast fusion				AR068286	93.846	0	374,880	374,880
		Linking Sex Differences in Cardiovascular Reflexes and P				AR068896	93.846	0	60,500	60,500
		CINCINNATI TRAINING PROGRAM IN PEDIATRIC RHEUMATOLOGY RE				AR069512	93.846	0	68,893	68,893
		Role of the Fanconi Anemia DNA Repair Pathway in Epiderm				AR070008	93.846	0	15,284	15,284
		Cincinnati Rheumatic Diseases Resource Center			Brigham and Women's Hospital	AR070549	93.846	6,575	574,985	581,560
		Multi-faceted approach to modeling ACL injury mechanisms	Mayo Clinic	CIN-205886-01		AR056259	93.846	0	18,577	18,577
		Multi-faceted Approach Modeling ACL Injury Mechanisms	The Ohio State University Research Fnd	60041067		AR056259	93.846	0	(192)	(192)
		Prospective Study of Bio-mechanics and Early Degenerati	The Ohio State University Research Fnd	60041378		AR064923	93.846	0	31,586	31,586
		Distinct functional Outcomes of BCR/TLR7 and BCR/TLR9 Co	Univ of Massachusetts Medical School	WA0043657/RFS2015154		AR066808	93.846	0	47,742	47,742
		PEARL: Pathway Exploration and Analysis in Renal Lupus	Feinstein Institute for Medical Research	500678CHMC		AR067888	93.846	0	34,284	34,284
		The Child-Centered Outcomes in Practice and Research (CO	Children's Hospital of Philadelphia	3210940909-XX		AR069525	93.846	0	77,921	77,921
		Real-time Optimized Bioteedback Utilizing Sport Techniqu	High Point University	15-014-01		AR069873	93.846	0	30,866	30,866
					<b>Arthritis, Musculoskeletal and Skin Diseases Research Total</b>			<b>261,476</b>	<b>3,919,765</b>	<b>4,181,241</b>
	Assistance Programs for Chronic Disease Prevention and Control	SEARCH for Diabetes in Youth Registry Study, Phase 4: Oh				DP006134	93.945	0	267,553	267,553
					<b>Assistance Programs for Chronic Disease Prevention and Control Total</b>			<b>0</b>	<b>267,553</b>	<b>267,553</b>
	Biomedical Research and Research Training	Regulation of Wingless (Wg) Signaling and Morphogen Grad			Medical University South Carolina	GM063891	93.859	0	125,696	125,696
		PPARgamma and PPARgamma Agonists in Septic Shock				GM067202	93.859	6,185	16,670	22,855
		Hox Control of Cell-Specific EGF Signaling During Develo				GM079428	93.859	0	300,081	300,081
		Studies of metal-dependent intercellular adhesion in Sta				GM094363	93.859	0	54,092	54,092
		DNA Damage Response Pathways in Meiotic Sex Chromosome I				GM098605	93.859	0	207,421	207,421
		Stratification of pediatric septic shock			Baylor College of Medicine.	GM099773	93.859	500	9,218	23,718
					Children's Hosp & Clinics of Minnesota			2,000	0	0
					Children's Hospital Med Center of Akron			1,000	0	0
					Children's Hospital of Philadelphia			5,000	0	0
					Emory University			2,000	0	0
					Hackensack University Medical Center			500	0	0
					Indiana University			3,500	0	0
		Regulation and Scaling of a Morphogen Gradient				GM101373	93.859	0	101,832	101,832
		Organization of the inactive X-chromosome				GM102184	93.859	0	266,782	266,782
		Molecular and Neural Mechanisms of Temperature Preferenc				GM107582	93.859	0	313,133	313,133
		Novel diagnostic and stratification tools for septic sho			Baylor College of Medicine.	GM108025	93.859	4,500	650,890	743,976
					Children's Hosp & Clinics of Minnesota			3,500	0	0
					Children's Hospital Med Center of Akron			3,500	0	0
					CHOC Children's Hospital			8,500	0	0
					Emory University			500	0	0
					Indiana University			2,000	0	0
					University of Cincinnati			62,095	0	0
					University of Florida			1,000	0	0
					University of Pittsburgh			7,491	0	0
		novel signaling function of Cdc42 GTPase in vivo				GM108661	93.859	0	313,193	313,193
		G-CSF in Human Severe Congenital Neutropenia				GM110628	93.859	0	384,576	384,576
		Viral and Cellular Determinants of HIV-1 Assembly				GM111027	93.859	0	141,446	141,446
		A genetic approach to defining the Ttc21b interactome in				GM112744	93.859	0	297,782	297,782
		Molecular Regulation of Neutrophil Transcellular Migrati				GM112792	93.859	0	365,616	365,616
		Age-dependent mechanisms of metabolic recovery in hemorr				GM115973	93.859	0	333,342	333,342
		Molecular mechanisms regulating intestinal stem cell act				GM115995	93.859	0	307,551	307,551
		Macrophage regulation of the spermatogonial stem cell ni				GM119458	93.859	0	241,627	241,627
		Mouse and Guinea Pig Models for Herpesviruses			Pennington Biomedical Research Center	HHSN272010000081	93.859	20,684	675,063	695,747
		Extracellular matrix remodeling and fibrosis	University of Rochester	416053-004-G		GM097347	93.859	0	(1,003)	(1,003)
		Duplex miR-223 and Exosomes in Sepsis	University of Cincinnati	1011635		GM112930	93.859	0	33,589	33,589
		Structure-Function Investigation of DANA-mediated BMP Ant	University of Cincinnati	009661-005		GM114640	93.859	0	18,479	18,479
					<b>Biomedical Research and Research Training Total</b>			<b>134,455</b>	<b>5,157,077</b>	<b>5,291,532</b>
	Blood Diseases and Resources Research	The NK Cell Response to Prenatal Allograft Transplantation			Washington University	HL103745	93.839	838	67,770	68,608
		Mechanisms Linking Hemostatic Factors to Neuroinflammato				HL105872	93.839	0	15,138	15,138
		Fanconi Anemia as a Model for Susceptibility to Human Pa			Indiana University	HL108102	93.839	4,174	87,886	92,060
		Patient-Provider Interventions to Improve Transition to				HL108720	93.839	0	(854)	(854)
		Identification and characterization of genes in del(5q)				HL111103	93.839	0	310,553	310,553
		The Role of MEIS1 in Hematopoiesis and Hematopoietic Tra				HL111192	93.839	0	343,528	343,528
		Hemostatic factors and sickle cell disease				HL112603	93.839	0	185,543	185,543
		Role of TRAF6 in Myelodysplastic Syndromes			Cleveland Clinic Foundation	HL114582	93.839	8,296	515,937	530,043
		Rho GTPases in Terminal Erythroid Maturation			University of Cincinnati	HL116352	93.839	5,810	0	0

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		Cincinnati Center of Excellence in Hemoglobinopathies Research				HL117709	93.839	0	1,883,378	1,883,378
		Mechanisms of granulocyte homeostasis				HL122661	93.839	0	379,098	379,098
		Hematopoietic Stem Cells in Obesity				HL131861	93.839	0	339,848	339,848
		Scribble in hematopoietic stem cell activity				HL132468	93.839	0	36,186	36,186
		Blood stem cell aging and biomarker studies				HL134617	93.839	0	226,907	226,907
		Decoding innate immune signaling in normal and myelodysplastic				HL135787	93.839	0	159,270	159,270
		Impact of abnormal bone marrow endothelial niche on hem				HL136229	93.839	0	4,044	4,044
		PLGF-HIF1a-miR Axis in Sickle Pulmonary Hypertension	University of Southern California	H50996		HL111372	93.839	0	105,510	105,510
		Endothelialized microfluidics for sickle cell disease r	Emory University	T223869		HL121264	93.839	0	20,711	20,711
		Rho GTPase inhibitors for refrigerated platelet storage	P2D Bioscience	1R43HL123103		HL123103	93.839	0	(51,253)	(51,253)
		Multiscale Modeling of Myelodysplastic Syndromes	Virginia Commonwealth University	FP00000825 SA002		HL128173	93.839	0	92,937	92,937
					<b>Blood Diseases and Resources Research Total</b>			<b>19,118</b>	<b>4,814,710</b>	<b>4,833,828</b>
Cancer Biology Research		MicroRNA in Acute Myeloid Leukemia				CA159845	93.396	0	56,302	56,302
		Role of Age in Liver Cancer				CA159942	93.396	0	(12,666)	(12,666)
		A Novel Epigenetic Circuit in Acute Leukemia				CA187276	93.396	0	4,320	4,320
		Exploiting proteotoxic stress in therapy-refractory HER2				CA193549	93.396	0	435,055	435,055
		Hemostatic Factors Drive Prostate Cancer Pathogenesis				CA193678	93.396	0	291,688	291,688
		A rapid spontaneous murine model of CN-AML			University of Chicago	CA196658	93.396	40,951	332,449	396,075
					University of Miami			22,675	0	0
		Coagulation factors as modifiers of the colon cancer mic				CA204058	93.396	0	450,054	450,054
		Therapeutic insights through patient derived leukemia xe				CA211404	93.396	0	136,847	136,847
		Hypoxia and Potassium Channel Activity in T Lymphocytes	University of Cincinnati	1011985		CA095286	93.396	0	12,730	12,730
		Roles for Lrig1 in Intestinal Neoplasia	Vanderbilt University Medical Center	VUMC59664		CA151566	93.396	0	48,628	48,628
		Molecular and Cellular Mechanisms of Chronic Myelomonocy	University of Wisconsin-Madison	731K430		CA152108	93.396	0	2,157	2,157
					<b>Cancer Biology Research Total</b>			<b>63,626</b>	<b>1,757,566</b>	<b>1,821,192</b>
Cancer Cause and Prevention Research		Role and Regulator of the Human DEK Proto-Oncogene				CA116316	93.393	0	217,595	217,595
		Pediatric Emergency Department Decision Support System t			The University of Arizona	CA184337	93.393	9,657	109,277	118,935
		The role of Bioactive Lipids in Inflammation and Cancer	Mayo Clinic	CIN-179918-05		CA077839	93.393	0	169,246	169,246
		Molecular Epidemiology of Pediatric Germ Cell Tumors	University of Minnesota	N002118602		CA151284	93.393	0	(2,512)	(2,512)
		Instructive role of MLL fusion proteins in lineage deter	University of Chicago	FP064422		CA215504	93.393	0	23,861	23,861
					<b>Cancer Cause and Prevention Research Total</b>			<b>9,657</b>	<b>517,467</b>	<b>527,124</b>
		Effect of different MRgHIF-U approaches on anti-tumor res				CA201918	93.394	0	55,732	55,732
					<b>Cancer Detection and Diagnosis Research Total</b>			<b>0</b>	<b>55,732</b>	<b>55,732</b>
Cancer Research Manpower		p130 and Pim-1 as prognostic biomarkers and therapeutic				CA189685	93.398	0	10,598	10,598
		Patient Preferences and Adherence in Adolescents and You				CA200668	93.398	0	137,929	137,929
		Novel mechanisms and therapeutic strategies of refractor				CA217140	93.398	0	3,747	3,747
		Training Program in Cancer Therapeutics	University of Cincinnati	1012738		CA117846	93.398	0	32,356	32,356
					<b>Cancer Research Manpower Total</b>			<b>0</b>	<b>184,630</b>	<b>184,630</b>
Cancer Treatment Research		COG Group Chair Award - Scientific Leadership				CA098543	93.395	0	(182)	(182)
		Improved therapeutic approaches for hematological disord				CA155091	93.395	0	224,201	224,201
		Nonadherence: Undermining health outcomes in pediatric H			Children's Hospital of Philadelphia	CA157460	93.395	50,774	248,591	299,365
		Assessing the Therapeutic Window for Future Anti-Notch D				CA163653	93.395	0	345,720	345,720
		Developing Novel STAT5 Protein Inhibitors for treatment				CA186945	93.395	0	96,855	96,855
		Targeting Cdc42 for bone marrow transplant therapies				CA193350	93.395	0	472,158	472,158
		Novel therapeutics of targeting mTOR pathway in T-cell l				CA196358	93.395	0	178,788	178,788
		Linked regulation of tumor angiogenesis and chemo-resist				CA207068	93.395	0	34,737	34,737
		Medulloblastoma and PNET Outcomes Across Three Decades o	St Jude's Children's Hospital	111287220-7686261		CA065727	93.395	0	297,604	297,604
		Pediatric Brain Tumor Consortium (PBTC)	St Jude's Children's Hospital	110068190-7761720		CA081457	93.395	0	23,118	23,118
		Scientific Leadership NCTN grant	Children's Hospital of Philadelphia	9500080217-XX		CA180886	93.395	0	27,876	27,876
		Transporters and hematopoietic toxicity	St Jude's Children's Hospital	112128019-7714495		CA194206	93.395	0	23,860	23,860
		Targeting IL11 signaling to treat acute myeloid leukemia	University of Cincinnati	010739-002		CA211614	93.395	0	19,575	19,575
					<b>Cancer Treatment Research Total</b>			<b>50,774</b>	<b>1,992,902</b>	<b>2,043,676</b>
Cardiovascular Diseases Research		Molecular pathways controlling cardiac gene expression				HL060562	93.837	0	410,850	410,850
		Signaling Processes Underlying Cardiovascular Function			University of Cincinnati..	HL069779	93.837	66,190	1,474,568	1,540,758
		Twist 1 regulation of valve progenitors				HL082716	93.837	0	(13,634)	(13,634)
		Pathogenesis-Based Diagnostics and Pharmacotherapeutics				HL085453	93.837	0	429,739	429,739
		Admixture Mapping in African American Asthmatic Children				HL103165	93.837	0	(7,670)	(7,670)
		National Biological Sample and Data Repository for PAH			Baylor Research Institute	HL105333	93.837	19,000	845,853	1,241,651
					Boston University			3,800	0	0
					Case Western Reserve University			3,280	0	0
					Children's Hospital Colorado			7,600	0	0
					Columbia University			5,560	0	0
					Duke University			22,040	0	0
					East Carolina University			3,040	0	0
					Houston Methodist Research Institute			36,270	0	0
					Indiana University Health			14,680	0	0
					Inova Healthcare Service			11,375	0	0
					LA Biomed			3,800	0	0
					LSU Health Sciences Center/Shreveport			12,160	0	0
					Mayo Clinic Jacksonville			9,880	0	0
					Mayo Clinic Rochester			21,280	0	0
					Medical University South Carolina			7,600	0	0
					MedStar Health Research Institute, Inc			1,520	0	0
					Ohio State University			2,280	0	0



