Office of Management and Budget Circular A-133 Reports For The Year Ended June 30, 2015

CHILDREN'S HOSPITAL MEDICAL CENTER AND AFFILIATES

TABLE OF CONTENTS

	Page
INDEPENDENT AUDITORS' REPORT	1–2
CONSOLIDATED FINANCIAL STATEMENTS FOR THE YEARS ENDED JUNE 30, 2015 AND 2014:	
Consolidated Balance Sheets	3
Consolidated Statements of Operations and Changes in Net Assets	4–5
Consolidated Statements of Cash Flows	6
Notes to Consolidated Financial Statements	7–35
SUPPLEMENTARY SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS FOR THE YEAR ENDED JUNE 30, 2015	36–47
NOTES TO SUPPLEMENTARY SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS FOR THE YEAR ENDED JUNE 30, 2015	48
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	49–50
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 OMB CIRCULAR A-133	51–52
SCHEDULE OF FINDINGS AND QUESTIONED COSTS FOR THE YEAR ENDED JUNE 30, 2015	53–54



Deloitte & Touche LLP

250 E. 5th Street Suite 1900 Cincinnati, OH 45202-5109 USA

Tel: +1 513 784 7100 Fax: +1 513 784 7204 www.deloitte.com

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, 2015 and 2014, 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, 2015 and 2014, 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 is required by Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, 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

Deloitte > Touche LLP

In accordance with *Government Auditing Standards*, we have also issued our report dated October 21, 2015 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.

October 21, 2015

Consolidated Balance Sheet June 30, 2015 and 2014 (dollars in thousands)

	2015	2014
CURRENT ASSETS:		
Cash and cash equivalents	\$ 125,267	\$ 156,830
Marketable securities	670,345	389,139
Cash, cash equivalents and marketable securities	795,612	545,969
Patient receivables, net of allowances of \$50,460 in 2015 and \$54,259 in 2014	317,831	288,806
Other receivables, net	173,788	151,502
Inventories and prepaid expenses	39,136	32,936
Total current assets	1,326,367	1,019,213
ASSETS LIMITED AS TO USE - Funds in trust	9,836	38,097
PROPERTY AND EQUIPMENT,	1,182,738	998,397
net of accumulated depreciation	-,,	, , , , , , , , , , , , , , , , , , ,
DEFERRED BOND ISSUANCE COSTS AND OTHER	67,119	61,128
INTEREST IN NET ASSETS OF SUPPORTING ORGANIZATIONS (Note 1(b))	1,319,739	1,298,688
Total assets	\$3,905,799	\$3,415,523
CURRENT LIABILITIES;		
Accounts payable and accrued expenses	\$ 330,020	\$ 299,667
Current portion of long-term debt and capital lease obligations	52,644	32,609
Total current liabilities	382,664	332,276
ACCRUED PENSION BENEFIT LIABILITY (Note 9)	229,252	144,357
SELF-INSURANCE RESERVES	42,338	46,696
LONG-TERM DEBT:		
Tax-exempt bonds payable	353,410	398,190
Taxable bonds payable	300,000	-
Notes payable	59,999	67,301
Capital lease obligations	4,286	2,051
OTHER LONG-TERM LIABILITIES	14,500	15,576
Total liabilities	1,386,449	1,006,447
COMMITMENTS AND CONTINGENCIES (Notes 6 and 10)	-	-
NET ASSETS:		
Unrestricted	1,060,125	975,039
Temporarily restricted	158,141	153,309
Permanently restricted (Note 1(b))	1,301,084	1,280,728
Total net assets	2,519,350	2,409,076
Total liabilities and net assets	\$3,905,799	\$3,415,523
See accompanying notes to consolidated financial statements.		

Consolidated Statements of Operations and Changes in Net Assets For the Years Ended June 30, 2015 and 2014 (dollars in thousands)

	2015	2014
INDECEDICATED DEVENIUS CAING AND OTHER SURPORT.		
UNRESTRICTED REVENUES, GAINS AND OTHER SUPPORT:	¢1 547 121	¢1 461 660
Net hospital patient service revenue Provision for bad debt	\$1,547,131 (19,195)	\$1,461,668 (26,142)
Net hospital patient service revenue less provision for bad debts	1,527,936	1,435,526
Net hospital patient service revenue less provision for bad debts	1,327,930	1,433,320
Capitation revenue	41,755	35,032
Net professional services revenue	295,871	289,064
Net assets released from restriction used for operations-		
Grant revenue	165,142	163,071
Other restricted net assets used to support operations	75,242	89,640
Investment income	9,131	14,140
Other revenue	91,393	93,767
Total unrestricted revenues, gains and other support	2,206,470	2,120,240
EXPENSES:		
Salaries	1,031,542	985,876
Employee benefits	256,525	261,000
Supplies, drugs and other	342,851	335,372
Purchased services	210,052	212,427
Depreciation	110,352	109,214
Utilities	18,988	17,643
Interest	19,425	14,170
Impairment of land	7,111	8,101
Loss on early extinguishment of tax exempt bonds payable (Note 8)	, <u>-</u>	4,037
Total expenses	1,996,846	1,947,840
Excess of revenues over expenses	209,624	172,400
OTHER CHANGES IN UNRESTRICTED NET ASSETS:		
Receipts from supporting organizations (Notes 1(b) and 1(c))	4,033	6,952
Net assets released from restrictions used for purchase of property	1,055	0,752
and equipment	10,639	2,320
Increase in unrestricted net assets before transfers to		
supporting organizations and pension and post		
retirement health liability adjustment	224,296	181,672
Transfers to supporting organizations (Note 1(c))	(46,893)	(31,400)
Pension and post retirement health liability adjustment (Note 9)	(92,317)	114,053
rension and post retirement nearth habitity adjustment (11000 7)	(72,317)	117,033
Increase in unrestricted net assets	85,086	264,325
·		

(Continued on next page)

Consolidated Statements of Operations and Changes in Net Assets For the Years Ended June 30, 2015 and 2014 (dollars in thousands)

	2015	2014
TEMPORARILY RESTRICTED NET ASSETS:		
Contributions and investment income-	164.720	1.00 500
Grant receipts	164,730	162,799
Gifts, contributions and other income	91,430	83,855
	256,160	246,654
Net assets released from restriction-		
Grant expenditures	(165,142)	(163,071)
Transfer to The Children's Hospital	(1,000)	(16)
Restricted net assets used to support operations	(75,242)	(89,640)
Restricted net assets used for purchase of property and equipment	(10,639)	(2,320)
	(252,023)	(255,047)
Gain (Loss) in interest in net assets of supporting organizations	695	(8,735)
Increase (Decrease) in temporarily restricted net assets	4,832	(17,128)
PERMANENTLY RESTRICTED NET ASSETS:		
Gain in interest in net assets of supporting organizations	20,356	195,774
Increase in permanently restricted net assets	20,356	195,774
INCREASE IN NET ASSETS	110,274	442,971
NET ASSETS, beginning of year	2,409,076	1,966,105
NET ASSETS, end of year	\$2,519,350	\$2,409,076

See accompanying notes to consolidated financial statements.

Consolidated Statements of Cash Flows For the Years Ended June 30, 2015 and 2014 (dollars in thousands)

	2015	2014
CASH FLOWS FROM OPERATING ACTIVITIES:		
Increase in net assets	\$ 110,274	\$ 442,971
Adjustments to reconcile increase in net assets to net cash provided by	+ ,-/-	+ ··- - ,,,,-
operating activities-		
Depreciation and amortization	110,687	109,412
Loss on disposal of property and equipment	2,518	805
Impairment of land	7,111	8,101
Loss on early extinguishment of tax exempt bonds payable	-	4,037
Proceeds from sale of donated securities	1,623	2,291
Receipts from supporting organizations	(4,033)	(6,952)
Contributions to supporting organizations	46,893	31,400
Contributions restricted for purchase of property and equipment	(10,639)	(2,320)
Gain in interest in net assets of supporting organizations	(21,051)	(187,039)
Unrealized and realized losses (gains) on marketable securities, net	5,106	(3,146)
Increase (Decrease) allowances on receivables	(3,799)	883
Increase in receivables	(47,512)	(120,220)
(Increase) Decrease in inventories and prepaid expenses and other assets	(9,661)	3,459
Increase (Decrease) in accounts payable and accrued expenses	(8,872)	62,572
Increase (Decrease) in accrued pension liability	84,895	(102,403)
Increase (Decrease) in self-insurance reserves and other long-term	/= n	
liabilities	(5,434)	22,225
Net cash provided by operating activities	258,106	266,076
CASH FLOWS FROM INVESTING ACTIVITIES:		
Expenditures for property and equipment	(258,091)	(209,513)
Receipts from sale of fixed assets	582	1,263
Purchases of marketable securities	(1,633,044)	(1,099,956)
Sales and maturities of marketable securities	1,339,517	977,326
Cash withdrawn from funds in trust	61,991	184,903
Cash invested in funds in trust	(33,730)	(160,197)
Net cash used in investing activities	(522,775)	(306,174)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Issuance of bonds and notes payable	297,136	173,235
Repayment of bonds and notes payable	(31,809)	(203,369)
Contributions restricted for purchase of property and equipment	10,639	2,320
Receipts from supporting organizations	4,033	6,952
Contributions to supporting organizations	(46,893)	(31,400)
Net cash provided by (used in) financing activities	233,106	(52,262)
Net decrease in cash and cash equivalents	(31,563)	(92,360)
CASH AND CASH EQUIVALENTS, beginning of year	156,830	249,190
CASH AND CASH EQUIVALENTS, end of year	\$ 125,267	\$ 156,830
SUPPLEMENTAL DISCLOSURE OF NON-CASH INVESTING ACTIVITIES:		
Capital expenditures in accounts payable and accrued expenses	\$ 62,338	\$ 23,113
Acquisition of property through capital leases	\$ 6,425	\$ -
See accompanying notes to consolidated financial statements.		

Consolidated Financial Statements
For the Years Ended June 30, 2015 and 2014, respectively (dollars in thousands)

(1) Accounting Policies-

(a) <u>Basis of Consolidation</u>--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), Burnet Ave LLC (Burnet) and TSHCH LLC (TSHCH), 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 is a limited liability corporation formed to enhance the scope and quality of pediatric care in Northern Kentucky. Burnet is a wholly-owned subsidiary of Cincinnati Children's, whose purpose is to hold land. TSHCH is a wholly-owned subsidiary of Cincinnati Children's whose purpose is to acquire, hold, develop, subdivide, sell, lease, mortgage, manage and otherwise deal in real property.

(b) Supporting Organizations--The Children's Hospital (TCH), Convalescent Hospital for Children and Orphan Asylum (CHCOA) and Adolescent Health Center of Greater Cincinnati, Inc. (CAC), all Ohio not-for-profit corporations which are not included in the accompanying consolidated financial statements, provide financial support to the 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. 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.

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. Changes in the fair value of such temporarily and permanently restricted net assets 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.

Consolidated Financial Statements For the Years Ended June 30, 2015 and 2014, respectively (dollars in thousands)

(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, 2015, TCH and CHCOA have outstanding revocable pledges of \$250,900 and \$9,000, respectively. All outstanding pledges of principal support are revocable at the discretion of TCH's and CHCOA's Board of Trustees. As a result, such revocable pledges are not recorded as receivables in the accompanying consolidated financial statements.

During fiscal 2015 and 2014, TCH transferred \$57,594 and \$42,907, 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 2015 and 2014, TCH transferred \$4,033 and \$6,952, 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 2015 and 2014, Cincinnati Children's transferred \$1,000 and \$16, respectively, of temporarily restricted net assets to TCH to fund named chairs designated to support divisional activities. During fiscal 2015 and fiscal 2014, respectively, Cincinnati Children's transferred \$46,893 and \$31,400 of unrestricted net assets to TCH to fund named chairs designated to support divisional activities.

At June 30, 2015 and 2014, Cincinnati Children's had a payable to TCH for \$3,022 and \$1,083, respectively, related to transfers received greater than funding commitments in fiscal 2015 and 2014. These amounts will be offset in future fiscal years against the current year commitment.