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Gov Agency	Gov Branch	Award Title	Pass-Through Grantor	Identifying Number	Subrecipient Name	Federal Grant Number	CFDA	Sub Exp	Fed Exp	Total Exp
					Primary Children's Med Cnt			11,400	0	0
					Queen's University at Kingston			9,880	0	0
					Rhode Island Hospital			18,240	0	0
					Seattle Children's Hospital			1,520	0	0
					Spectrum Health Hospitals			2,020	0	0
					Tufts Medical Center, Inc			9,360	0	0
					University of Arizona			21,280	0	0
					University of Cincinnati			9,789	0	0
					University of Colorado			17,500	0	0
					University of Iowa			1,520	0	0
					University of Minnesota			17,480	0	0
					University of Pittsburgh			8,360	0	0
					University of Rochester			42,784	0	0
					University of Texas Southwestern			22,040	0	0
					Vanderbilt University			15,960	0	0
					Washington University			740	0	0
					Wayne State University			760	0	0
		Accelerated CV Aging in Youth Related to CV Risk Factor		HL105591			93.837	0	96,879	96,879
		Thrombospondin 4 regulates adaptive ER stress response		HL105924			93.837	0	464,649	464,649
		Molecular Mechanisms of Arterial-Venous Differentiation		HL107369			93.837	0	125,089	125,089
		Hybrid ImmunoTherapy (ATG/Dexamethasone/Etoposide) for H		HL107801			93.837	0	40,445	40,445
		Ameliorating Sickle Nephropathy and Pulmonary Hypertens		HL108752			93.837	0	(9,147)	(9,147)
		A Mouse model of Barth syndrome, a mitochondrial cardiol		HL108867			93.837	0	2	2
		Pediatric Heart Network PrairieLand Consortium		HL109673	Indiana University		93.837	78,641	(87,533)	(8,892)
		Time-Resolved 129Xe Ventilation-Perfusion MRI in Models		HL111217			93.837	0	256,729	256,729
		A Network-based Approach to Associate HDL Subspeciation		HL111829	University of Cincinnati		93.837	58,175	380,361	438,536
		Coup-1f dependent mechanisms of ventricular and hemangio		HL112893			93.837	0	221,190	221,190
		Cincinnati Children's Summer Medical Student Respiratory		HL113229			93.837	0	51,423	51,423
		Passive stretch of the chest wall in patients with Conge		HL113390			93.837	0	(19,861)	(19,861)
		Mechanisms of drug resistance in Myeloproliferative neop		HL114074			93.837	0	163	163
		Cell Signaling Mechanisms of Calcific Aortic Valve Disea		HL114682			93.837	0	125,152	125,152
		Molecular mechanisms underlying upper airway patterning		HL115447			93.837	0	108,060	108,060
		Genetics, Mechanisms and Clinical Phenotypes of Arrhythm		HL116906	Beth Israel Deaconess Medical Center		93.837	227,307	187,922	1,947,744
					Boston University			21,758	0	0
					Duke University			8,200	0	0
					Good Samaritan Hospital.			10,880	0	0
					Johns Hopkins University			38,150	0	0
					Loyola University Chicago			1,200	0	0
					Tufts Medical Center, Inc			600	0	0
					Univ of Pennsylvania			10,820	0	0
					University of Arizona			262,419	0	0
					University of Colorado			504,385	0	0
					University of Rochester			489,179	0	0
					University of Tennessee			184,925	0	0
		Venous Malformations (VM): A Murine Model to Identify Th		HL117952			93.837	0	339,160	339,160
		Understanding the Role of HDL Subspecies in Adolescents		HL118132			93.837	0	186,637	186,637
		Omic of Lung Diseases		HL119986			93.837	0	205,415	205,415
		Childhood CV Risk and Adult CVD Outcomes: an Internation		HL121230	University of Minnesota		93.837	820,686	806,535	2,935,339
					Tulane University			447,870	0	0
					University of Cincinnati			19,415	0	0
					University of Iowa			635,539	0	0
					University of Tasmania			79,330	0	0
					University of Turku			125,965	0	0
		Matrix fibroblasts are required for alveolar homeostasis		HL123969			93.837	0	81,458	81,458
		The role of thrombospondin-4 in the secretory pathway, e		HL124698			93.837	0	42,127	42,127
		Validation of aneurysm associated genes in a zebrafish m		HL124889			93.837	0	54,771	54,771
		Understanding Cardiovascular Disease Mechanisms		HL125204			93.837	0	213,959	213,959
		Preventing rapid decline in CF: statistical research car		HL125954			93.837	0	158,399	158,399
		RLDC: Molecular Pathway-Driven Diagnostics & Therapeutic		HL127672	Columbia University		93.837	37,097	303,131	700,698
					University of Cincinnati			137,513	0	0
					Vanderbilt University			165,986	0	0
					University of South Florida			46,971	0	0
					Politecnico di Milano-Dipartimento di			10,000	0	0
		The Role of Sca-1+ and ABCG2+ Cardiac Progenitor Cells i		HL128083			93.837	0	54,243	54,243
		Therapeutic Response Evaluation and Adherence Trial: A P		HL128895			93.837	0	168,183	168,183
		Small molecule targeting of MLK3 for heart failure		HL129772			93.837	0	287,665	287,665
		Administrative Coordinating Center: Cardiovascular Devel		HL131003	Children's Hospital Boston		93.837	48,099	3,661,769	4,549,939
					Children's Hospital of Philadelphia			51,380	0	0
					Columbia University			134,838	0	0
					Harvard College			36,183	0	0
					J David Gladstone Institutes			102,986	0	0
					Mount Sinai School of Medicine			44,607	0	0
					University of California			264,429	0	0
					University of Utah			180,408	0	0
					Yale University			25,219	0	0
		Cela1 Mediates Stretch-regulated Elastin Remodeling Duri		HL131261			93.837	0	204,652	204,652
		Role of GPR116 in Alveolar Homeostasis		HL131634	University of Cincinnati		93.837	24,497	297,268	321,765
		Hippo Signaling in Heart Development and Repair		HL132211			93.837	0	332,002	332,002
		Unraveling ancestry and environmental exposure interact		HL132344	University of Cincinnati		93.837	25,280	203,265	228,545
		Aberrant Ubiquitin Editing in the Pathogenesis of Myeloi		HL132420			93.837	0	31,519	31,519
		Targeting Gβγ-GRK2 signaling in fibrotic remodeling		HL132551			93.837	0	276,212	276,212



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		Morphine Pharmacogenomics to Predict Risk of Respiratory Web-based Intervention to Improve Executive Functioning				HD082782	93.865	0	138,175	138,175
						HD083335	93.865	0	187,715	187,715
					San Diego St. University	HD083354	93.865	22,141	568,990	639,078
		An Intervention to Reduce SHS Exposure among Pediatric E Improving ADHD Teen Driving by Targeting Visual Inattention			University of Arizona		93.865	47,947	0	0
					Saint Louis University	HD084430	93.865	9,463	506,366	549,331
					University of Massachusetts		93.865	33,502	0	0
		Role of commensal bacteria in regulating neutrophil-mediated 1SCThrive: Improving Self-Management in Adolescents with				HD084686	93.865	0	130,943	130,943
						HD084810	93.865	0	257,751	257,751
					Johns Hopkins University	HD084863	93.865	23,055	141,139	214,171
		Systems analysis of guideline adherence in neonatal intestine			The Ohio State University		93.865	49,978	0	0
					Technion Research & Dev. Fndtn.	HD086011	93.865	28,684	319,733	398,692
		The role of executive functions in reading and reading readiness			Washington University		93.865	50,275	0	0
		Pediatric TBI Treatments: Optimal Timing, Targets, and Parameters			Case Western Reserve University	HD089076	93.865	20,429	131,614	156,094
					The Ohio State University		93.865	4,051	0	0
		Pharmacogenetics of Oxycodone, Personalized Care and Per Novel therapeutic target for intrauterine inflammation				HD089458	93.865	0	179,079	179,079
						HD090856	93.865	0	87,517	87,517
		Harassing "omics": A Systems Biology approach to discover				HD091527	93.865	0	48,654	48,654
		The role of environment in recovery from experimental TB	University of Pittsburgh	0024922 (127439-6)		HD001097	93.865	0	67,456	67,456
	Child Health and Human Development Extramural Research	ATN Coordinating Center	University of Alabama-Birmingham	000388010-014		HD040533	93.865	0	17,701	17,701
		Improving Lactation Success in Pre-diabetic Mothers	University of Cincinnati	007087-043		HD051953	93.865	0	(11,464)	(11,464)
		Pediatric HIV/AIDS Cohort Study (PHACS 3)	Tulane University	TUL-HSC-554718-16/17		HD052104	93.865	0	12,496	12,496
		Multimedia Program for Families Impacted by the Challenging Sterol and Isoprenoid Diseases Rare Diseases Consortium	Assistech Systems, LLC	AT2016-1		HD059255	93.865	0	66,406	66,406
		Production, Validation and Distribution of the Xenopus O Health & wellbeing of sexually abused females & offspring	University of Nebraska Medical Center	34-5321-2003-608		HD061939	93.865	0	(4,752)	(4,752)
		Deciphering the gene regulatory network controlling vertebrate Short-term Outcomes of Genitoplasty in DSD	University of Virginia	GC10299 138798		HD069352	93.865	0	(884)	(884)
		OPT Data Bank Contract_OSU	Pennsylvania State University	5016-CCHMC-DHHS-2468		HD072468	93.865	0	23,591	23,591
		Systematic improvement of Xenopus gene annotations and mechanisms of Neocortical and Sensory Hyperexcitability	University of California	2013-2975		HD073179	93.865	0	82,498	82,498
		RNA Biosignatures: A Paradigm Change for the Management of Pre-conception obesity "programs" placenta function and NBS1RN: Newborn Screening I translational Research Network	University of Oklahoma	RS20130769-02A3		HD074579	93.865	0	4,529	4,529
			Ohio State University	80044353		HD080033	93.865	0	5,789	5,789
			University of California-Berkeley	00008617		HD080708	93.865	0	39,752	39,752
			University of Cincinnati	1012648		HD082008	93.865	0	552,226	552,226
			Wayne State University	WSU16023-A1		HD085233	93.865	0	37,118	37,118
			University of Cincinnati	010399-002		HD087536	93.865	0	3,932	3,932
			American College of Medical Genetics Fdn	HHSN275201300001C:004		HHSN275201300011C	93.865	0	504,886	504,886
					<b>Child Health and Human Development Extramural Research Total</b>			<b>3,197,973</b>	<b>11,007,131</b>	<b>14,205,104</b>
	Developmental Disabilities Basic Support and Advocacy Grants	Healthy Lifestyles for People with Disabilities				17CH03FA17	93.630	0	11,629	11,629
								<b>0</b>	<b>11,629</b>	<b>11,629</b>
					<b>Developmental Disabilities Basic Support and Advocacy Grants Total</b>					
	Diabetes, Digestive, and Kidney Diseases Extramural Research	Research Training in Pediatric Nephrology				DK007695	93.847	0	141,993	141,993
		Pediatric Gastroenterology and Nutrition Training Grant				DK007727	93.847	0	420,951	420,951
		Clinical Center for Cholestatic Liver Disease in Children				DK062497	93.847	0	664,987	664,987
		Research Training in Child Behavior and Nutrition				DK063929	93.847	0	212,106	212,106
		Immunologic Dysfunction in Biliary Atresia				DK064008	93.847	0	276,821	276,821
		Self-Management of Type 1 Diabetes During Adolescence			Nemours Children's Clinic	DK069486	93.847	116,230	229,252	478,333
					Stanford University		93.847	14,832	0	0
					University of Miami		93.847	118,019	0	0
		Molecular basis of digestive system development in Xenopus Limited Competition for the Continuation of TeenLABS CII	University of Cincinnati	DK070858		DK070858	93.847	16,826	241,065	257,891
					Baylor College of Medicine	DK072493	93.847	112,770	327,127	587,911
					Neuropsychiatric Research Institute		93.847	10,825	0	0
					Research Inst. at Nationwide Hos		93.847	20,056	0	0
					University of Alabama at Birmingham		93.847	12,081	0	0
					University of Pittsburgh		93.847	60,084	0	0
					University of Washington		93.847	44,966	0	0
		Digestive Health Center: Bench to Bedside Research in Pediatric Adolescent Bariatric Surgery: Weight and Psychosocial Risk Inhibition of an apical cAMP/cGMP transporter (MRP4) in Control of Diabetes by Manipulation of Bcl2 Family Members			Neuropsychiatric Research Institute	DK078392	93.847	0	923,279	923,279
		Biological Basis of Phenotypes and Clinical Outcomes in Cardiovascular Disease in Children with Chronic Kidney Disease			St Jude Children's Research Hospital	DK080020	93.847	28,967	352,489	381,456
		Eosinophil:M2 Macrophage:CCL11 Axis in Experimental Colitis				DK080834	93.847	13,388	342,891	356,279
		Cincinnati Center for Excellence in Molecular Hematology				DK081175	93.847	0	23,225	23,225
		Clinic and Home Family Based Behavioral Treatment for Obesity				DK083781	93.847	0	501,276	501,276
		The Molecular Determinants of Virus Induced Biliary Atresia				DK090070	93.847	0	105,385	105,385
		Human Endocrine Cell Development				DK090119	93.847	0	200	200
		LPA2 receptor-containing complexes in regulating secretory Epigenetic regulation of intestinal homeostasis				DK090971	93.847	0	126,145	126,145
		Th2 Cytokines and Signaling in Pediatric Inflammatory Bowel Disease				DK091251	93.847	0	353,390	353,390
		The Role of Regulatory T Cells in Biliary Atresia				DK091566	93.847	0	191	191
		Critical Translational Studies in Pediatric Nephrology				DK092456	93.847	0	289,480	289,480
		Single Cell/RNA-Seq dissection of Human IPS cell development				DK093045	93.847	0	380,460	380,460
		Immunopathogenesis of Non-alcoholic Fatty Liver Disease				DK093784	93.847	0	112,918	112,918
		Recombinering based analysis of Hox function in kidney				DK094832	93.847	0	182,464	182,464
		NAFLD Improvement after Bariatric Surgery: The role of bile Cell Fate Regulation of Nephron Progenitors				DK095001	93.847	0	338,714	338,714
		Outcome of NASH in Adolescents after Bariatric Surgery v Wnt/PCP Signaling in the Intestinal Epithelium			University of Cincinnati	DK096418	93.847	113,135	668,526	781,661
		NAFLD: Mechanisms and Treatments				DK098350	93.847	0	326,002	326,002
						DK099222	93.847	0	271,973	271,973
						DK099895	93.847	0	375,034	375,034
					Nemours Children's Clinic, Jacksonville	DK100314	93.847	1,410	25,720	27,130
						DK100315	93.847	0	416,411	416,411
						DK100429	93.847	0	445,281	445,281
						DK101618	93.847	0	132,260	132,260
					Baylor College of Medicine	DK102597	93.847	13,615	412,148	435,383