During fiscal 2015 and 2014, CHCOA transferred \$10,922 and \$4,308 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, 2015, Cincinnati Children's has a payable to CHCOA for \$55, which will be repaid through a reduction in support in fiscal 2016. At June 30, 2014 Cincinnati Children's had a receivable from CHCOA for \$29 related to fiscal 2014 funding. This amount was paid in fiscal 2015.

At June 30, 2015, Cincinnati Children's has a receivable from CHCOA for \$6,395 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, 2015 and 2014, 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.

(d) <u>Concentration of Patient Accounts Receivable and Revenue and Revenue Recognition</u>--In both fiscal 2015 and 2014, 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).

Consolidated Financial Statements For the Years Ended June 30, 2015 and 2014, 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, 2015 and 2014:

	2015		2014	ļ
	Gross	Net	Gross	Net
Commercial insurers	1%	2%	1%	1%
Managed care	43%	62%	47%	67%
Government (HMO and third party)	45%	24%	44%	24%
Specialty contracts	10%	12%	7%	7%
Self pay	1%	-	1%	1%

The following details the percentage of accounts receivable by payer category as of June 30, 2015 and 2014:

	2015	2014
Commercial insurers	3%	2%
Managed care	42%	48%
Government (HMO and third party)	27%	26%
Specialty contracts	26%	21%
Self pay	2%	3%

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 24% of Cincinnati Children's net hospital patient service revenue for the fiscal years ended June 30, 2015 and 2014, 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, 2015, Cincinnati Children's has settled all Medicaid cost reports through 2008 and all Medicare cost reports through 2013.

Consolidated Financial Statements For the Years Ended June 30, 2015 and 2014, respectively (dollars in thousands)

The following table reconciles gross patient service revenue to net hospital patient service revenue for the years ended June 30, 2015 and 2014:

	2015	2014
Charges at established rates	\$2,745,917	\$2,510,971
Deductions:		
Discounts on commercial contractuals	(322,169)	(257,951)
Write-downs related to services to the poor:		
Including Medicaid and governmental		
contractuals, charity care and other	(006.550)	(020.002)
uncollectible self pay write-offs	(906,572)	(820,993)
	1,517,176	1,432,027
Tax Levy Program	5,200	5,200
Care Assurance Program	24,755	24,441
Net Hospital Patient Service Revenue	\$1,547,131	\$1,461,668

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 contractuals (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 17% and 21% of self-pay accounts receivable at June 30, 2015 and 2014. In addition, Cincinnati Children's bad debt write-offs (before recoveries) totaled approximately \$31,805 and \$40,833 for the years ended June 30, 2015 and 2014, respectively. Cincinnati Children's modified its charity care and uninsured policy in fiscal 2014 in order to provide greater discounts to such patients. 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.

Consolidated Financial Statements
For the Years Ended June 30, 2015 and 2014, respectively (dollars in thousands)

A summary of activity in Cincinnati Children's provision for doubtful accounts for the year ended June 30, 2015 and 2014 related to patient receivables is as follows:

	Balance at Beginning of <u>Year</u>	Provision for doubtful <u>Accounts</u>	Accounts written off, Net of recoveries	Balance at End of Year
Year Ended June 30, 2015	\$15,139	\$15,389	\$(18,388)	\$12,140
Year Ended June 30, 2014	\$16,618	\$23,774	\$(25,253)	\$15,139

The Consolidated Balance Sheet also includes \$38,320 and \$39,120 of contractual reserves related to net patient receivables as of June 30, 2015 and 2014.

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

- (e) <u>Capitation Revenue</u> Cincinnati Children's has agreements with two Ohio Medicaid managed care companies, covering approximately 33,000 and 36,000 children, respectively, in fiscal 2015 and fiscal 2014, 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.
- (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) <u>Graduate Medical Education</u> –Cincinnati Children's receives Federal graduate medical education funding, which has resulted in other revenue of \$9,209 and \$9,166 recognized in the accompanying consolidated financial statements for the years ended June 30, 2015 and 2014, respectively.
- (h) Meaningful Use Funding --Cincinnati Children's is eligible for incentive payments for the hospital and physicians that implement and meaningfully use electronic health record (EHR) technology under The American Recovery and Reinvestment Act of 2009 (ARRA). In fiscal 2015, Cincinnati Children's did not apply or receive any funding under ARRA related to hospital and eligible

Consolidated Financial Statements
For the Years Ended June 30, 2015 and 2014, respectively (dollars in thousands)

physician use of EHR. In fiscal 2014, Cincinnati Children's applied for and received \$4,351 in funding under ARRA related to the hospital and eligible physician use of an EHR.

(i) <u>Tax Exempt Status</u>--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 and TSHCH 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, 2015 and 2014.

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 2015 and 2014.

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

Federal – 2012 to 2015 State – 2012 to 2015

- (j) <u>Cash Equivalents</u>--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.
- (k) <u>Inventories</u> –Inventories consist of medical supplies and pharmaceuticals and are valued on an average cost method.
- (l) <u>Marketable Securities</u>—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, 2015, there were \$3,729 and \$20,678 of pending purchases and sales of marketable securities, respectively. At June 30, 2014, there were \$39,272 and \$37,361 of pending purchases and sales of marketable securities, respectively.

At June 30, 2015, Cincinnati Children's marketable securities included 15% in U.S Treasury securities. At June 30, 2014, Cincinnati Children's marketable securities included 33% in U.S. Treasury securities and 12% in FNMA securities.

Consolidated Financial Statements For the Years Ended June 30, 2015 and 2014, respectively (dollars in thousands)

(m) <u>Assets Limited As To Use</u>--Assets limited as to use include funds in trust (Note 4). Assets limited as to use are carried at fair value with unrealized gains and losses included in investment income in the accompanying Consolidated Statements of Operations and Changes in Net Assets. At June 30, 2015 and 2014, assets limited as to use were invested as follows:

	<u>2015</u>	<u>2014</u>
Cash Equivalents	\$9,836	\$13,075
Corporate Bonds	-	24,022
U.S. Government Securities	-	1,000
	\$9,836	\$38,097

(n) <u>Investment Income</u>--The following details the components of investment income on marketable securities and funds in trust for the years ended June 30, 2015 and 2014:

	2015	2014
Interest income	\$14,237	\$13,530
Unrealized and realized (losses) gains, net	(5,106)	610
Investment income	\$ 9,131	\$14,140

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

(o) <u>Fair Value Measurements</u>—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

Consolidated Financial Statements For the Years Ended June 30, 2015 and 2014, respectively (dollars in thousands)

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.

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, 2015.

_	Level 1	Level 2	Level 3
Marketable Securities:			
U.S. Government and agency securities	\$ -	\$197,909	\$ -
Foreign bonds	_	6,462	_
Municipal bonds	_	2,790	_
Bond mutual funds	1,864	2,770	_
Common stock	170	_	_
Asset backed securities	-	28,392	_
Corporate obligations	_	432,758	-
-	2,034	668,311	
Assets Limited As To Use:			
Money market mutual			
funds	9,836	_	_
<u>-</u>	9,836		
-	<u> </u>		
Deferred Compensation			
Plans (included in			
Other Assets):			
Cash	2,386	-	-
Common stock	3,534	-	-
Mutual Funds:			
Money Market	145	-	-
Equity	2,921	-	-
International Equity	1,095	-	-
Bond	1,342	-	-
Lifecycle	3,434	-	-
Real Estate	268	-	-
Variable Annuities:			
Bond	-	98	-
Equity	-	324	-
International Equity	-	128	-
Money Market	-	18	-
Guaranteed Insurance	_	_	3,069
Contract			
_	15,125	568	3,069
Total	\$26,995	\$668,879	\$3,069

Consolidated Financial Statements For the Years Ended June 30, 2015 and 2014, respectively (dollars in thousands)

The table below includes the major categorization for debt and equity securities on the basis of the nature and risk of the investments at June 30, 2014.

	Level 1	Level 2	Level 3
Marketable Securities: U.S. Government and	\$ -	\$225,808	\$ -
agency securities Municipal bonds	_	2,383	_
Certificates of Deposit	-	251	_
Common stock	163	231	_
Corporate obligations	103	160,534	_
Corporate congations	163	388,976	
Assets Limited As To Use:			
Corporate bonds	-	24,022	_
Money market mutual funds	13,075		-
U.S. government	13,070		
securities	-	1,000	-
	13,075	25,022	-
Investments in Private Investment Funds (included in Other Assets):			
High Yield Corporate Obligations		34	
Obligations	<u> </u>	34	<u>-</u> _
Deferred Compensation Plans (included in Other Assets):			
Common stock	3,184	-	-
Mutual Funds:			
Money Market	242	-	-
Equity	2,513	-	-
International Equity	1,818	-	-
Bond	1,013	-	-
Lifecycle	2,548	-	-
Real Estate Variable Annuities:	139	-	-
Bond		230	
Equity	-	883	-
International Equity	_	180	_
Money Market	_	23	_
Real Estate Pooled	_	217	-
Guaranteed Insurance	_		5,251
	11,457	1,533	5,251
Total	\$24,695	\$415,565	\$5,251
	- 15 -	· /	• ,

Consolidated Financial Statements
For the Years Ended June 30, 2015 and 2014, respectively (dollars in thousands)

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 US 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.

Investments in private investment funds are valued by net asset value, as published and determined by the fund manager.

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.

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.

Consolidated Financial Statements
For the Years Ended June 30, 2015 and 2014, respectively (dollars in thousands)

The following is a reconciliation of the roll forward of the fair value measurements using significant unobservable inputs for fiscal 2015:

Balance at July 1, 2014	\$5,251
Purchases	1,266
Unrealized gains (losses)	(112)
Sales	(3,336)
Balance at June 30, 2015	\$ 3,069
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,	
2015	\$(112)

The following is a reconciliation of the roll forward of the fair value measurements using significant unobservable inputs for fiscal 2014:

Balance at July 1, 2013	\$5,150
Purchases	2,742
Unrealized gains	149
Sales	(2,790)
Balance at June 30, 2014	\$5,251

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, 2014 \$149

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, 2015 and 2014, there were no significant transfers in or out of Levels 1, 2 or 3.

(p) <u>Property and Equipment</u>--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 2015 and 2014, Cincinnati Children's recorded losses of \$7,111 and

Consolidated Financial Statements For the Years Ended June 30, 2015 and 2014, respectively (dollars in thousands)

\$8,101, 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.

(q) 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 2015 and fiscal 2014, Cincinnati Children's capitalized \$843 and \$336 of interest related to construction in progress. Total cash paid for interest was approximately \$18,720 and \$14,629 and in fiscal 2015 and 2014, respectively.

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

(r) <u>Temporarily Restricted Net Assets</u>--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 \$139,486 and \$135,348 at June 30, 2015 and 2014, respectively.

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 or deferred gift programs where the restriction is a time restriction tied to the life expectancy of the donor. The amount of temporarily restricted net assets held at supporting organizations was \$18,655 and \$17,961 at June 30, 2015 and 2014, respectively.

(s) Permanently Restricted Net Assets--Permanently restricted net assets are restricted by the donor to be maintained in perpetuity and are recorded in Interest in Net Assets of Supporting Organizations in the accompanying Consolidated Balance Sheets as they are held by supporting organizations. As of June 30, 2015 and 2014, permanently restricted net assets consisted of the following amounts with expendable investment income restricted by donors to be used for the following purposes:

2015	2014
\$1,098,777	\$1,080,199
202,307	200,529
\$1,301,084	\$1,280,728
	\$1,098,777 202,307

The assets underlying Cincinnati Children's permanently restricted net assets have been invested by supporting organizations in primarily marketable securities.

(t) 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).

Consolidated Financial Statements For the Years Ended June 30, 2015 and 2014, respectively (dollars in thousands)

- (u) <u>Use of Estimates</u>--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.
- (v) 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-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, 2018, and early adoption is prohibited. Management has not yet evaluated the impact of ASU 2014-09 on consolidated financial statements.

In April 2015, the FASB issued ASU 2015-03 "Simplifying the Presentation of Debt Issuance Costs". ASU 2015-03 requires debt issuance costs to be presented on the balance sheet as a direct deduction from the carrying amount of the debt liability. ASU 2015-03 will be effective for fiscal years beginning after December 15, 2015 with application applied retrospectively. Management does not believe this will have a material impact on the consolidated financial statements.