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		Molecular Pathogenesis of MDS			Seattle Inst for Biomedical & Clinical			9,620	0	0
		Regulation of hematopoietic stem cell self-renewal by GT			Univ of Texas M D Anderson Cancer Cntr	DK102759	93.847	9,851	152,004	161,854
		Investigation of Regional Identity in Human Intestinal S			Indiana University	DK102890	93.847	17,789	436,308	454,096
		Cdc42, hematopoietic stem cell polarity, and cell fate			Baylor College of Medicine	DK103117	93.847	179,926	283,131	463,057
		Role of the Hypoxia-Inducible Factor-1alpha in Myelodysp				DK104814	93.847	0	418,507	418,507
		Therapeutic Monitoring and Targeting of Neutrophil Activ				DK105014	93.847	0	320,220	320,220
		The Mechanism Regulating Renal Progenitor Aging				DK105229	93.847	0	183,041	183,041
		Antifungal immunity controlled by commensal bacteria.				DK106225	93.847	0	531,499	531,499
		Mechanisms of genetic risk at Zp23 in Eosinophilic Esoph				DK107199	93.847	0	29,048	29,048
		Role of Hepatic RNA Silencing in Insulin Resistance and				DK107502	93.847	0	220,129	220,129
		Building a functional biliary system from hepatocytes			University of California	DK107530	93.847	0	398,366	398,366
		Role of nuclear IL-33 in mucosal inflammation				DK107553	93.847	33,963	189,138	223,101
		*Human in vivo model to study the role of a functional e				DK109573	93.847	0	36,257	36,257
		Impact of ST2 signaling and IBD risk variants on the int				DK110414	93.847	0	58,087	58,087
		TODAY2 Phase 2 (T2P2): Long-Term Post-Intervention Follo				DK110487	93.847	0	96,063	96,063
		Clinical Research Network in NASH	George Washington University	13-D06		DK061230	93.847	0	15,954	15,954
		Chronic Kidney Disease in Children (CKiD III)	Cleveland Clin Lerner Col of Med of CWRU	619-SUB		DK061732	93.847	0	200,496	200,496
		Search Nutrition Ancillary Study 2	Children's Mercy Hospital	13-0011		DK066143	93.847	0	52,563	52,563
		Medication Adherence in Children Who Had Liver Transplan	University of Cincinnati	1011141		DK077949	93.847	0	8,810	8,810
		Progression of Acute Kidney Injury to Chronic Kidney Dis	Icahn School of Medicine at Mount Sinai	0255-5001-4609		DK080740	93.847	0	5,000	5,000
		The role of Hedgehog Signaling in gastric tissue repair	Yale University School of Medicine	M14A11744 (A10786)		DK082185	93.847	0	27,327	27,327
		Teen Adherence in Kidney Transplant: Effectiveness of a	University of Cincinnati	010446-002		DK084302	93.847	0	31,706	31,706
		A genitoUrinary Development Molecular Anatomy Project (G	McGill University	PT48344		DK082977	93.847	0	(3,723)	(3,723)
		The LiverChip - A diagnostic tool for genetic liver dise	Western General Hospital, Human Genetics	R82879		DK082983	93.847	0	8,801	8,801
		Generating molecular markers that selectively label urot	Phase 2 Discovery, Inc	5R44DK093214		DK093214	93.847	0	(23,610)	(23,610)
		Teen Longitudinal Assessment of Bariatric Surgery (Teen-	Columbia University Medical Center	1 (GG006293-05)		DK094530	93.847	0	4,721	4,721
		Predicting Response to Standardized Pediatric Colitis Th	University of Cincinnati	1011441		DK095710	93.847	0	774,881	774,881
		Novel Serum and Urinary Biomarkers of Diabetic Kidney Di	Connecticut Children's Medical Center	16-179296-04		DK095745	93.847	0	357,026	357,026
		Causes and Consequences of Neutrophil Dysfunction in Ear	Mount Sinai Hospital	0255-8161-4609		DK096549	93.847	0	6,303	6,303
		Comprehensive Quantitative Ultrafast 3D Liver MRI	Emory University	T151016		DK098231	93.847	0	248,174	248,174
		FL3X: An Adaptive Intervention to Improve Outcomes for Y	Case Western University	RES511409		DK098503	93.847	0	24,648	24,648
		Recombinant Erythropoietin Protects Against Kidney disea	University of North Carolina	5-33709		DK101132	93.847	0	583,810	583,810
		Phosphate Binders in Children with Chronic Kidney Diseas	Children's Hosp & Reg Med Ct-Seattle	111113UB		DK103608	93.847	0	29,421	29,421
		PancreasCHIP- A diagnostic tool for Inheritable Pancreat	University of California	1652 G TA184		DK104619	93.847	0	14,215	14,215
		Using cold active proteases for single cell dissociation	Phase 2 Discovery, Inc	1R43DK105640		DK105640	93.847	0	(54)	(54)
		Mechanistic and therapeutic role of the CD137-CD137L axi	University of Southern California	84057268		DK107350	93.847	0	28,089	28,089
		Limited Competition for the Continuation of the SEARCH f	University of Cincinnati	010469-002		DK107541	93.847	0	17,199	17,199
		INSPPIRE To Study Pancreatitis in Children	Wake Forest University Health Sciences	WFUHS114580		DK108175	93.847	0	411,150	411,150
		Nonlinear Ultrasound: an Imaging Biomarker of Intestinal	University of Iowa	W000834892		DK108334	93.847	0	24,180	24,180
		Negative regulation of Jagged1 by glycosylation: towards	University of Michigan	300407897		DK109032	93.847	0	67,988	67,988
		Generating an atlas of the developing human urinary outf	Baylor College of Medicine	700000253		DK109082	93.847	0	25,682	25,682
		Atlas of autonomic and neuromodulatory lineages in the d	Columbia University Medical Center	1(GG011863-01)		DK110803	93.847	0	18,207	18,207
			Vanderbilt University Medical Center	VUMC60015		DK110803	93.847	0	57,466	57,466
					<b>Diabetes, Digestive, and Kidney Diseases Extramural Research Total</b>			<b>948,353</b>	<b>15,988,390</b>	<b>16,936,743</b>
	Disabilities Prevention	Improving the Health of Ohioans with Mobility Limitation	Ohio State University	60054822		DD000015	93.184	0	73,669	73,669
		Improving the Health of Disabilities through State Based	Ohio State University	60049492		DD000931	93.184	0	(219)	(219)
					<b>Disabilities Prevention Total</b>			<b>0</b>	<b>73,450</b>	<b>73,450</b>
	Discovery and Applied Res. for Technological Innovations to Improve Human Health	Real-time pediatric cardiovascular MRI without breath ho				EB022405	93.286	0	82,946	82,946
		Center for Point-of-care Technologies Research for Sexua	Johns Hopkins School of Medicine	2003089964		EB007958	93.286	0	143,107	143,107
		An integrated coil and body-mounted MR robot for pediatri	Children's National Medical Center	30003361-01		EB020700	93.286	0	154,770	154,770
					<b>Discovery &amp; Applied Res. Technological Innovations to Improve Human Health Total</b>			<b>0</b>	<b>380,823</b>	<b>380,823</b>
	Drug Abuse and Addiction Research Programs	Endocannabinoid Signaling during Early Pregnancy			Indiana University	DA006668	93.279	31,792	332,708	364,500
		Tracking Adolescents After Bariatric Surgery; Substance,				DA033415	93.279	0	336,463	336,463
		A revolutionary approach to an efficacious HIV vaccine				DA038017	93.279	0	738,414	738,414
		Using Administrative and Clinical Data to Detect Drug Us				DA041620	93.279	0	33,557	33,557
		Ohio Valley Node-Network	University of Cincinnati	1012667		DA013732	93.279	0	16,510	16,510
					<b>Drug Abuse and Addiction Research Programs Total</b>			<b>31,792</b>	<b>1,457,652</b>	<b>1,489,443</b>
	Emergency Medical Services for Children	EMS for Children: Pediatric Emergency Care Applied Resea			Washington University	MC22684	93.127	134,568	389,138	717,279
					Medical College of Wisconsin			193,573	0	0
					<b>Emergency Medical Services for Children Total</b>			<b>328,141</b>	<b>389,138</b>	<b>717,279</b>
	Environmental Health	Teratology Training Grant			University of Cincinnati	ES007051	93.113	0	316,526	316,526
		Continued studies of environmntl impact on puberty:GUF2				ES019453	93.113	366,206	168,131	534,337
		Neurobehavioral and Neuroimaging Effects of Traffic Expo			University of Cincinnati	ES019890	93.113	106,299	353,006	459,306
		Assessing Personal Exposure to Ultrafine PM Number and R				ES024713	93.113	0	223,714	223,714
		Histone Lysine Crotonylation in Paternal Epigenetic Inhe				ES027117	93.113	0	88,527	88,527
		Internalizing Behaviors and Neuroimaging Outcomes: Impa				ES027224	93.113	0	440,590	440,590
		Interactions Between Genetic Ancestry and Environmental	University of Cincinnati	008647-051		ES006096	93.113	0	27,406	27,406
		Training grant	University of Cincinnati	1012228		ES007250	93.113	0	109,302	109,302
		MECEH Postdoctoral Applicant /TBD	University of Cincinnati	1012741		ES010957	93.113	0	131,660	131,660
		Novel anti-fibrotic mechanisms in chemical-induced liver	Michigan State University	RC105178CHMC		ES017537	93.113	0	48,350	48,350
		Transgenerational Inheritance of Epigenetic Effects of P	University of Cincinnati	1010899		ES023319	93.113	0	55,368	55,368
		Exposure and development of poor bone health among Afric	University of Cincinnati	1011171		ES024074	93.113	0	42,941	42,941
		Endocrine Disrupting Chemicals, Thyroid Hormones, and Chi	Brown University	00000782		ES024381	93.113	0	184,214	184,214

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Gov Agency	Gov Branch	Award Title	Pass-Through Grantor	Identifying Number	Subrecipient Name	Federal Grant Number	CFDA	Sub Exp	Fed Exp	Total Exp
		Traffic-related air pollutants and respiratory tract mic	University of Cincinnati	009958-003		ES024807	93.113	0	30,444	30,444
		Early life perfluoroalkyl substance exposure and obesity	Brown University	00000906		ES025214	93.113	0	350,803	350,803
		Mammary Carcinogenesis: pubertal and adult effects of hi	Michigan State University	RC105513CCHMC		ES026119	93.113	0	42,560	42,560
		Developmental Effects of Manganese Exposure in Rural Ado	University of Cincinnati	010539-002		ES026446	93.113	0	77,226	77,226
					<b>Environmental Health Total</b>			<b>472,505</b>	<b>2,690,769</b>	<b>3,163,274</b>
		Mitogenic Activities in Neurofibromatosis				NS028840	93.853	0	120,688	120,688
		Roles of Gsx factors in telencephalic neurogenesis				NS044080	93.853	0	542,269	542,269
		Impact of Initial Therapy and Response on Long Term Outc			Children's Research Institute	NS045911	93.853	78,405	(228,624)	(133,589)
					Montefiore Medical Center			16,630	0	0
					University of Memphis	NS054794	93.853	117,170	243,818	360,988
		Molecular, cellular and physiological mechanisms of the				NS062806	93.853	0	386,158	386,158
		mTOR regulation of aberrant neuronal integration and epi				NS065020	93.853	0	388,494	388,494
		Identification and reversal of primary and secondary epi			University of Alabama at Birmingham	NS065840	93.853	510	61,511	62,021
		Imaging the effect of centrotemporal spikes and seizures				NS069893	93.853	0	581,994	581,994
		Molecular control of neurogenesis in the adult subventri				NS072427	93.853	0	337,710	337,710
		Molecular Mechanisms of Oligodendrocyte Differentiation				NS072591	93.853	0	361,085	361,085
		Regulation of Forebrain Neurogenesis by the Energy Sense				NS075243	93.853	0	170,192	170,192
		Chromatin Remodeling Control of CNS Myelination and Remy				NS076788	93.853	0	238,000	238,000
		Amiripryline and Topiramate in the Prevention of Childh				NS078092	93.853	0	298,668	298,668
		A Novel Model of Medulloblastoma to Define Cancer Pathwa				NS081420	93.853	0	(50,241)	(50,241)
		Aberrant Neuromagnetic Signatures with Chronic Migraine				NS083580	93.853	0	515,713	515,713
		Ras Proteins in Nerve Tumorigenesis				NS084885	93.853	53,756	(1,864)	51,892
		Novel Combinatorial Therapies for Malignant Peripheral N			Research Inst. at Nationwide Hos	NS085023	93.853	0	546,101	546,101
		Forward Genetic Analysis of Congenital Defects in Cortic				NS085391	93.853	34,590	573,325	607,915
		Brain Mechanisms Supporting Individual Differences in Pa			VA Tech Office of Sponsored Programs	NS086134	93.853	0	372,560	372,560
		Gaucher disease:Treatment of neurodegenerative disease				NS088529	93.853	0	325,252	325,252
		Signaling pathways regulating oligodendrocyte developme				NS091037	93.853	73,905	248,028	321,933
		Brain Dysfunction in Neurofibromatosis			Technion Research & Development Found.	NS092363	93.853	0	(2,153)	(2,153)
		Impact of targeted granule cell ablation on seizure				NS092705	93.853	0	413,329	413,329
		MicroRNA-mediated silencing of the Kv4.2 complex in epil				NS093002	93.853	8,162	343,708	351,870
		Synapse elimination in the central nervous system			Research Foundation of City Univ of NY	NS094200	93.853	0	339,838	339,838
		A New Model to Identify Preterm Neonates at High-Risk fo				NS094476	93.853	0	249,864	249,864
		MigraineManager: A Self-Management Health Care Resource				NS096037	93.853	0	332,174	332,174
		Early Prediction of Cerebral Palsy in Premature Infants				NS096053	93.853	1,000	345,931	373,423
		Genetic and environmental influences on recovery of seve			Children's Healthcare of Atlanta			1,000	0	0
					Murdoch Childrens Research Institute			1,000	0	0
					Nationwide Childrens Hospital			1,900	0	0
					Pennsylvania State University			1,900	0	0
					University of Alabama at Birmingham			1,900	0	0
					University of Pittsburgh			19,692	0	0
					Washington University			1,000	0	0
		Molecular and signaling mechanisms of peripheral nerve s				NS096359	93.853	0	197,165	197,165
		Cytokine signaling in neurofibroma development				NS096796	93.853	0	27,283	27,283
		miR-155 and RUNX function in neurofibroma tumorigenesis				NS097233	93.853	0	273,656	273,656
		Binding of Epstein Barr Virus EBNA2 unifies multiple scl				NS099068	93.853	0	52,447	52,447
		Biguanide Sensitivity of Glioma Stem Cells				NS099162	93.853	0	58,036	58,036
		A novel combinatorial approach to restore motor function			University of Cincinnati	NS100772	93.853	1,153	35,284	36,436
		Comparison of Hemorrhagic & Ischemic Stroke Among Blacks				NS030678	93.853	0	128,574	128,574
		fMRI in Anterior Temporal Epilepsy Surgery	University of Cincinnati	1012498		NS035929	93.853	521	(6,481)	(5,960)
		Study of Activity-Dependent Sympathetic Sprouting	Medical College of Wisconsin	5R01NS035929	University of Cincinnati	NS045594	93.853	0	8,846	8,846
		Ultrasound-assisted thrombolysis for stroke therapy	University of Cincinnati	1012407		NS047603	93.853	0	10,059	10,059
		The Establishment of Schwann Cell Polarity and the Infla	University of Cincinnati	1011436		NS062796	93.853	0	118,918	118,918
		Brain Vascular Malformation Consortium: Predictors of Cl	University of California	8146sc		NS065705	93.853	0	731	731
		Mechanisms of TGF regulated fibrosis in muscular dystrop	University of California	8415sc		NS072027	93.853	0	(23,793)	(23,793)
		Cincinnati Neuroscience Clinical Trials Research Center	Northwestern University Medical School	60039007CHMC		NS077311	93.853	0	95,210	95,210
		Potential EEG biomarkers and antiepileptogenic strategie	University of Cincinnati	1012613		NS080199	93.853	0	1,972	1,972
		Primary cilia signaling in CNS progenitor cells and thei	University of Alabama-Birmingham	000427597-004		NS080223	93.853	0	(1,302)	(1,302)
		Early biomarkers of Autism Spectrum Disorders in infants	Massachusetts General Hospital	220901		NS082320	93.853	0	304,746	304,746
		Disordered Regulation of Wnt/?-catenin Signaling in MPNS	Children's Hospital Boston	RSTFD0000668241		P00426101	93.853	0	467,510	467,510
		Targeting the Blood-Brain Barrier in Ischemic Stroke	University of Minnesota	009682-002		NS088384	93.853	0	23,805	23,805
		Developmental Synaptopathies Associated with TSC, PTEN a	Children's Hospital Boston	RSTFD0000661197		NS092090	93.853	0	83,605	83,605
		Preventing Epilepsy Using Vigabatrin in Infants with Tub	University of Cincinnati	009682-002		NS092595	93.853	0	32,024	32,024
		The Development of Small Molecule Inhibitors for Gaucher	University of Alabama-Birmingham	000510297-001		NS092981	93.853	0	361,201	361,201
		Nanovesicle-based intravenous protein/enzyme therapy for	University of Michigan	3003684045		NS095047	93.853	0	66,122	66,122
		Targeting Tumors with NF1 loss	University of Cincinnati	1012136		NS095411	93.853	0	155,537	155,537
		GABAergic Sensorimotor Dysfunction in Tourette Syndrome	Dartmouth	R836		NS096207	93.853	0	171,332	171,332
			Kennedy Krieger Research Institute	113091-0318-01						
					<b>Extramural Research Programs in Neurosciences &amp; Neurological Disorders Total</b>			<b>412,293</b>	<b>10,696,011</b>	<b>11,108,305</b>
	Food and Drug Administration_Research	Quercetin: Novel Targeted Chemoprevention for Fanconi An				FD004383	93.103	0	85,207	85,207
		Annual Meeting of the Neurobeh				FD004852	93.103	0	5,000	5,000
		Phase II: Vincristine vs sirolimus for High Risk Kaposif				FD004363	93.103	0	6,286	6,286
		Pharmacokinetic Studies of Tacrolimus in Transplant Pati	Children's Hospital Boston	GENFD0001222256		FD004573	93.103	0	51,250	51,250
		Phase-II IDE G090189-11/6/13: Pediatric ICU Patients wit	University of Cincinnati	1010125		FD005092	93.103	9,713	62,240	115,157
			Innovative BioTherapies, Inc.	2015-003	Emory University			19,047	0	0
					University of Michigan			24,157	0	0
					University of Iowa			0	0	0
		Evaluation of Clinical and Safety Outcomes Associated wi	University of Cincinnati	1010884		HHSF223201310224C	93.103	0	148,347	148,347
					<b>Food and Drug Administration_Research Total</b>			<b>52,917</b>	<b>358,330</b>	<b>411,247</b>
	Grants for Training in Primary Care Medicine and Dentistry	Faculty Development in Primary Care				HP23195	93.884	0	100,796	100,796

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Gov Agency	Gov Branch	Award Title	Pass-Through Grantor	Identifying Number	Subrecipient Name	Federal Grant Number	CFDA	Sub Exp	Fed Exp	Total Exp
		Leveraging the EHR to enable data collection at scale th				90AX001001-00	93.884	0	56,021	56,021
					<b>Grants for Training in Primary Care Medicine and Dentistry Total</b>			<b>0</b>	<b>156,817</b>	<b>156,817</b>
	International Research and Research Training	Cellular and Molecular Mechanisms of Alanyl-Glutamine Or				TW008767	93.989	0	31,311	31,311
					<b>International Research and Research Training Total</b>			<b>0</b>	<b>31,311</b>	<b>31,311</b>
	Lung Diseases Research	Pulmonary and Cardiovascular Development Training Grant				HL007752	93.838	0	243,672	243,672
		Foxf1 Transcription Factor in Development of Pulmonary C				HL084151	93.838	0	385,756	385,756
		Role of Anti-GM-CSF Antibodies in Myeloid Cell Function				HL085453	93.838	0	(19,893)	(19,893)
		Transcriptional Programming of Asthma Related Pathology				HL095580	93.838	0	554,322	554,322
		Mechanisms of Dicer1 Function in Lung Organogenesis and				HL109265	93.838	0	(420)	(420)
		Dysregulation of Nr2f in CF epithelia				HL109362	93.838	0	(230)	(230)
		Airway Progenitor Cell Proliferation and Differentiation			Oregon Health & Science University..	HL110964	93.838	259,178	164,500	423,679
		Osr transcription factors regulate embryonic lung develo				HL114898	93.838	0	341,928	341,928
		MR predictors of infection, inflammation, and structural				HL116226	93.838	0	97,856	97,856
		Macrophage Based Gene Therapy for Hereditary Pulmonary A				HL118342	93.838	0	774,654	774,654
		Adolescent Controlled Text Messaging to Improve Asthma M				HL119826	93.838	0	4,522	4,522
		Stard7, a Novel Inhibitor of Allergic Lung Disease				HL122130	93.838	0	395,130	395,130
		Mechanisms of IL-17A-mediated enhancement of asthma seve				HL122300	93.838	0	470,731	470,731
		"Lung MAP" Atlas Research Center			Cedars-Sinai Medical Center	HL122842	93.838	24,552	716,434	740,986
		Transcriptional regulation of goblet cell metaplasia				HL123490	93.838	0	341,041	341,041
		Transcriptional regulation of pulmonary fibrosis				HL126660	93.838	0	106,248	106,248
		The role of the long non-coding RNA Falcor in early endo				HL130666	93.838	0	191,887	191,887
		UTE MRI to monitor CF lung disease and response to CFTR				HL131012	93.838	0	642,080	642,080
		Interstitial resident fibroblasts direct alveolar epithe				HL131661	93.838	0	317,073	317,073
		Integrative analysis of multi-omics data to target fibro			University of Cincinnati..	HL133539	93.838	17,332	108,830	126,162
		The 2016 International Rare Lung Diseases Clinical Resea				HL134326	93.838	0	15,000	15,000
		Editing Alveolar Progenitor Cells for Correction of Mono			Boston University	HL134745	93.838	162,446	378,843	847,569
					Johns Hopkins University			11,638	0	0
					University of Pennsylvania			282,081	0	0
					Washington University			12,560	0	0
		WT1 Regulation of Pulmonary Fibrosis				HL134801	93.838	0	24,274	24,274
		A Novel Donor Risk Scoring System for Better Organ Utili				HL135306	93.838	0	7,609	7,609
		Discovery and characterization of candidate therapeutics				HL135368	93.838	0	52,620	52,620
		Genome edited iPS cell-derived macrophages as a novel lu				HL136721	93.838	0	123,762	123,762
		Role of EMC3/TMEM111 in Alveolar Epithelial Cell Functio				HL136722	93.838	0	75,986	75,986
		Gastrin-Releasing Peptide and Bronchopulmonary Dysplasia	Duke University	2034350		HL105702	93.838	0	2,831	2,831
		Severe Asthma Research Program	Washington University	WU-16-394		HL109257	93.838	0	9,692	9,692
		YI Pilot Projects	Duke University	203-8676		HL110967	93.838	0	20,000	20,000
		Directed Culturing of Pneumocystis Using Metatranscripto	University of Cincinnati	1012453		HL119190	93.838	0	100,406	100,406
		Deficient Sleep, Lung Functioning, and Functional Outcom	National Jewish Health	20094502		HL119441	93.838	0	4,173	4,173
		Molecular Atlas of Lung Development - Data Coordinating	Duke University	203-8184		HL122638	93.838	0	44,800	44,800
		A Phase III Trial to Validate HP 129Xe MRI as a Function	Polarean Inc.	2R44HL123299-02A1		HL123299	93.838	0	14,380	14,380
		Characterization of an inhibitory protein complex for cy	University of Tennessee	HL 123535 CCHMC		HL123535	93.838	0	18,446	18,446
		Pathogenesis-Unrven Therapeutic Development for Pulmonary	University of Cincinnati	1011731		HL127455	93.838	0	36,622	36,622
					<b>Lung Diseases Research Total</b>			<b>769,788</b>	<b>6,765,567</b>	<b>7,535,355</b>
	Maternal and Child Health Federal Consolidated Programs	Sickle Cell				MC22218	93.110	0	(90)	(90)
		Preventive health services and ED utilization among at-r				MC29447	93.110	0	80,442	80,442
		Hemophilia Comprehensive Care	Hemophilia Foundation of Michigan	1-H30MC24047-01-01		MC00015	93.110	0	(919)	(919)
		Leadership Education in Neurodevelopmental and Other Rel	University of Cincinnati	1012097		MC00032	93.110	0	500,284	500,284
		Healthy Tomorrows Partnership For Children Program	AAP - Gittelman	MC07618		MC07618	93.110	0	(92)	(92)
		Autism Intervention Research Network on Physical Health	Massachusetts General Hospital	2UA3MC11054-07-00		MC11054	93.110	0	256,276	256,276
		Development of a Grant Proposal for a Randomized Control	Children's Hospital of Philadelphia	3208960816-P		MC20218	93.110	0	3,638	3,638
		"Region V East Comprehensive Care Network for Bleeding D	Hemophilia Foundation of Michigan	MCHB 433 17-18		MC24047	93.110	0	21,800	21,800
					<b>Maternal and Child Health Federal Consolidated Programs Total</b>			<b>0</b>	<b>861,340</b>	<b>861,340</b>
		MedTapp Data Infrastructure (ODH State)	Ohio State University	G-1617-05-0003/ODH WISE 1047 #116		G-1617-05-0003/ODH WISE 1047 #1166	93.778	0	149,384	149,384
		MedTapp OPQC Perinatal (ODH State)	Ohio State University	G-1617-05-0003/ODH WISE 1047 #116		G-1617-05-0003/ODH WISE 1047 #1168	93.778	0	29,923	29,923
		MedTapp NICU Graduates Project (Federal)	Ohio State University	G-1617-05-0003/ODM201540	University Hospitals of Cleveland Research Inst. at Nationwide Hos	G-1617-05-0003/ODM201540	93.778	21,242	309,568	342,628
								11,818	0	0
		MedTapp QI Science Project (ODM Federal)	Ohio State University	G-1617-05-0003/ODM201602		G-1617-05-0003/ODM201602	93.778	0	191,937	191,937
		MedTapp Data Infrastructure (ODM Federal)	Ohio State University	G-1617-05-0003/ODM201603		G-1617-05-0003/ODM201603	93.778	0	265,848	265,848
		MEDTAPP Progesterone (ODM Federal)	Ohio State University	G-1617-05-0003/ODM201604	Aultman Hospital Case Western Reserve University Children's Hospital of Philadelphia The Ohio State University	G-1617-05-0003/ODM201604	93.778	39,318	394,989	660,506
								35,420	0	0
								18,540	0	0
								172,239	0	0
		MEDTAPP Perinatal Project	Ohio State University	G-1617-05-0003/ODM201605		G-1617-05-0003/ODM201605	93.778	0	46,343	46,343
		Partnerships that Promote Integrated, Multidisciplinary	University of Cincinnati	010394-003		G-1617-05-0003/ODM201609	93.778	0	288,669	288,669
		Neonatal Abstinence Syndrome (NAS Federal)	Ohio State University	G-1617-05-0003/ODM201636	Case Western Reserve University Research Inst. at Nationwide Hos	G-1617-05-0003/ODM201636	93.778	58,138	280,133	355,923
								17,653	0	0
		MEDI AAP Infant Mortality Reduction Project Phase I	Ohio State University	G-1617-05-0003/ODM201751		G-1617-05-0003/ODM201751	93.778	0	53,343	53,343
					<b>Medical Assistance Program Total</b>			<b>374,368</b>	<b>2,010,135</b>	<b>2,384,503</b>
	Medical Library Assistance	Improving Intensive Care Medication Safety through EHR-b			University of Cincinnati	LM012230	93.879	27,286	383,445	410,731
					<b>Medical Library Assistance Total</b>			<b>27,286</b>	<b>383,445</b>	<b>410,731</b>
	Mental Health Research Grants	LAMS				MH073816	93.242	0	172,226	172,226
		Evaluation of an Intervention for Improving Community-Ba			Nationwide Childrens Hospital	MH083665	93.242	6,198	3,643	9,841