In May 2015, the FASB issued ASU 2015-07 "Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)." The amendments in this Update remove the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. The amendments also remove the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the net asset value per share practical expedient. Rather, those disclosures are limited to investments for which the entity has elected to measure the fair value using that practical expedient. ASU 2015-07 will be effective for fiscal years beginning after December 15, 2016, with application applied retrospectively; earlier application is permitted. Management does not believe this will have a material impact on 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.

Consolidated Financial Statements
For the Years Ended June 30, 2015 and 2014, respectively (dollars in thousands)

The following information summarizes uncompensated care provided during the years ended June 30, 2015 and 2014:

2015			
CHARGES	Hospital	Physician	Total
Charges under Medicaid and other entitlement programs	\$1,247,823	\$288,573	\$1,536,396
Charity care not eligible for Medicaid assistance, at established charges	26,324	3,266	29,590
Other uncollectible self pay, at established charges	19,195	9,526	28,721
Total Medicaid, charity care and other uncollectible self pay charges	\$1,293,342	\$301,365	\$1,594,707
COSTS/LOSSES			
Estimated costs to provide uncompensated care Reimbursement from Medicaid programs	\$ 572,923 (417,034)	\$ 143,600 (40,435)	\$ 716,523 (457,469)
Losses on the provision of uncompensated care Funds received from HCAP and tax levy	(155,889) 29,955	(103,165)	(259,054) 29,955
Losses on provision of uncompensated care net of HCAP and tax levy	(\$ 125,934)	(\$103,165)	(\$ 229,099)
2014			
2014			
CHARGES	Hospital	Physician	Total
CHARGES Charges under Medicaid and other entitlement programs	### ### ##############################	Physician \$253,415	Total \$1,267,281
CHARGES Charges under Medicaid and other entitlement programs Charity care not eligible for Medicaid assistance, at established charges			
CHARGES Charges under Medicaid and other entitlement programs Charity care not eligible for Medicaid assistance, at established charges Other uncollectible self pay, at established charges	\$1,013,866	\$253,415	\$1,267,281
CHARGES Charges under Medicaid and other entitlement programs Charity care not eligible for Medicaid assistance, at established charges Other uncollectible self pay, at established	\$1,013,866 35,072	\$253,415 4,665	\$1,267,281 39,737
CHARGES Charges under Medicaid and other entitlement programs Charity care not eligible for Medicaid assistance, at established charges Other uncollectible self pay, at established charges Total Medicaid, charity care and other uncollectible self pay charges	\$1,013,866 35,072 26,141	\$253,415 4,665 10,838	\$1,267,281 39,737 36,979
CHARGES Charges under Medicaid and other entitlement programs Charity care not eligible for Medicaid assistance, at established charges Other uncollectible self pay, at established charges Total Medicaid, charity care and other	\$1,013,866 35,072 26,141	\$253,415 4,665 10,838	\$1,267,281 39,737 36,979
CHARGES Charges under Medicaid and other entitlement programs Charity care not eligible for Medicaid assistance, at established charges Other uncollectible self pay, at established charges Total Medicaid, charity care and other uncollectible self pay charges COSTS/LOSSES	\$1,013,866 35,072 26,141 \$1,075,079	\$253,415 4,665 10,838 \$268,918	\$1,267,281 39,737 36,979 \$1,343,997
CHARGES Charges under Medicaid and other entitlement programs Charity care not eligible for Medicaid assistance, at established charges Other uncollectible self pay, at established charges Total Medicaid, charity care and other uncollectible self pay charges COSTS/LOSSES Estimated costs to provide uncompensated care	\$1,013,866 35,072 26,141 \$1,075,079	\$253,415 4,665 10,838 \$268,918	\$1,267,281 39,737 36,979 \$1,343,997 \$601,588

The 2015 and 2014 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.

Consolidated Financial Statements For the Years Ended June 30, 2015 and 2014, respectively (dollars in thousands)

(3) <u>Tax Levy Funds</u>-

Under an agreement with Hamilton County, Ohio (the County), Cincinnati Children's receives tax-supported funding from the County to reimburse Cincinnati Children's for the provision of charity care to the County's indigent residents. During fiscal 2015 and 2014, Cincinnati Children's recognized \$5,200 and \$5,200, respectively, of tax levy reimbursement in the accompanying Consolidated Statements of Operations and Changes in Net Assets.

The current tax levy agreement covers the period of the approved three year tax levy renewal, January 1, 2015 through December 31, 2017. The amount distributed by the County from the Tax Levy proceeds to Cincinnati Children's during each year of the Term hereof is subject to an annual appropriation at the discretion of the Board of County Commissioners. Cincinnati Children's expects to receive \$5,200 in calendar year 2015 and \$4,700 in each of calendar years 2016 and 2017. On an annual basis, Cincinnati Children's shall render hospital inpatient and outpatient health and hospitalization services and physician services to medically indigent Hamilton County residents who are "Eligible Individuals" that have a total cost of at least the amount of the annual payments distributed to the Hospital under this Agreement for that year.

(4) <u>Funds in Trust</u>-

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,	
	2015	2014
Self-insurance Funds-		_
Professional liability (A)	\$ 161	\$ 161
Employee health and workers' compensation (B)	890	893
Health Network Escrow (C)	2,641	3,637
Bond interest escrow funds (D)	6,144	4,001
2012 Construction fund (E)	-	27,104
Performance Bid Bond (F)	-	2,301
	\$9,836	\$38,097

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

Consolidated Financial Statements For the Years Ended June 30, 2015 and 2014, respectively (dollars in thousands)

- (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 borrowed \$60,000 in December 2012 in the form of a taxable note, the proceeds of which are being used to fund a portion of the cost of building a new clinical sciences building. In fiscal 2014, Cincinnati Children's drew down \$32,256. The remaining draws from the trust occurred in fiscal 2015.
- (F) Cincinnati Children's executed a Performance Bid bond related to a submission of a proposal to perform consulting services. The bid bond expired in July 2014 and was repaid to Cincinnati Children's.

(5) Property and Equipment-

Property and equipment consists of the following:

June 30,	
2015	2014
\$ 37,763	\$ 41,614
21,343	18,724
1,353,957	1,123,604
585,432	531,609
119,908	139,763
2,118,403	1,855,314
(935,665)	(856,917)
\$1,182,738	\$998,397
	\$ 37,763 21,343 1,353,957 585,432 119,908 2,118,403 (935,665)

(6) 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 as follows:

For claims made between:

October 1, 2004 and September 30, 2006 \$10,000 (\$20,000 in aggregate)

For claims made subsequent to:

October 1, 2006 \$10,000 (\$25,000 in aggregate)

During this same time period, the Medical Center annually purchased excess healthcare professional liability insurance on a claims made basis at varying levels.

Consolidated Financial Statements For the Years Ended June 30, 2015 and 2014, respectively (dollars in thousands)

The actuarial present value of expected costs (including incurred, but not reported claims) for the healthcare professional liability program of \$41,656 and \$45,940 for 2015 and 2014, respectively, has been accrued in the accompanying Consolidated Balance Sheets. Accrued healthcare professional liability losses have been discounted at a rate of approximately 4% at June 30, 2015 and 2014, 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 \$5,961 and \$35,847 for fiscal 2015 and 2014, respectively.

(7) <u>Capital Lease Obligations</u>-

The Medical Center leases certain equipment under capital leases. The aggregate future minimum lease payments total \$6,299, with \$2,011 due in fiscal 2016. In fiscal 2015, Cincinnati Children's entered into six capital leases for certain equipment. There were no new capital leases entered into in fiscal 2014.

Consolidated Financial Statements For the Years Ended June 30, 2015 and 2014, respectively (dollars in thousands)

(8) Tax Exempt Bonds Payable and Notes Payable-

Bonds payable and notes payable for the years ended June 30, 2015 and 2014 consist of the following:

	2015	2014
Bonds payable and notes payable:		
Series 1997, variable interest (0.06% at June 30, 2015), due		
through 2017	\$17,885	\$ 26,420
Series 2000, variable interest (0.06% at June 30, 2015), due		
through 2028	47,040	47,540
Series 2002, variable interest (0.06% at June 30, 2015), due		
Through 2028	18,485	19,575
Series 2006, 4.25% to 5.00%, due through 2032, net of		
unamortized premium of \$373 in 2015 and \$386 in 2014	63,449	63,461
Series 2007, variable interest (0.07% due at June 30, 2015),		
due through 2037	30,615	30,615
Series 2008, variable interest (0.14% due at June 30, 2015),		
due through 2036	19,045	19,045
Series 2009, 4.20% due through 2019	12,000	15,000
Series 2010, 2.27% due through 2020	15,000	18,000
Series 2011, 2.18% due through 2022	45,125	48,205
Series 2014S, 3.0% to 5.0% due through 2034, net of		
unamortized premium of \$9,027 in 2015 and \$10,463 in		
2014	128,097	133,979
Series 2014T, 4.268% due 2044, taxable	300,000	-
Term Note Payable, 2.20% due through 2022	42,000	48,000
Note Payable on Vernon Manor Property, interest at 4.045%	25,301	26,551
Total bonds payable and notes payable	764,042	496,391
Less- current portion	(50,633)	(30,900)
Bonds payable and notes payable - long-term	\$713,409	\$465,491
- · · · · · · · · · · · · · · · · · · ·		

(a) Tax Exempt Bonds Payable—Cincinnati Children's has pledged their gross revenues, as defined, to secure the payment of Series 1997, 2000, 2002, 2006, 2007, 2008, 2009, 2010, 2011, 2014S and 2014T bonds. Cincinnati Children's is bound by certain financial covenants included in the bond indentures, letters of credit (fully securing the 1997, 2000, 2002, 2007 and 2008 issuances) and related agreements. Among other restrictions is a requirement to maintain a minimum Debt Service Coverage Ratio, as defined.

Payment of the principal of, and the interest on, the Series 2006 bonds is insured by a policy of municipal bond insurance. The 1997, 2000, 2002, 2007 and 2008 bonds may be tendered to a remarketing agent by bondholders on business days for full payment of principal and accrued interest. Cincinnati Children's has entered into standby letters of credit totaling \$133,388 which commits major banks 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 letter of credit securing the 2008 bond issuance expires in June 2016 which required reclassification of the full balance to current liabilities for the fiscal year ending June 30, 2015.

Consolidated Financial Statements For the Years Ended June 30, 2015 and 2014, respectively (dollars in thousands)

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

(b) Future Debt Maturities --

The following is a schedule of future debt maturities, excluding discounts/premiums:

2016	\$ 50,633
2017	32,220
2018	32,002
2019	24,903
2020	31,767
Thereafter	583,118
	\$754,643

- (c) <u>Lines of Credit</u> -- In March 2014, Cincinnati Children's secured a \$150,000 line of credit. The line of credit expires in March 2017 and bears interest at LIBOR plus 65 basis points. There were no draws on the line of credit during fiscal 2015 and 2014.
- (d) Note Payable on Vernon Manor Property -- Cincinnati Children's entered into an agreement with a Developer to renovate and occupy the Vernon Manor property to be used primarily for administrative office space. The property is located near the main campus. Additionally, a parking garage was constructed on adjacent property in order to provide parking for the occupants of the building. As part of the agreement, Cincinnati Children's agreed to make fixed monthly payments over the seventeen year term of the agreement. The present value of such fixed payments at June 30, 2015 and 2014 is \$25,301 and \$26,551, respectively, using Cincinnati Children's estimated tax-exempt interest rate at the time of the agreement of 4.045%. The agreement also calls for variable payments monthly to cover operating expenses for the office building and the parking garage. Additionally, the agreement has a provision that Cincinnati Children's can purchase the facility at the end of seven years (2019) for the then fair market value.
- (e) Loss on Early Extinguishment of Tax Exempt Bonds Payable In January 2014, Cincinnati Children's refinanced \$49,283 of the outstanding 1998 tax exempt bonds and \$81,120 of outstanding 2004 tax exempt bonds with a \$123,515 tax exempt bond offering, with a premium recorded of \$11,179. The obligations bear interest at a fixed rate ranging from 3% to 5%. As part of the refunding, Cincinnati Children's recorded a \$3,967 loss on early extinguishment of tax exempt bonds payable in fiscal 2014.

Additionally in June 2014, Cincinnati Children's refinanced \$48,205 of series 2011 bonds in order to extend the maturity date to 2022 from 2019. As part of the refinancing, Cincinnati Children's recorded a \$70 loss on refinancing.

Consolidated Financial Statements For the Years Ended June 30, 2015 and 2014, respectively (dollars in thousands)

(9) 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. The Investment Policy for the portfolio contains a long-term target allocation as follows:

Long Duration Treasury Bonds	10.0%
Long Duration Corporate Bonds	10.0%
High Yield Fixed Income	5.0%
Emerging Markets Fixed Income	5.0%
Global Developed Markets Equity	44.0%
Emerging Markets Equity	11.0%
Private Equity	6.0%
Real Estate	6.0%
Commodities	3.0%

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 to the above minimum and maximum allocations. Because of the illiquid nature of private equity and real estate, it is not anticipated that these asset classes will be rebalanced on a regular basis. As of June 30, 2015, Cincinnati Children's made \$60,500 in funding commitments in six investment partnerships of which \$23,400 had been funded. Additionally, Cincinnati Children's had made \$52,500 in funding commitments in seven real estate investment partnerships of which \$25,200 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, 2015 and 2014 by asset category is as follows:

	<u>2015</u>	<u>2014</u>
Cash and cash equivalents	6.9%	1.7%
Bond mutual funds	8.8%	9.9%
Common stock and equity mutual	3.6%	6.4%
funds		
Corporate bonds	5.4%	5.6%
Government bonds	0.1%	-
Investment Partnerships:		
Equity	16.9%	1.8%
Bond	16.2%	16.6%
International equity	39.1%	56.4%
Real estate	3.0%	1.6%
	100.0%	100.0%

Consolidated Financial Statements For the Years Ended June 30, 2015 and 2014, respectively (dollars in thousands)

At June 30, 2015, 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(o) for further discussion on the fair value hierarchy and fair value principles):

	<u>Level 1</u>	<u>Level 2</u>	Level 3
Cash and cash equivalents	\$ 60,197	\$ -	\$ -
Bond mutual funds	76,137	-	-
Common stock and equity mutual	31,645	-	-
funds			
Corporate bonds	-	47,119	-
Government bonds	-	590	-
Investment Partnerships:			
Equity	-	121,794	24,883
Bond	-	141,049	-
International equity	-	340,894	-
Real estate	-	-	25,513
<u>-</u>			
_	\$167,979	\$651,446	\$50,396
-	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	

At June 30, 2014, 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(o) for further discussion on the fair value hierarchy and fair value principles):

	<u>Level 1</u>	Level 2	Level 3
Cash and cash equivalents	\$ 14,316	\$ -	\$ -
Bond mutual funds	84,937	-	-
Corporate bonds	-	48,205	-
Common stock	54,889	-	-
Government bonds	-	851	-
Investment Partnerships:			
Equity	-	-	15,217
Bond	-	111,172	30,711
International equity	-	481,390	-
Real Estate	-	-	13,523
	\$154,142	\$641,618	\$59,451

Consolidated Financial Statements For the Years Ended June 30, 2015 and 2014, respectively (dollars in thousands)

The fair values of Level 1 investments are based on quoted prices in active markets. The Level 2 and Level 3 investments in private investment funds 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 Level 3 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.

Balance at July 1, 2014 Purchases Unrealized gains Transfers Sales Balance at June 30, 2015	\$ 59,451 20,110 6,779 (30,117) (5,827) \$ 50,396
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, 2015	\$6,779
Balance at July 1, 2013 Purchases Unrealized gains Sales Balance at June 30, 2014	\$ 11,820 47,673 1,987 (2,029) \$ 59,451
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, 2014	\$1,987

In fiscal 2015, there was one limited partnership bond fund that transferred from level 3 to level 2. In 2014, it was classified as level 3 due to certain redemption restrictions. In 2015, those restrictions expired and therefore, the limited partnership bond fund of \$30,117 was transferred from level 3 to level 2. There were no transfers between levels in fiscal 2014.

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

	2015	2014
Discount rate used to determine actuarial present value of the		
projected benefit obligation	4.43%	4.31%
Assumed rate of increase in compensation levels	3.50%	4.00%
Long-term rate of return	7.50%	7.50%

Consolidated Financial Statements For the Years Ended June 30, 2015 and 2014, respectively (dollars in thousands)

The following table sets forth the funded status of the plan and amounts recognized in the accompanying Consolidated Balance Sheets as of June 30, 2015 and 2014, utilizing actuarial measurement dates as of June 30, 2015 and 2014.

	2015	2014
Change in projected benefit obligation:		
Projected benefit obligation at beginning of year	\$ 999,568	\$ 963,780
Service cost	44,737	50,089
Interest cost	42,560	46,312
Plan amendments	-	(159,299)
Other actuarial losses	42,486	112,182
Benefits paid	(30,278)	(13,496)
Projected benefit obligation at end of year	1,099,073	999,568
Change in plan assets:		
Fair value of plan assets at beginning of year	855,211	717,020
Actual (loss) return on plan assets	(1,612)	101,587
Employer contributions	46,500	50,100
Benefits paid	(30,278)	(13,496)
Fair value of plan assets at end of year	869,821	855,211
Funded status	(229,252)	(144,357)
Net accrued pension liability in Consolidated Balance Sheets	\$(229,252)	\$(144,357)

In June 2014, management announced that effective January 1, 2015, the Plan would be amended to eliminate future benefit accruals under the Traditional Plan formula (as defined in the Plan document) as of December 31, 2014. All future benefit accruals after December 31, 2014 will be determined under the Stable Value Plan formula (as defined in the Plan document). Additionally, the Plan amendment allows for lump sum payments to be made on all future benefit payments. The changes were accounted for as negative plan amendments as of June 30, 2014.

In 2015, 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 losses in fiscal 2015.

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

	2015	2014
Net actuarial loss	\$481,056	\$ 401,039
Net prior service credit	(147,548)	(159,299)
	\$333,508	\$ 241,740

The estimated actuarial loss and prior service credit that will be amortized from Unrestricted Net Assets into net pension cost in fiscal 2016 are \$25,361 and \$(11,751) respectively.

Consolidated Financial Statements For the Years Ended June 30, 2015 and 2014, respectively (dollars in thousands)

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

	2015	2014	
Discount rate used to determine actuarial present value of the			
projected benefit obligation	4.31%	4.84%	
Assumed rate of increase in compensation levels	4.00%	4.00%	
Expected long-term rate of return on plan assets	7.50%	7.50%	

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 2015 and 2014 related to the defined benefit plan consisted of the following components:

	2015	2014
Service cost	\$44,737	\$50,089
Interest cost	42,560	46,312
Return on plan assets	(60,619)	(53,260)
Amortization of prior service credit	(11,751)	=
Recognized net actuarial loss	24,790	19,297
Net periodic pension cost	\$39,717	\$62,438

Based on preliminary estimates, we do not expect any required fiscal 2016 contributions for the qualified defined benefit plan under the current funding regulations.

The accumulated benefit obligation for the pension plan was \$1,080,717 and \$978,477 at June 30, 2015 and 2014, 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:

2016	\$ 37,019
2017	46,312
2018	55,316
2019	63,929
2020	72,856
2021-2025	409,127

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 \$21,767 and \$20,420 in fiscal 2015 and 2014, 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 participants have the option of deferring the amounts for no less than two years, but no greater than retirement age. If a participant chooses to defer amounts to less than retirement age they have one option to extend the deferral term or to be paid out the fair value of the assets, net of taxes upon expiration. The amounts are at a substantial risk of forfeiture and will revert back to the -30-

Consolidated Financial Statements For the Years Ended June 30, 2015 and 2014, respectively (dollars in thousands)

Cincinnati Children's if the employee is not actively employed at the vesting date. The fair value of the assets and liability to participants included in the accompanying Consolidated Balance Sheets were \$11,296 and \$11,981 at June 30, 2015 and 2014, respectively. The amount of deferred compensation expense recognized in fiscal 2015 and 2014 was \$1,090 and \$1,682, 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 liability to participants related to these individual agreements in the accompanying Consolidated Balance Sheets were \$7,466 and \$6,260, respectively at June 30, 2015 and 2014.

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

The postretirement benefit obligations, included within other long-term liabilities, as of June 30, 2015 and 2014 were as follows:

	2015	2014
Change in benefit obligation:		
Benefit obligation at beginning of year	\$3,769	\$3,691
Interest cost	105	112
Plan participants contributions	111	159
Medicare Part D subsidy	-	7
Actuarial losses	321	379
Benefits paid	(647)	(579)
Benefit obligation at end of year	\$3,659	\$3,769

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

	2015	2014
Net actuarial loss	\$3,625	\$ 3,739
Net prior service cost	(3,003)	(3,758)
	\$622	\$ (19)

The estimated actuarial loss and prior service credit which will be amortized from Unrestricted Net Assets into net postretirement cost in fiscal 2016 are \$377 and \$(677), respectively.

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

	2015	2014
Discount rate	3.27%	3.00%
Health care cost trend rate	5.00%	5.00%

Consolidated Financial Statements For the Years Ended June 30, 2015 and 2014, respectively (dollars in thousands)

Net periodic cost for 2015 and 2014 related to the medical and dental postretirement benefits consisted of the following components:

	2015	2014
Interest cost	\$105	\$ 112
Amortization of unrecognized net gain and prior service credit	(319)	(399)
	\$(214)	\$(287)

For fiscal 2015 and fiscal 2014, the discount rate used to determine the net periodic postretirement costs was 3.00% and 3.26%, respectively.

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

	1-Percentage-	1-Percentage-
	Point	Point
	<u>Increase</u>	Decrease
Effect on total of service and interest cost components	\$ 635	\$ (576)
Effect on accumulated postretirement benefit obligation	23,321	(21,052)

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 (or received) over each of the next five years and thereafter.

	<u>Payments</u>
2016	\$ 452
2017	423
2018	394
2019	366
2020	338
2021-2025	1,304

(10) Commitments and Contingencies-

- 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.
- Laws and Regulations--The healthcare industry is subject to numerous laws and regulations of (b) 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 continues with respect to investigations and allegations concerning possible violations of regulations by health care providers, which could result in the imposition of significant fines and penalties, as well as significant repayment of previously billed and collected revenue from patient services.

Consolidated Financial Statements For the Years Ended June 30, 2015 and 2014, respectively (dollars in thousands)

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) <u>Capital Commitments</u>—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 \$62,317 in connection with current active projects as of June 30, 2015. The projects are expected to be completed in fiscal 2016 and fiscal 2017.
- (d) <u>Funding Commitments</u> -- 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, 2015, Cincinnati Children's has provided \$12,867 of funding in relation to this commitment.
- (e) <u>Investment Commitments</u> 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, 2015 and 2014, Cincinnati Children's had funded \$10,072 and \$9,722, respectively, of this commitment. At June 30, 2015 and 2014, respectively, the value of the investment recorded in Other Assets in the Consolidated Balance Sheets is \$9,096 and \$11,079. 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, 2015 and 2014, Cincinnati Children's has funded \$3,100 and \$2,200 of this commitment. At June 30, 2015 and 2014, the value of the investment recorded in Other Assets in the Consolidated Balance Sheets is \$3,372 and \$2,220, 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 \$5,000 in a limited liability corporation (LLC) that focuses 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, 2015 and 2014, Cincinnati Children's had funded \$945 and \$375, respectively, of the commitment. At June 30, 2015 and 2014 the value of the investment recorded in Other Assets in the

Consolidated Financial Statements For the Years Ended June 30, 2015 and 2014, respectively (dollars in thousands)

Consolidated Balance Sheets is \$886 and \$318, respectively. Unless the LLC is dissolved earlier in accordance with defined termination provisions, the term of the LLC shall end on the 12th 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, 2015 and 2014, Cincinnati Children's has funded \$1,260 and \$600, respectively, of this commitment. At June 30, 2015 and 2014, the value of the investment recorded in Other Assets in the Consolidated Balance Sheets is \$1,099 and \$532, 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.