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Gov Agency	Gov Branch	Award Title	Pass-Through Grantor	Identifying Number	Subrecipient Name	Federal Grant Number	CFDA	Sub Exp	Fed Exp	Total Exp
		Treatment of Maternal Depression in Home Visitation				MH087499	93.242	0	(14,947)	(14,947)
		2/2-Anomalous Motor Physiology in ADHD				MH095014	93.242	0	228,705	228,705
		Executive Function/Metacognitive Training: Early Interve				MH095911	93.242	0	(5,244)	(5,244)
		Frontal Cortical Gamma Oscillations Mark Contamination				MH100640	93.242	0	158,403	158,403
		Developing New Technologies to Improve ADHD Medication				MH101155	93.242	0	138,269	138,269
		Latrophilin-3 and ADHD: A new potential mechanism				MH101609	93.242	0	(73,845)	(73,845)
		Selective targeting of PI3K to restore higher cognitive			Emory University	MH103748	93.242	21,358	46,745	68,102
		Neurobehavioral Effects of Abrupt Methyphenidate Discont			Seattle Children's Hospital	MH105425	93.242	180,814	347,573	528,388
		A Multi-Method Investigation to Distinguish Sluggish Cog				MH108603	93.242	0	159,284	159,284
		Cognitive and Behavioral Effects of Sleep Restriction in				MH109787	93.242	0	77,606	77,606
		Anomalous Sensorimotor Physiology in Fragile X Syndrome				MH112936	93.242	0	35,320	35,320
		Neuroimaging study of risk factors for adolescent bipola	University of Cincinnati	009821-003		MH097818	93.242	0	37,111	37,111
		NCRCRG Web Portal for integrated data aggregation, analy	Stanford University	60825821-113376		MH104172	93.242	0	387,698	387,698
		(ED-STARs) Emergency Dept Screen for Teens at Risk for	University of Michigan	3003298263		MH104311	93.242	0	129,311	129,311
		Movement-Based Mindfulness Training for Children with AD	Kennedy Krieger Research Institute	1R21MH104651-01		MH104651	93.242	0	583	583
		Targeting the PI3K Enhancer PIKE to Reverse FXS-associat	Emory University	T287899		MH105355	93.242	0	8,471	8,471
		Risk and resilience factors for frontolimbic connectivit	University of Cincinnati	016227-002		MH107378	93.242	0	69,553	69,553
		Examining the Impact of Stigma and Stress on HIV Clinica	University of Rochester	416896-G		MH109350	93.242	0	25,142	25,142
					<b>Mental Health Research Grants Total</b>			<b>208,370</b>	<b>1,931,605</b>	<b>2,139,975</b>
National Center for Research Resources		A New Hydrogen Peroxide-Activated Agent that Selectively	University of Cincinnati	006141		TR000077	93.389	0	(5,452)	(5,452)
		Cincinnati Ctr for Clin & Trans Sciences & Training				TR000077	93.389	0	187	187
					<b>National Center for Research Resources Total</b>			<b>0</b>	<b>(5,264)</b>	<b>(5,264)</b>
National Center on Sleep Disorders Research		Sleep Restriction and the Adolescent Diet: Impact and M	Brigham & Women's Hospital	113170		HL120879	93.233	0	578,311	578,311
		Multi-Center Trial of Limiting PGY 2&3 Resident Work Hou				HL111478	93.233	0	330,226	330,226
					<b>National Center on Sleep Disorders Research Total</b>			<b>0</b>	<b>908,537</b>	<b>908,537</b>
National Research Service Award in Primary Care Medicine		NRSA Research Fellowship Training				HP10027	93.186	0	327,666	327,666
					<b>National Research Service Award in Primary Care Medicine Total</b>			<b>0</b>	<b>327,666</b>	<b>327,666</b>
Nursing Research		A Clinic-Based Interdisciplinary Intervention for Parent	Lurie Children's Hospital of Chicago	915342-CCHMC	State of Oklahoma	NR014248	93.361	179,991	371,209	551,200
		REACH: Translational Telehealth HomeCare	Ohio State University	60053093		NR020293	93.361	0	15,637	15,637
		Patterned Experience in Preterm Infants				NR012307	93.361	0	14,815	14,815
					<b>Nursing Research Total</b>			<b>179,991</b>	<b>401,661</b>	<b>581,652</b>
Oral Diseases and Disorders Research		Molecular Genetic Analysis of Craniofacial Development				DE013681	93.121	0	(842)	(842)
		The role of primary cilia in craniofacial development				DE019853	93.121	0	257	257
		Molecular Patterning of Mammalian Dentition				DE018401	93.121	0	551,451	551,451
		The Role of Primary Cilia in Murine Craniofacial Develop				DE023804	93.121	0	369,369	369,369
		Golgb1 in Craniofacial Development				DE023864	93.121	0	32,242	32,242
		Large Animal Model for Novel Autologous Treatments of Al				DE023124	93.121	0	13,181	13,181
		The role of ectodermal primary cilia in murine orofacial				DE025537	93.121	0	40,878	40,878
		Psychological and physiological correlates of endogenou				DE022368	93.121	0	221,157	221,157
		Understanding and Reducing Variation in Outcomes of Clef	Icahn School of Medicine at Mount Sinai	0255-7193-4809		DE025023	93.121	0	137,376	137,376
		Transcriptome Atlases of the Craniofacial Sutures	University of Florida	UFDS00011346		DE024448	93.121	0	15,051	15,051
		Exploratory Statistical Analysis of Differential Network				DE025625	93.121	0	15,636	15,636
					<b>Oral Diseases and Disorders Research Total</b>			<b>0</b>	<b>1,395,756</b>	<b>1,395,756</b>
Poison Center Support and Enhancement Grant Program		Poison Control Stabilization and Enhancement Progr				HS15468	93.253	0	236,523	236,523
					<b>Poison Center Support and Enhancement Grant Program Total</b>			<b>0</b>	<b>236,523</b>	<b>236,523</b>
Research Infrastructure Programs		SH800 Cell Sorter				OD023410	93.351	0	318,038	318,038
					<b>Research Infrastructure Programs Total</b>			<b>0</b>	<b>318,038</b>	<b>318,038</b>
Research on Healthcare Costs, Quality and Outcomes		Pursuing Perfection in Pediatric Therapeutics			Case Western Reserve University	HS021114	93.226	362	295,413	312,257
					Children's Hospital Boston			16,482	0	0
		Rigor of Multi-Registry CER Studies: Towards Patient-Cen				HS022437	93.226	0	10,205	10,205
		Reduction of Nephrotoxic Medication-Associated Acute Kid			Children's Hospital Boston	HS023763	93.226	35,910	198,452	486,746
					Children's Mercy Hospital			31,376	0	0
					Harvard Pilgrim Insurance Co., Inc			13,204	0	0
					Nemours Children's Clinic			23,418	0	0
					University of California			30,800	0	0
					Seattle Children's Hospital			25,458	0	0
					Spectrum Health Hospitals			31,786	0	0
					Stanford University			38,305	0	0
					University of Alabama at Birmingham			28,197	0	0
					University of Iowa			29,840	0	0
		Family-Clinician Partnerships to Improve Child Safety in				HS023827	93.226	0	141,660	141,660
		Methods and Measures of Improving Healthcare Value			Academy For Healthcare Improvement	HS024249	93.226	3,500	5,694	9,194
		Human and system factors contributing to pediatric medic			Emory University	HS024390	93.226	8,166	284,196	360,298
					Research Inst. at Nationwide Hos			67,936	0	0
		Improving ADHD Behavioral Care Quality in Community-Base				HS024690	93.226	0	274,563	274,563
		Predicting Pediatric Readmission: Development of a Valid				HS024735	93.226	0	39,502	39,502
		Optimal Methods for Notifying Clinicians about Epilepsy				HS024977	93.226	0	81,810	81,810
		Using the electronic health record to identify children				HS024963	93.226	0	102,690	102,690