Cincinnati Children's has made an a commitment to invest \$1,100 in four 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, 2015 and 2014, Cincinnati Children's has funded \$1,003 and \$560, respectively, of this commitment. At June 30, 2015 and 2014, respectively, the value of the investment recorded in Other Assets in the Consolidated Balance Sheets is \$1,352 and \$878, respectively. Unless the LLC is dissolved earlier in accordance with defined termination provisions, the term of the LLC shall end on the 12th 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 \$5,600 and \$6,300 in fiscal 2015 and 2014, respectively. Future minimum rental commitments under non-cancellable operating leases are as follows:

FY 2016	\$5,286
FY 2017	5,330
FY 2018	2,005
FY 2019	1,158
FY 2020	389
Thereafter	1,054

Children's Hospital Medical Center and Affiliates

Consolidated Financial Statements
For the Years Ended June 30, 2015 and 2014, respectively (dollars in thousands)

(11) Functional Expenses-

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

	2015	2014
Patient services	\$1,305,525	\$1,259,748
Research and education	453,745	424,055
Support services	237,576	264,037
	\$1,996,846	\$1,947,840

(12) 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:

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

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

<u>Marketable Securities and Assets Limited As To Use</u>--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.

<u>Bonds Payable and Notes Payable</u>--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 at June 30, 2015 and 2014 was \$747,948 and \$504,974, respectively. These would be classified as Level 2 investments in the fair value hierarchy.

(13) Subsequent Events-

Management reviewed subsequent events through October 21, 2015, the date the financial statements were issued, noting no changes were required to the financial statements or footnotes.

Gov Agency	Gov Branch	Award Title	Pass-Through Grantor	Subrecipient Name	Federal Grant No		Sub Exp	Fed Exp	Total Exp
Department of Defense	Military Medical Research and Developmen	Modelling Brain Defects in NF1 PR0094002 - "Genome-Wide Association Study in African-Am			W81XWH1010116 W81XWH1010675	12.420 \$ 12.420	- \$	(5,345.22) \$ 27.016.45	(5,345.22) 27.016.45
		STAT3 in Neurofibroma Tumorigenesis and Therapy			W81XWH1110259	12.420		30,856.02	30,856.02
		Non-Invasive MR-Guided HIFU Therapy of TSC-Associated Re			W81XWH1110299	12.420		(1,867.87)	(1,867.87)
		Regulation and Function of TIFAB in Myelodysplastic Sync			W81XWH1110468	12.420		(4.629.48)	(4,629.48)
		Identification of molecular and cellular contributors to			W81XWH1210133	12.420	-	60,966.40	60,966.40
		Targeting the Ron-DEK Signaling Axis in Breast Cance		Nationwide Childrens Hospita	W81XWH1210194	12.420	2,110.11	59,276.60	61,386.71
		Regulation of Intracellular Trafficking in NF2			W81XWH1310136	12.420	-	193,106.16	193,106.16
		Prenatal Antidepressants and Autism Spectrum Disorder			W81XWH1310306	12.420	-	113,100.21	113,100.21
		Development of Somatic Cell Therapy for Infection-induce NF Consortium Infrastructure and Trial#1: "Open-label, p	University of Alabama-Birmingham		W81XWH1310437 W81XWH1210155	12.420 12.420	-	106,250.86 130,048.09	106,250.86 130,048.09
		A Phase II Trial on the Effect of Low-Dose versus High-E	University of Utah		W81XWH1210155 W81XWH1210487	12.420	-	21,283.12	21,283.12
		Induction of Food Allergy in Mice by Allergen Inhalation	Cincinnati Educ & Res for Veterans Fdn		W81XWH1310497	12.420		155.404.18	155,404.18
		induction of 1 oca 7 morgy in mice by 7 morgon initialiation	Cindinate Edge & Nee for Voterano 1 an	Military Medical Research and Development Total	1101741111010101	12.120	2,110.11	885,465.52	887,575.63
	Research and Technology Development	Unanciaring general principles of estimate disposition of six	University of Cincinnat		D12AP00005	12.910		209,161.24	209,161.24
	Research and Technology Development	Uncovering general principles of network dynamic of circ	University of Cincinnat	Research and Technology Development Total	D12AP00005	12.910		209,161.24	209,161.24
				Tioodion and Toolinology Dovolopinon Total				·	·
	Community Economic Adjustment Diversification Planning	A Randomized, Placebo-Controlled Trial of D-Cycloserine	Indiana University Health		W81XWYH0910091	12.614		20,646.49	20,646.49
				Community Economic Adjustment Diversification Planning Total			-	20,646.49	20,646.49
				Department of Defense Total		_	2,110.11	1,115,273.25	1,117,383.36
Department of Education	National Institute on Disability and Rehabilitation Researc	Rehabilitation Research and training Center for Traumat		Case Western Reserve University	H133B090010	84.133	19,952.93	80,205.84	488,767.82
		· ·		Childrens Hospital Colorado			97,825.36		
				Research Inst. at Nationwide Hos			45,795.64		-
				University of Oregon			244,988.05	-	-
		SPAN - A Tool for Social Participation And Navigation		Georgia Tech Research Corporation	H133G130272	84.133	58,361.08	95,627.86	202,304.51
				Tufts University			34,084.57	-	-
				University of Wisconsin System		_	14,231.00		
				National Institute on Disability and Rehabilitation Research Total			515,238.63	175,833.70	691,072.33
	Special Education-Grants for Infants and Families	HMG Hospital Based Regional Child Find - Jaeger	Ohio Department of Health		03130011HB0613	84.181		42,737.08	42,737.08
				Special Education-Grants for Infants and Families Total			-	42,737.08	42,737.08
	Rehabilitation Training_General Training	ORSC Proposal for Project SEARCH Replication, Capacity B	Ohio Rehabilitation Services Comm		13F1043VR-12	84.275		(166.02)	(166.02)
	·			Rehabilitation Training_General Training Total		_	-	(166.02)	(166.02)
	Transition Programs for Students with Intellectual Disabilities into Higher Educatio	Transition Options in Postsecondary Settings for Student	Ohio State University		P407A100039	84.407	-	(4,000.82)	(4,000.82)
				Transition Programs for Students with Intellectual Disabilities into Higher Education	n Total			(4,000.82)	(4,000.82)
				Department of Education Total		_	515,238.63	214,403.94	729,642.57
Department of Justice	Crime Victim Assistance	VOCA 2013	Crime Victims Assistance Office		r2013VADSCE483	16 575		16.246.93	16.246.93
Department of Justice	Cline vicum Assistance	VOCA 2013	Crime victims Assistance Office	Crime Victim Assistance Total	12013VAD3CE403	16.575		16,246.93	16,246.93
				Offine Victim Assistance Fotal			-		
	Improving Investig. & Prosecution of Child Abuse & Regional & Local Children's Advocacy Ctr	State Chapter Support to Children's Advocacy Centers	National Children's Alliance		06-CINC-OH-SA12	16.758	-	9,000.00	9,000.00
				Improving the Investigation & Prosecution of Child Abuse & Regional & Local Child	iren's Advocacy Ctrs Tota	ı	-	9,000.00	9,000.00
				Department of Justice Total		_	-	25,246.93	25,246.93
National Science Foundation	Biological Sciences	Collaborative research: Ontology-enabled reasoning acro-			DBI-1062542	47.074	-	15,091.72	15,091.72
		MicroRNA Regulation of Axon Guidance in C. elegans		Pietrated October 7 Tatal	IOS-1257023	47.074	-	8,385.36	8,385.36
				Biological Sciences Total			-	23,477.08	23,477.08
				National Science Foundation Total			-	23,477.08	23,477.08
Department of Agriculture	Agriculture and Food Research Initiative (AFRI	Inactivation of enteric foodborne viruses in high risk	University of Delaware		2011-68003-30005	10.310	-	160,923.87	160,923.87
		Building Capacity to Control Viral Food-borne Disease: /	North Carolina State University		2011-68003-30395	10.310	-	(41.73)	(41.73) 125.034.57
		Universal Flu Vaccine by a Norovirus P Particle Platforn	Ohio State University	Agriculture and Food Research Initiative (AFRI) Total	2013-87015-20476	10.310		125,034.57 285,916.71	285,916.71
						_		·	<u> </u>
				Department of Agriculture Total			-	285,916.71	285,916.71
Dept of Health and Human Serv	Affordable Care Act (ACA) Primary Care Residency Expansion Program	Expansion of a Pediatric Primary Care Resident Training			HP20766	93.510	-	414,685.67	414,685.67
				Affordable Care Act (ACA) Primary Care Residency Expansion Program Total			-	414,685.67	414,685.67
		Hamman to be and for all an affirmation of the selection		University of Cincinnat	AG033057	93.866	16,177.34	485,673.35	501,850.69
	Aging Research								
	Aging Research	Homeostasis and function of regulatory T cells in aging Lineage Determination and Tissue HomeOstasis in the Agec		Gilly Grant and Carlotte and Ca	AG033037 AG040118	93.866	-	473,975.16	473,975.16
	Aging Research			Onversity of Oriental			16,177.34		473,975.16 33,049.98

Gov Agency	Gov Branch	Award Title	Pass-Through Grantor	Subrecipient Name	Federal Grant No.	. CFDA	Sub Exp	Fed Exp	Total Exp
GOV Agency	Allergy, Immunology and Transplantation Research	Potential Mechanisms for Intussusception after Rotavirus	Fass-Tillough Grantoi	Subjectiplent Name	200-2012-53661	93.855	- Jub Exp	50,556.26	50,556.26
	rainings, minutionally and management recorded	Genetic Linkage in Lupus			AI024717	93.855	-	287,971.57	287,971.57
		Regulations of Gastroinestinal Eosinophils			AI045898	93.855	-	421,177.66	421,177.66
		Regulation of Apoptosis in Activated Primary T Cell: Epithelial Genes in Allergic Inflammation		Johns Hopkins University	AI057753 AI070235	93.855 93.855	- 347,533.56	27,848.17 1,025,159.30	27,848.17 1,372,692.86
		Functional Analysis of NK cells and their potential to c		Johns Hopkins Oniversity	AI070235 AI074743	93.855	347,533.56	(1,094.80)	(1,094.80)
		IL-13 Associated Eosinophil Lung Responses			AI083450	93.855	-	8,506.48	8,506.48
		Role of Viral Chemokine Receptors in Cytomegalovirus La		University of Queenslanc	AI087683	93.855	58,008.03	247,903.23	305,911.26
		Regulatory T cells dictate immunity during persistent Sa Explaining Racial Disparities in Child Asthma Morbidit		Pennsylvania State Universit	AI087830 AI088116	93.855 93.855	204.89	299,593.29 291,236.38	299,593.29 291,441.27
		Allergenicity resulting from functional mimicry of the		University of lows	Al088372	93.855	78,797.74	234,923.57	313,721.31
		Novel Vaccine Against Norovirus		Virgina Tech	AI089634	93.855	256,138.89	450,079.67	706,218.56
		Regulation of TH2 memory/effector cells during allergic			Al090129	93.855		297,492.34	297,492.34
		HSV latency and reactivation and the novel neuronal regu		University of Cincinnat Van Andel Institute	Al093614	93.855	112,389.47 88,522.07	264,993.19	465,904.73
		Role of Spi-C in eosinophil development and functional		van Ander matate	AI093673	93.855	-	114,027.15	114,027.15
		The immune pathogenesis of prenatal listeria monocytoger			AI100934	93.855	-	330,617.68	330,617.68
		DNA methylation in children hospitalized with asthma ex- Regulation of Adult Stem Cell Homeostatic Response to Ir		Ludvia Daltamana Casallashaft Cookil I I D	AI101375 AI103388	93.855 93.855	9,720.00	166,491.00 142,236.62	166,491.00 151,956.62
		Molecular Mechanism of Eosinophil Cell Death		Ludwig Boltzmann Gesellschaft GmbH-LB	AI103366 AI103853	93.855	9,720.00	161,905.19	161,905.19
		Epidemiologic Impact of HPV Vaccination		Indiana University	AI104709	93.855	106,052.82	477,308.40	605,945.89
				University of California			22,584.67		
		cGMP Metabolism in Resistance to Bacterial Infection Exploiting the DNA damage response to selectively sculp			Al107274 Al109810	93.855 93.855	-	203,059.30 361,819.19	203,059.30 361,819.19
		CD4 T cells with specificity to noninherited maternal ar			Al112186	93.855		70,305.99	70,305.99
		Food Allergy and Goblet Cell Antigen Passages			Al112626	93.855	-	12,997.96	12,997.96
		Inpatient Asthma Care for Children: Adding a Place-Based			Al112916	93.855		107,581.12	107,581.12
		Consortium of Eosinophilic Gastrointestinal Disease Rese		Children's Hospital of Philadelphia Indiana University	Al117804	93.855	38,265.79 13,225.29	394,712.96	510,631.07
				Northwestern University			26,195.54		
				Regents of University of Colorado			16,575.36	-	-
				Tufts Medical Center, Inc			3,207.17	-	-
		A follicular regulatory subset of natural killer cell		University of California	Al118179	93.855	18,448.96	700.57	700.57
		Lipoxins and control of inflammation during cerebral ma			Al118302	93.855		7,047.71	7,047.71
		The role of Tet1 in childhood asthma			Al119236	93.855	-	19,699.46	19,699.46
		Vaccine and Treatment Evaluation Units (VTEUs		University of Texas Medical Branch	HHSN272200800006C HHSN272201300016I		73,839.12	2,784,123.60 1,344,071.55	2,857,962.72 1,344,071.55
		Vaccine and Treatment Evaluation Unites (VTEU) Inner City Asthma Center	University of Wisconsin-Madison		HHSN272200900052C		-	114,821.51	114,821.51
		Analysis of Staphylococcus Aureus Host Interactions	Texas A & M		AI020624	93.855	-	58,362.98	58,362.98
		Immunodeficiency in patients with congenital heart defec	University of Cincinnat		AI060515	93.855	-	85,230.07	85,230.07
		Reverse Genomics of Anti-Protective Antigen Response Individualizing Therapy for Kidney and Heart Transplan	Oklahoma Medical Research Found. Icahn School of Medicine @ Mt Sinai		AI062629 AI063594	93.855 93.855	-	(480.02) 5,807.85	(480.02) 5,807.85
		Immunobiology of Peanut Allergy and its Treatment: A Pro	Mount Sinai Medical Center		Al063594 Al066738	93.855		580,962.80	580,962.80
		Impact of diesel exposure on the methylome of human indu	Univ of Texas Hlth Sci Ctr @ San Ant		AI070412	93.855	-	(1,113.53)	(1,113.53)
		B-Cell Targeted Induction to improve outcomes in Pediat	Washington University		AI077810	93.855	-	100,531.30	100,531.30
		Primary Immune Deficiency Treatment Consortium Genomics of Lupus	University of California Oklahoma Medical Research Found.		AI082973 AI083194	93.855 93.855	-	(490.54) 16,945.34	(490.54) 16,945.34
		Gene Therapy for SCID-X1 Using Self-Inactivating Gammare	Children's Hospital Boston		Al083194 Al087628	93.855		117,336.19	117,336.19
		Prospective Cohort Study of Severe Bronchiolitis and Ris	Massachusetts General Hospita		AI087881	93.855	-	3,835.62	3,835.62
		Receptor Mimics for Rapid Detection, Typing, and Suscept	University of Cincinnat		AI089450	93.855	-	165,992.06	165,992.06
		Newcastle Disease Virus Vectored Vaccines for Norovirus Immunosuppression Withdrawal for Stable Pediatric Live	University of Maryland University of California		AI100195 AI100807	93.855 93.855	-	1,049.00 172,453.72	1,049.00 172,453.72
		Human IgG-Mediated Anaphylaxis	University of Cincinnat		Al103816	93.855	-	92,686.99	92,686.99
		Identification of diagnostic markers for lupus nephritis	University of Louisville		Al103980	93.855	-	19,636.43	19,636.43
		Biomarkers for Post-Transplant Lymphoproliferative Diso	Stanford University		AI104342 AI104347	93.855	-	24,471.98	24,471.98
		Autologous Regulatory T cell Therapy to Facilitate Immur GM-CSF-Induced Metal Sequestration and Histoplasma	University of California, San Fran University of Cincinnat		Al104347 Al106269	93.855 93.855		(2,508.75) 32,975.20	(2,508.75) 32,975.20
		Suppression of IgE-Mediated Disease by Polyclonal Rapid	University of Cincinnat		Al113162	93.855	-	82,654.80	82,654.80
		Inner City Asthma Consortium 3	University of Wisconsin-Madison		Al114271	93.855	-	431,157.00	431,157.00
		Infant specific-IgE, rhinovirus-C bronchiolitis, and inc	Massachusetts General Hospita	Allows Immunology and Transplantation Become Total	Al114552	93.855	1.269.709.37	10,179.08 12.717.548.84	10,179.08 13,987,258.21
				Allergy, Immunology and Transplantation Research Total			1,269,709.37	12,717,540.04	13,907,250.21
	ARRA - Health Information Technology - Beacon Communities	CCHMC Strategic Focus on Population Health Improvement	Healthbridge		90BC0016/01	93.727		(736.99)	(736.99)
ARRA				ARRA - Health Information Technology - Beacon Communities Total			-	(736.99)	(736.99)
	Arthritis, Musculoskeletal and Skin Diseases Research	Molecular Mechanisms of Myotonic Dystrophy			AR044387	93.846	-	15,864.80	15,864.80
		Cincinnati Rheumatic Disease Core Center		Case Western Reserve University	AR047363	93.846	28,947.73	617,876.10	654,863.61
		Multidisciplinary Clinical Research Cente		Stanford University Hackensack University Medical Cente	AR047784	93.846	8,039.78 22,477.11	136,507.01	165,602.12
		Managapinary Offical Nessearch Series		Medical University South Carolina	741047704	33.040	1,008.00	100,007.01	100,002.12
				University of Chicago			3,054.00	-	-
		Over Europealan la Dadiatala Adhalii		University of Louisville	AR048929	00.040	2,556.00	-	4 004 050 00
		Gene Expression In Pediatric Arthritis		Arkansas Children's Hospita Carolinas Healthcare System	AR048929	93.846	752.00 39,095.00	947,274.75	1,231,253.66
				Children's Hospital Boston			6,672.00	-	-
				Children's Mercy Hospita			3,680.00	-	-
				Emory University Indiana University			10,514.00 9,277.00	-	-
				Medical College of Wisconsin			9,360.00		
				University of Cincinnat			132,228.94	-	-
				University of Pittsburgh			8,124.00	-	-
		Myotonic Dystrophy type 2		Wake Forest Univ School of Medicine	AR052791	93.846	64,275.97	332,758.62	332,758.62
		Longitudinal Determination of Outcomes of Adolescents w		University of Cincinnat	AR054842	93.846	13,591.75	114,178.89	127,770.64
		Behavioral Interventions and Long Term Outcomes in Juver			AR056687	93.846	-	154,313.39	154,313.39
		Mechanisms linking the hemostatic protease thrombin to ε Enhancing PROMIS in Pediatric Pain, Rheumatology, and Re		University of Cincinnat	AR056990 AR057940	93.846 93.846	- 2,446.32	(57,580.96) 153,998.80	(57,580.96) 156,445.12
		MUNC13-4 gene Polymorphisms in Macrophage Activation syr		Oniversity of Ontellillat	AR057940 AR059049	93.846	2,440.32	395,669.75	395,669.75
		Towards Measures of Lupus Nephritis Activity & Damage fc		Ann & Robert H Lurie Children's Hospita	AR059509	93.846	890.00	31,394.90	35,537.74
				Ohio State University			1,060.00	-	-
				University of Cincinnat			2,192.84	-	-

Gov Agency	Gov Branch	Award Title	Pass-Through Grantor	Subrecipient Name	Federal Grant No	o. CFDA	Sub Exp	Fed Exp	Total Exp
		Fibromyalgia Integrative Training Program for Teens (FI' The Role of II31 in TH2 Cytokine-Driven Systemic Sclerc Regulated Morphogenesis of Human Sebaceous Glands Inhibition of SSAS beta as potential therapy for DM' Mechanisms of Muscle Afferent Sensitization after ischen		University of Cincinnat University of Cincinnat	AR063412 AR062832 AR064341 AR064488 AR064551	93.846 93.846 93.846 93.846 93.846	20,503.17 2,465.86	177,450.59 106,177.54 144,110.97 56,830.02 338,905.76	177,450.59 106,177.54 164,614.14 59,295.88 338,905.76
		Identification of Patellofemoral Pain Risk Factors Deve Innovative Efficacy Measures of Lupus Nephritis Therapii		Ann & Robert H Lurie Children's Hospita Emory University Ohio State University University of Cincinnat	AR065068 AR065098	93.846 93.846	3,140.00 2,600.00 12,537.31 36,910.66	66,624.95 127,432.38 - - -	66,624.95 182,620.35 - -
		Optimization of Outcome Measures For Clinical Trials ir Cincinnati Center for Innovative Medicine in Adult & Per Randomized Clinical Trial of FIT Teens for Juvenile Fib		Children's Hospital Los Angeles University of Cincinnat	AR067166 AR067692 AR067978	93.846 93.846 93.846	2,500.00 16,472.72 -	93,532.59 - 107,236.22 39,342.97	112,505.31 - 107,236.22 39,342.97
		Multi-faceted Approach Modeling ACL Injury Mechanisms A Developmentally-Based Tissue Engineering Approach to Prospective Study of Bio-mechanics and Early Degeneratic	Ohio State University University of Cincinnat Ohio State University	Arthritis, Musculoskeletal and Skin Diseases Research Total	AR056259 AR056943 AR064923	93.846 93.846 93.846	467,372.16	39,328.49 34,822.68 91,308.40 4,265,359.61	39,328.49 34,822.68 91,308.40 4,732,731.77
	Assistance Programs for Chronic Disease Prevention and Contro	SEARCH for Diabetes in Youth, Phase 3: Registry Study		Assistance Programs for Chronic Dis. Prevention & Control Total	DP002709	93.945	-	646,421.99 646,421.99	646,421.99 646,421.99
	Biomedical Research and Research Training	Molecular Mechanisms of C/EBP Alpha Mediated Growth Arre Biochemical and Genetic Analysis of Notch Signaling Regulation of Wingless (Wg) Signaling and Morphogen Grad PPARgamma and PPARgamma Agonists in Septic Shock Hox Control of Cell-Specific EGF Signaling During Devels Fundamental mechanisms of protein kinase activation loog Roles of Retromer Complex in Developmen		University of Circinnet	GM055188 GM055479 GM063891 GM067202 GM079428 GM087374 GM087517 GM094363	93.859 93.859 93.859 93.859 93.859 93.859 93.859 93.859		101,400.00 278,890.61 335,516.58 461,357.31 265,891.31 32,490.31 61,614.04 152,999.66	101,400.00 278,890.61 335,516.58 461,357.31 265,891.31 32,490.31 61,614.04 221,661.66
		Studies of metal-dependent intercellular adhesion in Str MMP-8 as a Novel Therapeutic Target in Sepsit Specification of Stochastic Left-Right Asymmetric Neuror DNA Damage Response Pathways in Mileutic Sex Chromosome Novel Mechanisms of Regenerative Fetal Wound Repair by		University of Cincinnat	GM096994 GM098026 GM098605 GM098831	93.859 93.859 93.859 93.859	68,662.00	336,335.27 45,760.79 259,547.17 96,279.14	336,335.27 45,760.79 259,547.17 96,279.14
		Stratification of pediatric septic shock		Baylor College of Medicine Children's Hosp & Clinics of Minnesota Children's Hospital Med Center of Akron Children's Hospital Oakland Childrens Hospital of Crange County Hackensack University Medical Cente Indiana University Linco Research, Inc(Millipore) Pennsylvania State Universit University of Michigan	GM099773	93.859	3,000.00 1,000.00 7,000.00 3,000.00 3,500.00 1,500.00 2,500.00 40,000.00 1,700.00 500.00	287,189.56 - - - - - - - -	350,889.56 - - - - - - - -
		Regulation and Scaling of a Morphogen Gradien! Organization of the inactive X-chromosome Molecular and Neural Mechanisms of Temperature Preferenc			GM101373 GM102184 GM107582	93.859 93.859 93.859	-	256,545.80 298,706.94 300,833.02	256,545.80 298,706.94 300,833.02
		Novel diagnostic and stratification tools for septic shr novel signaling function of Cdc42 GTPase in vivr Novel Mechanisms of Regenerative Wound Healing A genetic approach to defining the Ttc21b interactome in		University of Cincinnat Stanford University	GM108025 GM108661 GM111808 GM112744	93.859 93.859 93.859 93.859 93.859	32,123.92 - 8,731.70	310,588.98 328,017.13 188,357.04 77,174.98	342,712.90 328,017.13 197,088.74 77,174.98
		Mouse and Guinea Pig Models for Herpesviruses T32 Training Grant - Adler Role of Eicosanoids in Shock Collaborative Science Supplement to R01-GM090158 Extracellular matrix remodeling and fibrosi Midazolan for the Pediatric Trais Netwo	University of Cincinnat Medical University of South Carolina Emory Univ School of Public Health University of Rochester Duke University		HHSN272201000008I GM008478 GM027673 GM090158 GM097347 HHSN275201000003I	93.859 93.859 93.859 93.859	-	667,156.10 35,831.68 20,501.31 1.90 50,343.38 14,479,41	667,156.10 35,831.68 20,501.31 1.90 50,343.38 14,479.41
				Biomedical Research and Research Training Total			173,217.62	5,263,809.42	5,437,027.04
	Blood Diseases and Resources Research	Role of FA proteins in hematopolesis TCD with Transfusions changing to Hydroxyures		Ann & Robert H Lurie Children's Hospita Baylor College of Medicine Case Western Reserve University Children's Hosp & Clinics of Minnesota	HL076712 HL095647	93.839 93.839	23,726.61 112,164.80 31,108.98 29,108.02	232,712.11 1,089,480.17 - -	232,712.11 3,201,946.34 - - -
				Children's Hosp of The Kings Daughters Children's Hospital Boston Children's Hospital Los Angeles Children's Hospital of Philadelphis Children's National Medical Cente			55,123.11 27,830.72 26,045.70 62,707.91 7,282.65		- - - -
				Children's Research Institute Columbia University Duke University East Carolina University			138,959.62 29,224.29 31,870.21 53,128.20	:	:
				Emory University Feinstein Institute Medical Research Georgia Research Institute, Inc Hospital for Sick Children Medical University South Carolins			323,728.35 24,228.00 131,009.65 160,727.66 307,443.20		
				Nemours Children's Clinic, Jacksonville St Jude Children's Research hospita State of Mississipp State University of New Yorh University of Alabama at Birmingham			5,993.15 146,467.43 29,864.92 44,025.68 38,874.80	- - -	-
				University of Miam University of South Alabama University of South Carolina University of Texas Southwesterr			23,333.05 19,189.35 34,329.21 44,440.29		
		Sparing Conversion to Abnormal TCD Elevation		Wayne State University St Jude Children's Hospital University of West Indies	HL098239	93.839	150,530.61 189,513.00 139,872.02	157,676.90 -	- 487,061.92 -
		The NK Cell Response to Prenatal Allotransplantatior Mechanisms Linking Hemostatic Factors to Neuroinflammatc		Washington University	HL103745 HL105672	93.839 93.839	9,775.52	395,622.15 123,006.22	405,397.67 123,006.22