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Gov Agency	Gov Branch	Award Title	Pass-Through Grantor	Identifying Number	Subrecipient Name	Federal Grant Number	CFDA	Sub Exp	Fed Exp	Total Exp
		Hospital Management of Acute Respiratory Illness in Chil				HS025138	93.226	0	25,698	25,698
		Improving the Quality of Pediatric Emergency Care Using	Northwestern University Medical School	60037079 CCHM		HS020270	93.226	0	13,488	13,488
		Collaborative Ohio Inquiry Network (COIN)	University of Cincinnati	010028-002		HS021648	93.226	0	6,302	6,302
		Improving Child Health by Disseminating Patient Centered	American Board of Pediatrics Foundation	PCOR-YEAR3 NO COST EXTENSION		HS021935	93.226	0	45,194	45,194
		Effects of Virtual Reality Simulation on Worker Emergency	Wright State University	P0036104		HS023149	93.226	0	106,043	106,043
		Pediatric Hospital Care Improvement Project	Children's Hosp & Reg Med Ct-Seattle	11491SUB		HS025291	93.226	0	29,761	29,761
					<b>Research on Healthcare Costs, Quality and Outcomes Total</b>			<b>384,740</b>	<b>1,660,672</b>	<b>2,045,412</b>
	Research Related to Deafness and Communication Disorders	Functional Analyses of Tricellular Tight Junctions in He				DC011748	93.173	0	305	305
		Idiopathic auditory dysfunction in children: nature and			Sunnybrook Research Institute	DC014078	93.173	2,333	622,930	625,262
					<b>Research Related to Deafness and Communication Disorders Total</b>			<b>2,333</b>	<b>623,234</b>	<b>625,567</b>
	Sickle Cell Treatment Demonstration Program	Cincinnati Sickle Cell Project	Ohio Department of Health	03130011SK0815		03130011SK0512	93.365	0	(3,060)	(3,060)
		Sickle Treatment and Outcomes Research in the Midwest -			Children's Hosp & Clinics of Minnesota	MC27863	93.365	97,425	360,502	804,909
					Indiana Hemophilia & Thrombosis Ctr, Inc			95,000	0	0
					Medical College of Wisconsin			77,554	0	0
					Sickle Cell Disease Assoc of America			79,430	0	0
					University of Illinois at Chicago			94,999	0	0
					<b>Sickle Cell Treatment Demonstration Program Total</b>			<b>444,407</b>	<b>357,442</b>	<b>801,849</b>
	Substance Abuse & Mental Health Svcs Projects of Regional & National Significance	The Center for Trauma Recovery and Juvenile Justice (CTR)	University of Connecticut Health Center	UCHC6-68919774		SM061273	93.243	0	24,661	24,661
					<b>Substance Abuse &amp; Mental Health Svcs Proj of Reg &amp; National Significance Total</b>			<b>0</b>	<b>24,661</b>	<b>24,661</b>
	Training and Clinical Skills Improvement Projects	Enhanced Surveillance for New Vaccine Preventable Diseases				IP000458	93.185	0	59,387	59,387
		Enhanced Surveillance for New Vaccine Preventable Diseases				IP001059	93.185	0	125,908	125,908
					<b>Training and Clinical Skills Improvement Projects Total</b>			<b>0</b>	<b>185,295</b>	<b>185,295</b>
		Characterizing the Gut Microbial Ecosystem for Diagnosis	Broad Medical Research Program	5230123-550000605		DK102557	93.310	0	48,578	48,578
		Establishment of in vitro and in vivo models of human ga				EB021780	93.310	0	339,337	339,337
		Direct Epigenetic Reprogramming of T Cells				GM119134	93.310	0	387,539	387,539
		Children's Respiratory Research and Environment Workgrou	University of Wisconsin-Madison	706K252		OD023282	93.310	0	36,654	36,654
		NYU Pediatric Obesity, Metabolism and Kidney Cohort Cent	NYU Sponsored Programs Administration	16-A0-00-006256-01		OD023305	93.310	0	6,720	6,720
		ENSMAP: Molecular and Functional Mapping of the Enteric	Vanderbilt University Medical Center	OT2OD023850		OD023850	93.310	0	142,389	142,389
		Foundational Mapping of the Neural Circuits that Control	University of California San Diego	85487594		OD023857	93.310	0	59,354	59,354
					<b>Trans-NIH Research Support Total</b>			<b>0</b>	<b>1,020,571</b>	<b>1,020,571</b>
	University Centers for Excellence in Dev. Disabilities Education, Research, and Service	University of Cincinnati University Center for Excellenc	University of Cincinnati	008131-006		90DD0696/01	93.632	0	603,598	603,598
		UCEDU National Training Initiative Supplemental Grant	University of Cincinnati	010025-002		90DD0812010001	93.632	0	4,814	4,814
					<b>University Ctrs Excellence in Dev Disab. Education, Res, and Service Total</b>			<b>0</b>	<b>608,412</b>	<b>608,412</b>
	Vision Research	Mechanism of action of Retinal Determination proteins				EY014648	93.867	0	393,227	393,227
		Retinal Microglia and Angiogenesis				EY021636	93.867	0	322,109	322,109
		Light Regulated Vascular Development of the Eye			University of California	EY023179	93.867	95,365	253,945	349,310
		EYA in Retinal Angiogenesis				EY022917	93.867	0	266,510	266,510
		SLC25A46 mutations cause optic atrophy, axonal neuropath				EY026609	93.867	0	457,978	457,978
		Outcomes of children with juvenile idiopathic arthritis-				EY021760	93.867	0	30,832	30,832
		Regulation of vascular develop in the eye by an opsin 5-dependent			Cleveland Clinic Foundation	EY027077	93.867	76,633	160,519	237,152
		Regulation of eye development by an Opsin 5-dopamine pai	Emory University	T750388		EY027711	93.867	0	70,130	70,130
					<b>Vision Research Total</b>			<b>171,998</b>	<b>1,955,250</b>	<b>2,127,247</b>
	Cooperative Agrmts Sup. State-Based Safe Motherhood & Infant Hlth Init. Prog.	State-based Perinatal Quality Collaboratives				DP005361	93.946	4,024	192,529	196,553
						Ohio Dept of Health /BCMh		18,039	0	18,039
					<b>Cooperative Agrmts Sup. State-Based Safe Motherhood &amp; Infant Hlth Init. Prog. Total</b>			<b>22,063</b>	<b>192,529</b>	<b>214,592</b>
	Human Genome Research	Effect of disease-associated genetic variants on viral p				HG008186	93.172	0	121,876	121,876
		Better Outcomes for Children: Promoting Excellence in He				HG008666	93.172	6,889	921,311	928,200
		Overcoming bias and unwanted variability in next generat	Dana Farber Cancer Institute	1228006		HG005220	93.172	0	55,071	55,071
					<b>Human Genome Research Total</b>			<b>6,889</b>	<b>1,098,258</b>	<b>1,105,147</b>
	Prev. & Public Health Fund (ACA) Enhanced Surveillance for New Vaccine Preven	Enhanced Surveillance for New Vaccine Preventable Diseases				IP001059	93.533	92,469	967,878	1,060,347
		Enhanced Surveillance for New Vaccine Preventable Diseases				IP000458	93.533	0	98,635	98,635
					<b>Prevention &amp; Public Hlth Fund (Aff. Care Act) Enhanced Surv. New Vaccine Preven Total</b>			<b>92,469</b>	<b>1,066,513</b>	<b>1,158,982</b>
	Alcohol Research Programs	Regulation of hepatic stellate cells in development and				AA020514	93.273	0	194,127	194,127
		Mechanisms of Alcoholic Liver Disease				AA020846	93.273	0	(3,012)	(3,012)
		Teen Alcohol Screening in the Pediatric Emergency Care A	Rhode Island Hospital	7017137111-5-OH		AA021900	93.273	0	4,461	4,461
					<b>Alcohol Research Programs Total</b>			<b>0</b>	<b>195,577</b>	<b>195,577</b>
	Injury Prevention and Control Research and State and Community Based Programs	STAT-ED - Suicidal Teens Accessing Treatment in the ED				CE002129	93.136	288	(9,239)	(8,951)
					Nationwide Childrens Hospital			288	(9,239)	(8,951)
					<b>Injury Prevention &amp; Control Res. &amp; State &amp; Community Based Programs Total</b>			<b>288</b>	<b>(9,239)</b>	<b>(8,951)</b>



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	National Center for Advancing Translational Sciences	Clinical and Translational Science Award	University of Cincinnati	009904-004		TR001425	93.350	0	1,567,826	1,567,826
		Cincinnati Center for Clinical and Translational Science	University of Cincinnati	009905-002		TR001426	93.350	0	196,513	196,513
		Disseminating Curative Biological Therapies for Rare Ped	Children's Hospital Boston	GENFD0001170250		TR001814	93.350	0	100,352	100,352
		University of Pittsburgh Clinical and Translational Science	University of Pittsburgh	0055353 (128885-2)		TR001857	93.350	0	41,493	41,493
					<b>National Center for Advancing Translational Sciences Total</b>			<b>0</b>	<b>1,906,184</b>	<b>1,906,184</b>
	Occupational Safety and Health Program	Education and Research Center (ERC Cincinnati)				OH008432	93.262	0	11,288	11,288
		Just-in-Time Methods for Understanding Near-misses, Inju				OH010035	93.262	0	10,495	10,495
		Early Identification of World Trade Center Conditions in	NYU Sponsored Programs Administration	12-02599		OH010394	93.262	0	1,108	1,108
		Genetic Susceptibility for Occupational Asthma	University of Cincinnati	1012869		OH008795	93.262	0	51,971	51,971
					<b>Occupational Safety and Health Program Total</b>			<b>0</b>	<b>74,862</b>	<b>74,862</b>
	Research and Training in Complementary and Alternative Medicine	DNA Attenuates Inflammatory Responses through Altering R	The Research Instit at Nationwide Hosp	726415		AT006880	93.213	0	(159)	(159)
					<b>Research and Training in Complementary and Alternative Medicine Total</b>			<b>0</b>	<b>(159)</b>	<b>(159)</b>
	HIV Prevention Activities_Health Department Based	HIV Testing in Ohio Emergency Departments				03130012HT0314	93.940	0	50,749	50,749
					<b>HIV Prevention Activities_Health Department Based Total</b>			<b>0</b>	<b>50,749</b>	<b>50,749</b>
	Hosp Prep Prog (HPP) & Public Health Emergency Prep (PHEP) Aligned Coop Agrmts.	Ohio Poison Control Bioterrorism Grant FY15				03130012PP0415	93.074	109,379	144,682	254,060
					<b>Hosp. Prep Prog (HPP) &amp; Public Hlth Emerg. Prep (PHEP) Coop. Agrmts Total</b>			<b>109,379</b>	<b>144,682</b>	<b>254,060</b>
		UIC PEHSU Program	Univ of Illinois @ Chicago	1U61TS000118		TS000118	93.161	0	9,490	9,490
		Pediatric Environmental Health Specialty Unit - Great La	Univ of Illinois @ Chicago	068135-00001		TS000237	93.161	0	21,437	21,437
					<b>Health Program for Toxic Substances and Disease Registry Total</b>			<b>0</b>	<b>30,927</b>	<b>30,927</b>
	Microbiology and Infectious Diseases Research	Norovirus Capsid: A Novel Drug Target.	University of Cincinnati	008739-003		AI097936	93.856	0	4,324	4,324
		HBGA receptors in host cell entry and infection of norov	Purdue University	4102-65270		AI111095	93.856	0	198,576	198,576
					<b>Microbiology and Infectious Diseases Research Total</b>			<b>0</b>	<b>202,901</b>	<b>202,901</b>
	Cancer Control	Imaging Notch Interactions with Members of Its Pathway	Washington University	WU-17-25		CA094056	93.399	0	77,816	77,816
					<b>Cancer Control Total</b>			<b>0</b>	<b>77,816</b>	<b>77,816</b>
	Healthy Start Initiative	Healthy Start Cincinnati				MC27823	93.926	20,652	723,155	743,807
					<b>Healthy Start Initiative Total</b>			<b>20,652</b>	<b>723,155</b>	<b>743,807</b>
	Health Care Innovation Challenge	Coordinating all resources effectively for children with	Children's National Medical Center	30002606-04		30002606	93.610	0	556,028	556,028
					<b>Health Care Innovation Challenge Total</b>			<b>0</b>	<b>556,028</b>	<b>556,028</b>
	Affordable Care Act (ACA) Family to Family Health Information Centers	Ohio Family to Family Health Information Centers				H84MC28443	93.504	4,825	112,862	117,687
					<b>Affordable Care Act (ACA) Family to Family Health Information Centers Total</b>			<b>4,825</b>	<b>112,862</b>	<b>117,687</b>
	Community Programs to Improve Minority Health Grant Program	Pathways for Emerging Healthcare Leaders	University of Cincinnati	009908-004		CPIMP151094	93.137	0	8,189	8,189
		Communities Addressing Childhood Trauma (ACT)				CPIMP161128-01-00	93.137	15,000	272,989	338,587
								1,000	0	0
								3,100	0	0
								22,500	0	0
								8,500	0	0
								10,000	0	0
								1,898	0	0
								3,600	0	0
					<b>Community Programs to Improve Minority Health Grant Program Total</b>			<b>65,598</b>	<b>281,178</b>	<b>346,776</b>
	Community-Based Child Abuse Prevention Grants	OCTF Calm Baby Gentle Project	Ohio Children's Trust Fund	G-1617-22-0630		G-1617-22-0630	93.590	0	40,103	40,103
					<b>Community-Based Child Abuse Prevention Grants Total</b>			<b>0</b>	<b>40,103</b>	<b>40,103</b>
	Rare Disorders: Research, Surveillance, Health Promotion, and Education	Using Longitudinal Data to Characterize the Natural Hist				DD001185	93.315	0	73,937	73,937
					<b>Rare Disorders: Research, Surveillance, Health Promotion, and Education Total</b>			<b>0</b>	<b>73,937</b>	<b>73,937</b>
	Blood Disorder Program: Prevention, Surveillance and Research	Community Counts: Public Health Surveillance for Bleedin	Hemophilia Foundation of Michigan	15-16-433		DD001155	93.080	0	12,176	12,176
					<b>Blood Disorder Program: Prevention, Surveillance and Research Total</b>			<b>0</b>	<b>12,176</b>	<b>12,176</b>
					<b>Dept of Health and Human Serv Total</b>			<b>16,301,345</b>	<b>122,562,965</b>	<b>138,864,309</b>
Dept of Housing and Urban Dev	Healthy Homes Technical Studies Grants	Efficiency of HEPA Air Purification in Reducing Traffic-	University of Cincinnati	009527-002		OHHHU0027	14.906	0	14,362	14,362
					<b>Healthy Homes Technical Studies Grants Total</b>			<b>0</b>	<b>14,362</b>	<b>14,362</b>
					<b>Dept of Housing and Urban Dev Total</b>			<b>0</b>	<b>14,362</b>	<b>14,362</b>

Children's Hospital Medical Center and Affiliates  
 Supplementary Schedule of Expenditures of Federal Awards  
 For the Year Ended June 30, 2017

Gov Agency	Gov Branch	Award Title	Pass-Through Grantor	Identifying Number	Subrecipient Name	Federal Grant Number	CFDA	Sub Exp	Fed Exp	Total Exp							
Office of Personnel Management	Intergovernmental Personnel Act (IPA) Mobility Program	Mechanisms of liver failure				IPA Kumar	27.011	0	41,687	41,687							
		Center for Disease Control				IPA Kurowski	27.011	0	27,251	27,251							
		Lewkovich IPA				IPA Lewkovich	27.011	0	6,750	6,750							
		Lupus Association with Signal Transducer and Activator o				IPA Magnusen	27.011	0	(439)	(439)							
		Mechanisms of liver failure				IPA Rani	27.011	0	29,441	29,441							
		Mechanisms of liver failure				IPA Sorenson	27.011	0	23,029	23,029							
<b>Intergovernmental Personnel Act (IPA) Mobility Program Total</b>								<b>0</b>	<b>127,720</b>	<b>127,720</b>							
<b>Office of Personnel Management Total</b>								<b>0</b>	<b>127,720</b>	<b>127,720</b>							
Nat'l Aeronautics & Space Admin	Exploration	Acute and long term outcomes of simulated deep space rad			University of Cincinnati	NNX13AO47G	43.003	87,751	175,504	263,255							
								<b>Exploration Total</b>	<b>87,751</b>	<b>175,504</b>	<b>263,255</b>						
	Space Operations	RNA Deep Sequencing and Metabolomic Profiling of Microgr	Arizona State University	14-380		NNX13AM01G	43.007	0	526	526							
<b>Space Operations Total</b>								<b>0</b>	<b>526</b>	<b>526</b>							
<b>Natl Aeronautics &amp; Space Admin Total</b>								<b>87,751</b>	<b>176,030</b>	<b>263,781</b>							
EPA / Office of Water	Wetland Prog Grants- State/ Tribal Environm Outcome Wetland Demo Program	Hospital Discharge Practices and Contaminants of Emergin	American Water Works Company, Inc.	4616		Project 4616	66.479	0	36,382	36,382							
								<b>Wetland Progr. Grants-State/Tribal Environm. Outcome Wetland Demo Program Total</b>							<b>0</b>	<b>36,382</b>	<b>36,382</b>
								<b>EPA / Office of Water Total</b>							<b>0</b>	<b>36,382</b>	<b>36,382</b>
		Drug and Poison Control					93.959	0	222,963	222,963							
<b>Grand Total</b>								<b>\$ 16,392,537</b>	<b>\$ 126,449,157</b>	<b>\$ 142,841,695</b>							

(Concluded)

# CHILDREN’S HOSPITAL MEDICAL CENTER AND AFFILIATES

## NOTES TO SUPPLEMENTARY SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS FOR THE YEAR ENDED JUNE 30, 2017

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### 1. SCOPE OF AUDIT

All federal grant operations of Cincinnati Children’s are included in the scope of Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance)*. Single audits under the Uniform Guidance are performed in accordance with the provisions of the Office of Management and Budget (OMB)’s Compliance Supplement for Single Audits of Higher Learning Institutions and other Non-Profit Institutions (the “Compliance Supplement”). The Department of Health and Human Services has been designated as Cincinnati Children’s cognizant agency for the single audit.

### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Presentation** — The accompanying Supplemental Schedule of Expenditures of Federal Awards (the “Schedule”) includes the federal grant activity of Cincinnati Children’s under programs of the federal government for the year ended June 30, 2017, and is presented on the accrual basis of accounting. This is consistent with the basis of accounting used in the preparation of the basic consolidated financial statements. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Guidance*. Because the Schedule presents only a selected portion of the operations of Cincinnati Children’s, it is not intended to and does not present the financial position, changes in net assets or cash flows of Cincinnati Children’s. Cincinnati Children’s did not elect to use the 10% de minimis indirect cost rate as allowed under the Uniform Guidance.

**Net Asset Balances** — Negative amounts represent grants with deficit balances which were closed during fiscal 2017.

\* \* \* \* \*



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**REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON  
COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL  
STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING  
STANDARDS***

**INDEPENDENT AUDITORS' REPORT**

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

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated balance sheets as of June 30, 2017, and the related consolidated statements of operations and changes in net assets and of cash flows for the years then ended, and the related notes to the consolidated financial statements which collectively comprise Children's Hospital Medical Center and Affiliates ("Cincinnati Children's") basic consolidated financial statements and have issued our report thereon dated October 18, 2017, except for Note 12, as to which the date is March 28, 2018.

**Internal Control over Financial Reporting**

In planning and performing our audit of the consolidated financial statements, we considered Cincinnati Children's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of Cincinnati Children's internal control. Accordingly, we do not express an opinion on the effectiveness of Cincinnati Children's internal control.

*A deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. *A material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. *A significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

## **Compliance and Other Matters**

As part of obtaining reasonable assurance about whether Cincinnati Children's consolidated financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

## **Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Cincinnati Children's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Cincinnati Children's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Deloitte & Touche LLP

October 18, 2017, Except for Note 12, as to which the date is March 28, 2018



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**REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM; REPORT ON  
INTERNAL CONTROL OVER COMPLIANCE; AND REPORT ON THE SCHEDULE OF  
EXPENDITURES OF FEDERAL AWARDS REQUIRED BY THE UNIFORM GUIDANCE**

**INDEPENDENT AUDITORS' REPORT**

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

**Report on Compliance for Each Major Federal Program**

We have audited Children's Hospital Medical Center and Affiliates ("Cincinnati Children's") compliance with the types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Compliance Supplement that could have a direct and material effect on each of Cincinnati Children's major federal programs for the year ended June 30, 2017. Cincinnati Children's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

**Management's Responsibility**

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

**Auditor's Responsibility**

Our responsibility is to express an opinion on compliance for each of Cincinnati Children's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Cincinnati Children's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of Cincinnati Children's compliance.

## **Opinion on Each Major Federal Program**

In our opinion, Cincinnati Children's complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2017.

## **Report on Internal Control over Compliance**

Management of Cincinnati Children's is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered Cincinnati Children's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Cincinnati Children's internal control over compliance.

*A deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

## **Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance**

We have audited the consolidated financial statements of Cincinnati Children's as of and for the year ended June 30, 2017, and have issued our report thereon dated October 18, 2017, except for Note 12, as to which the date is March 28, 2018, which contained an unmodified opinion on those consolidated financial statements. Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The

accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by the Uniform Guidance and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditure of federal awards is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Deloitte & Touche LLP

October 18, 2017, Except for Note 12, as to which the date is March 28, 2018



# CHILDREN'S HOSPITAL MEDICAL CENTER AND AFFILIATES

## SCHEDULE OF FINDINGS AND QUESTIONED COSTS FOR THE YEAR ENDED JUNE 30, 2017

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### PART I. SUMMARY OF AUDITOR'S RESULTS

#### Financial Statements:

Type of auditor's report issued:	Unmodified	
Internal control over financial reporting:		
Material weakness(es) identified?	<u>      </u> Yes	<u>  X  </u> No
Significant deficiency(ies) identified?	<u>      </u> Yes	<u>  X  </u> None reported
Noncompliance material to financial statements noted?	<u>      </u> Yes	<u>  X  </u> No

#### Federal Awards:

Internal control over major programs:		
Material weakness(es) identified?	<u>      </u> Yes	<u>  X  </u> No
Significant deficiency(ies) identified?	<u>      </u> Yes	<u>  X  </u> None reported
Type of auditor's report issued on compliance for major programs:	Unmodified	
Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?	<u>      </u> Yes	<u>  X  </u> No

#### Identification of Major Programs:

CFDA Number	Name of Federal Program or Cluster
Various	Research and Development*

\* Cincinnati Children's has determined that its entire research and development program inclusive of all research and development grant activity should be considered clustered and as such, constitutes one major program.

Dollar threshold used to distinguish between Type A and Type B programs? \$ 3,000,000  
 Research and Development program tested as a single Type A program

Auditee qualified as low-risk auditee?   X   Yes        No

**CHILDREN'S HOSPITAL MEDICAL CENTER AND AFFILIATES**

**SCHEDULE OF FINDINGS AND QUESTIONED COSTS  
FOR THE YEAR ENDED JUNE 30, 2017**

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**PART II. FINDINGS RELATED TO THE FINANCIAL STATEMENTS**

None

**PART III. FEDERAL AWARD FINDINGS AND QUESTIONED COSTS**

None