Gov Agency	Gov Branch	Award Title	Pass-Through Grantor	Subrecipient Name	Federal Grant	No. CFDA	Sub Exp	Fed Exp	Total Exp
oov / igonoy	our Brailer.	Fanconi Anemia as a Model for Susceptibility to Human Pε	r dos rimodgir ordinor	Indiana University	HL108102	93.839	40,640.09	321,476.02	362,116.11
		Patient-Provider Interventions to Improve Transition to Identification and characterization of genes in del(5q			HL108720 HL111103	93.839 93.839	-	363,910.18 356,529.80	363,910.18 356,529.80
		The Role of MEIS1 in Hematopoiesis and Hematopoietic Tra			HL111192	93.839		457,018.35	457,018.35
		Hemostatic factors and sickle cell disease			HL112603	93.839		362,936.82	362,936.82
		Role of TRAF6 in Myelodysplastic Syndromes		Cleveland Clinic Foundation University of Cincinnat	HL114582	93.839	3,103.80 6,391.00	194,128.73	203,623.53
		Rho GTPases in Terminal Erythroid Maturation			HL116352	93.839		350,300.00	350,300.00
		Cincinnati Center of Excellence in Hemoglobinopathies Re Development of Safe and Efficient Gene Therapy Strategie	Fred Hutchinson Cancer Res Center	University of Cincinnat	HL117709 HL098489	93.839 93.839	581.08	1,825,356.43 (25,770.83)	1,825,937.51 (25,770.83)
		A Controlled Clinical Trial of Regadenoson in Sickle Ce	Dana Farber Cancer Institute		HL110790	93.839		129,301.52	129,301.52
		PLGF-HIF1a-miR Axis in Sickle Pulmonary Hypertension	University of Southern California		HL111372	93.839	-	250,163.99	250,163.99
		Endothelialized microfluidics for sickle cell disease Rho GTPase inhibitors for refrigerated platelet storage	Emory University P2D Bioscience		HL121264 HL123103	93.839 93.839	-	39,217.35 68.538.99	39,217.35 68.538.99
		· · · · · · · · · · · · · · · · · · ·		Blood Diseases and Resources Research Total			2,502,342.68	6,691,604.90	9,193,947.58
	Cancer Biology Research	Activating robust immunity to tumor-associated antigens			CA138617	93.396		3,833.42	3,833.42
		Rac GTPase-Specific Small Molecular Inhibitors			CA141341	93.396	-	56,548.42	56,548.42
		Role of Foxm1 in Lung Cancer Microenvironment Targeting Cdc42 in Leukemia Stem Cells			CA142724 CA150547	93.396 93.396	-	367,193.87 318,321.26	367,193.87 318,321.26
		MicroRNA in Acute Myeloid Leukemia			CA159845	93.396		241,056.99	241,056.99
		Role of Age in Liver Cancer			CA159942	93.396	-	377,816.62	377,816.62
		A Novel Epigenetic Circuit in Acute Leukemia Exploiting proteotoxic stress in therapy-refractory HER2			CA187276 CA193549	93.396 93.396		208,028.84 21,820.82	208,028.84 21,820.82
		Conferring in vivo Metabolic Resistance to a Highlt Sele	University of Cincinnat		CA185370	93.396		61,990.12	61,990.12
				Cancer Biology Research Total			-	1,656,610.36	1,656,610.36
	Cancer Cause and Prevention Research	Fanconi Anemia and HPV Transformation			CA102357	93.393	-	65,052.91	65,052.91
		Role and Regulaton of the Human DEK Proto-Oncogene		University of Cincinnat	CA116316	93.393	9,763.25	349,048.04	358,811.29
		The role of ATOH1 as a tumor supressor in colorectal can Pediatric Emergency Department Decision Support System			CA142826 CA184337	93.393 93.393	-	(1,220.71) 44,027.76	(1,220.71) 44,027.76
		The role of Bioactive Lipids in Inflammation and Cance	Mayo Clinic		CA077839	93.393	-	334,483.59	334,483.59
		Molecular Epidemiology of Pediatric Germ Cell Tumors Epigenetic and clinical impact of SMARCB1 loss in cancer	University of Minnesota Lurie Children's Hospital of Chicago		CA151284 CA166790	93.393 93.393	-	16,999.37 (102.60)	16,999.37 (102.60)
		Epigenetic and clinical impact of SWARCB Hoss III cancel	Eurie Children's Hospital of Chicago	Cancer Cause and Prevention Research Total	CA166790	93.393	9,763.25	808,288.36	818,051.61
	Conses Detection and Diagnosis Deservab	Construe and phaneture of chamerosistent AMI			CA168369	93.394		174 260 01	174,360.91
	Cancer Detection and Diagnosis Research	Genotype and phenotype of chemoresistant AML MR-Image Guided Focused Ultrasound for Treatment of Live	Stanford University		CA168369 CA121163	93.394		174,360.91 30,335.95	30,335.95
		Endorectal Prostate MRI w/Tetrahedron Tracking; Better C	Brigham & Women's Hospital		CA158987	93.394	-	10.63	10.63
				Cancer Detection and Diagnosis Research Total			•	204,707.49	204,707.49
	Cancer Research Manpower	Exploring a Cessation Intervention for Low Income Smoke			CA163747	93.398	-	37,888.15	37,888.15
		p130 and Pim-1 as prognostic biomarkers and therapeutic Training programs in cancer therapeutics	University of Cincinnat		CA189685 CA117846	93.398 93.398	-	48,742.84 94.163.81	48,742.84 94,163.81
		5 P 1 S 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Cancer Research Manpower Total			-	180,794.80	180,794.80
	Cancer Treatment Research	COG Group Chair Award - Scientific Leadership			CA098543	93.395		(10,030.83)	(10,030.83)
		Promoting Treatment Adherence in Adolescent Leukemia		Children's Hospital Los Angeles	CA119162	93.395	93,569.06	45,332.80	138,901.86
		Improved therapeutic approaches for hematological disorc Nonadherence: Undermining health outcomes in pediatric H		Children's Hospital of Philadelphia	CA155091 CA157460	93.395 93.395	31,560.14	412,548.49 396,290.08	412,548.49 427,850.22
		Targeted Improvement in Stem Cell Therapy for Leukemia a		Official ST 105pttal Of Filliadolphic	CA157537	93.395		286,164.02	286,164.02
		Assessing the therapeutic window for future anti-notch			CA163653	93.395	-	308,722.69	308,722.69
		Developing Novel STAT5 Protein Inhibitors for treatmen Targeting Cdc42 for bone marrow transplant therapies			CA186945 CA193350	93.395 93.395	-	53,912.63 55,014.94	53,912.63 55,014.94
		Childhood Cancer Survivor Study	St Jude's Children's Hospital		CA055727	93.395	-	315,336.92	315,336.92
		Pediatric Brain Tumor Consortium (PBTC) Pediatric Phase I Scientific Leadership	St Jude's Children's Hospital Children's Hospital of Philadelphia		CA081457 CA097452	93.395 93.395	-	287,596.75 89.87	287,596.75 89.87
		Palliative Cancer Care: Music Video for AYA-Parent Commu	Indiana University		CA162181	93.395		33,466.21	33,466.21
		Targeting the Core Binding Factor Tumor Suppressor in ML	P2D Bioscience		CA176907	93.395	-	60,931.47	60,931.47
		COG NCTN Network Group Operations Center - scientific le	Children's Hospital of Philadelphia	Cancer Treatment Research Total	CA180886	93.395	125,129.20	25,101.88 2,270,477.92	25,101.88 2,395,607.12
	Ozadla zazada Blazza Bazzada	Malandanakhumanahallanahallanahallan			111 000500	00.007			447.404.50
	Cardiovascular Diseases Research	Molecular pathways controling cardiac gene expressior Cardiac hypertrophic intracellular signaling pathway:			HL060562 HL062927	93.837 93.837		447,161.53 19,820.50	447,161.53 19,820.50
		Signaling processes underlying cardiovascular function		University of Cincinnat	HL069779	93.837	197,439.69	1,878,220.32	2,075,660.01
		Twist 1 regulation of valve progenitors Evaluation of Endobronchial Interventions for COPD via C			HL082716 HL090806	93.837 93.837		264,378.32 12,170.73	264,378.32 12,170.73
		Elucidation of molecular networks required to limit card			HL091126	93.837		(39.05)	(39.05)
		Cardiovascular Effects of Dietary Fat & Exercise Challe			HL091174	93.837	-	(38,695.74)	(38,695.74)
		Targeting of B-AR/GBy signaling in the heart with smal Wnt signaling in heart valve development and disease			HL091475 HL094319	93.837 93.837	-	198,227.27 330,455.93	198,227.27 330,455.93
		Role of Chromatin and Gene Poising ni T Cell Differentia			HL098691	93.837	-	17,678.45	17,678.45
		Cardiac Structure and Function in Early Familial Cardion Regulation of Foxp3 Expression by DNA Methylation in Mo		University of Cincinnat	HL102244 HL103087	93.837 93.837	43,032.00	140,550.09	140,550.09 43,032.00
		Admixture Mapping in African Amerian Asthmatic Childrer			HL103165	93.837	-	141,353.36	141,353.36
		National Biological Sample and Data Repository for PAF		Baylor College of Medicine Boston University	HL105333	93.837	56,944.38 18,980.00	1,748,596.57	2,236,901.01
				Case Western Reserve University			15,440.00	-	-
				Childrens Hospital Colorado			29,242.00	-	-
				Columbia University Duke University			26,600.00 34,200.00	-	-
				Indiana University Health			17,960.00	-	-
				Inova Healthcare Service			19,775.00	-	•
				LA Biomed Mayo Clinic Jacksonville			5,320.00 17,480.00	-	-
				Mayo Clinic Rochester			48,640.00	-	-
				Primary Children's Med Cnt Rhode Island Hospital			20,520.00 1,520.00	-	-
				Seattle Children's Hospita			6,840.00		
				Spectrum Health Hospitals			2,280.00	-	-
				Tufts Medical Center, Inc University of Cincinnat			3,800.00 9,036.00	-	-
				•			,		

Gov Branch	Award Title	Pass-Through Grantor	Subrecipient Name	Federal Grant N	o. CFDA	Sub Exp	Fed Exp	Total Exp
•			University of Colorado			19,654.00	-	-
			University of lowa University of Minnesota			27,360.00 1,520.00		
			University of Pittsburgh			23,560.00	-	-
			University of Rochester			47,073.06	-	-
			Vanderbilt University Medical Cente Washington University			12,160.00 14,800.00		
			Wayne State University			7,600.00		
	Accelerated CV Aging in Youth Related to CV Risk Factor Thrombospondin 4 regulates adaptive ER stress response			HL105591 HL105924	93.837 93.837	-	337,219.23 488,554.32	337,219.23 488,554.32
	Molecular Mechanisms of Arterial-Venous Differentiation			HL107369	93.837	-	352,892.28	352,892.28
	Hybrid ImmunoTherapy (ATG/Dexamethasone/Etoposide) for H		Phoenix Children's Hospita Stanford University	HL107801	93.837	9,500.00 2,000.00	118,730.75	130,230.75
	Ameliorating Sickle Nephropathy and Pulmonary Hypertens		Children's Hospital of Akron	HL108752	93.837	16,000.00	(35,889.26)	28,431.93
			Emory University			1,675.00	- 1	-
			Nationwide Childrens Hospita Research Inst. at Nationwide Hos			4,250.00 1,075.00		
			University of Cincinnat			200.19	-	-
			University of Illinois at Chicago			16,360.00 10,125.00	-	-
			University of Louisville University of Texas Southwesterr			14,636.00		-
	A Mouse model of Barth syndrome, a mitochondrial cardio			HL108867	93.837	-	289,975.56	289,975.56
	Pediatric Heart Network Prairieland Consortium The Role of COX2 in the Progression of Human and Mouse C		Indiana University	HL109673 HL110390	93.837 93.837	173,830.96	320,662.07 28,424.74	494,493.03 28,424.74
	A Network-based Approach to Associate HDL Subspeciation		University of Cincinnat	HL111829	93.837	83,391.77	453,215.15	536,606.92
	Coup-tf dependent mechanisms of ventricular and hemangic		Children's Hespital of Philadelphia	HL112893	93.837	74 246 46	263,226.14	263,226.14
	Passive stretch of the chest wall in patients with Congr		Children's Hospital of Philadelphia Kaiser Foundation Research Institute	HL113390	93.837	71,346.16 1,168.74	228,553.66	301,068.56
	Better mouse models of disease: Humanizing experimenta			HL113907	93.837	-	15,434.58	15,434.58
	Mechanisms of drug resistance in Myeloproliferative neo Cell Signaling Mechanisms of Calcific Aortic Valve Dise			HL114074 HL114682	93.837 93.837	-	156,246.67 391,454.75	156,246.67 391,454.75
	Molecular mechanisms underlying upper airway patterning			HL115447	93.837	-	122,862.53	122,862.53
	Genetics, Mechanisms and Clinical Phenotypes of Arrhythm		Beth Israel Deaconess Medical Cente	HL116906	93.837	256,649.22	695,879.94	1,867,196.01
			Boston University Johns Hopkins University			11,709.98 27,684.83		-
			University of Arizona			236,897.97	-	-
			University of Colorado University of Rochester			240,005.66 398,368.41	-	-
	Angiogenesis due to Elastic Fiber Fragmentation in Early		Offiversity of Rochester	HL117851	93.837	390,300.41	137,431.87	137,431.87
	Venous Malformations (VM): A Murine Mdoel to Idnetify Th			HL117952	93.837	-	483,187.34	483,187.34
	Understanding the Role of HDL Subspecies in Adolescents MBNL1's function in myofibroblast transformation and fit			HL118132 HL119353	93.837 93.837	-	164,668.52 142,515.63	164,668.52 142,515.63
	Omics of Lung Diseases			HL119986	93.837		186,675.71	186,675.71
	Childhood CV Risk and Adult CVD Outcomes: an Internation		Tulane University Health Sciences Cente	HL121230	93.837	20,329.58	529,975.69	763,148.43
			University of Iowa University of Minnesota			158,211.65 54,631.51		
	BEX1 and the control of protein translation in cardiac h			HL121284	93.837	-	149,018.22	149,018.22
	Sigma-1 receptor and cardioprotection The role of thrombospondin-4 in the secretory pathway, €			HL122354 HL124698	93.837 93.837		163,884.00 60,994.18	163,884.00 60,994.18
	Validation of aneurysm associated genes in a zebrafish n			HL124889	93.837		32,616.42	32,616.42
	Understanding Cardiovascular Disease Mechanisms		Och work to I link work	HL125204	93.837	-	95,701.02	95,701.02
	RLDC: Molecular Pathway-Driven Diagnostics & Therapeutic		Columbia University University of Cincinnat	HL127672	93.837	18,443.74 136,242.82	262,600.13	428,047.73
			University of South Florida			10,761.04	-	-
	The Role of Sca-1+ and ABCG2+ Cardiac Progenitor Cells Cardiac Myosin Binding Protein-C: Structure, Function	University of Vermont		HL128083 HL059408	93.837 93.837	-	14,099.39 292,316.94	14,099.39 292,316.94
	Evaluation of Growth and Puberty in Adolescent and Young	University of Utah		HL068270	93.837		(3,729.00)	(3,729.00)
	Vascular Core for Dyslipidemia of Obesity Intervention	New England Research Institutes		HL068270	93.837	-	161,200.00	161,200.00
	Ca Signaling Domains Programming Cardiac Hypertrophy Modifying Dietary Behavior in Adolescents with Elevate	University of California University of Cincinnat		HL080101 HL088567	93.837 93.837		440,603.72 3,786.14	440,603.72 3,786.14
	Pediatric Cardiac Genomics Consortium	Children's Hospital of Philadelphia		HL098188	93.837	-	36,601.00	36,601.00
	Hypoplastic Left Heart Syndrome: Expression of RHD in the	Washington University		HL098634	93.837	-	(57.82)	(57.82)
	NHLBI Progenitor Cell Biology BioinformaticsCore Improving Cardiac Function after Myocardial Infarction	University of Marylanc Temple University		HL099997 HL108806	93.837 93.837	-	405,762.63 349,436.08	405,762.63 349,436.08
	Biomarkers in Pediatric Cardiomyopathy	University of Miam		HL109090	93.837	-	(190.93)	(190.93)
	Cardiac Biomarkers in Pediatric Cardiomyopathy Validation of Circulating Endothelial Cells and Micropa	Wayne State University University of Minnesota		HL109090 HL110957	93.837 93.837	-	37,670.42 56,971.67	37,670.42 56,971.67
	Genotype-Phenotype Associations in Pediatric Cardiomyopa	University of Miam		HL111459	93.837	-	(69,431.27)	(69,431.27)
	Genotype-Phenotype Associations in Pediatric Cardiomyopa	Wayne State University		HL111459	93.837	-	599,718.05	599,718.05
	A TG rabbit model for the functional effects of FHC muta Mechanisms of Refractory Hypertension	University of Vermont University of Alabama-Birmingham		HL111847 HL113004	93.837 93.837		616.25 35,322.86	616.25 35,322.86
	Directing differentiation of human pluripotent stem cel	University of Michigan		HL115372	93.837	-	(298.55)	(298.55)
	Role of Ca2+ Flux through TRP Channels in Cardiac Stress	Temple University School of Medicine		HL119229	93.837	-	166,222.20	166,222.20
	Novel Anti-inflammatory Drug Targeting NOX2 in Acute Lur Understanding Quality and Costs in Congenital Heart Surc	Case Western Reserve University University of Michigan		HL119810 HL122261	93.837 93.837	-	65,918.87 18,193.25	65,918.87 18,193.25
	Data Coordination and Integration Center for LINCS-BD2K	Mount Sinai Hospital		HL127624	93.837	-	30,475.49	30,475.49
			Cardiovascular Diseases Research Total		-	2,704,271.36	14,437,797.51	17,142,068.87
Centers for Disease Control & Prevention Investigations and Technical Assistanc	National Spina Bifida Registry Longitudinal Data Collec			DD000766	93.283	-	12,408.50	12,408.50
	Collaboration between WIC and EHDI to Improve Follow-up Hemophilia Prevention Network	Hemophilia Foundation of Michigan		DD001007 DD000862	93.283 93.283	-	139,194.34 21,712.27	139,194.34 21,712.27
	Helitopillia Prevention Network	Hemophilia Foundation of Michigan	Centers for Disease Control and Prevention Investigations and Technical As:		93.203		173,315.11	173,315.11
Child Health and Human Development Extramural Research	Pediatric Scientist Development Program (PSDP) [K12]		Children's Hospital Boston	HD000850	93.865	202,164.26	335,435.18	1,758,984.68
			Children's Hospital of Philadelphia	:00000	22.000	50,956.29	-	-,. 25,00 1.00
			Columbia University			141,258.25	-	-
			Duke University Stanford University			227,727.22 214,308.73		- :
			University of California			364,922.80	-	-
			University of Washington Washington University			42,337.44 179,874.51	-	-
			**asimigiOil Oliversity			175,074.01	-	-

Gov Agency	Gov Branch	Award Title	Pass-Through Grantor	Subrecipient Name	Federal Grant No.	CFDA	Sub Exp	Fed Exp	Total Exp
COV / Igunoy	COV BIGHOT	The Role of Human Milk in Infant Nutrition and Health	r ass Through Crantor	Boston College	HD013021	93.865	79,727.11	218,272.27	301.125.41
				Broad Institute Inc.			228.87	-	-
		Forder Manager A. Oakston MOUD and a state Market and M		University of Cincinnat	110007050	00.005	2,897.16	-	-
		Eunice Kennedy Schriver NICHD cooperative Multicenter Ne Child Health Research Career Development Award (K12			HD027853 HD028827	93.865 93.865	-	299,948.36 464,738.56	299,948.36 464.738.56
		Long Term Functional Outcomes Following Early Childhood		Case Western Reserve University	HD042729	93.865	132,095.43	330,723.50	472,197.19
		* * *		Research Inst. at Nationwide Hos			9,378.26		
		Cadherin-based Actin Assembly in the Xenopus Embryo			HD044764 HD045737	93.865 93.865	-	(8,954.71)	(8,954.71) 222,601.15
		Ectoderm Formation in the Early Xenopus Embryo Novel genetic and salivary glycan biomarkers for risk c			HD045737 HD059140	93.865		222,601.15 4,626.05	4,626.05
		Sterol and Isoprenoid Diseases Rare Diseases Consortiun	Oregon Health Sciences University		HD061939	93.865	-	22,457.24	22,457.24
		Sterol and Isoprenoid Diseases Rare Diseases Consortiun	University of Nebraska		HD061939	93.865	-	26,018.25	26,018.25
		Parental Adherence to CF Homecare: Research Chaplaincy C		Halicande of Orland	HD062642	93.865	-	106,520.35	106,520.35
		Xenbase: a Xenopus Model Organism Database Transcriptional Control of Human Placental Differential		University of Calgary	HD064556 HD065339	93.865 93.865	402,407.56	484,122.13 320,927.11	886,529.69 320,927.11
		Injury Prevention in a Home Visitation Population			HD066115	93.865	-	803,774.66	803,774.66
		Telehealth Enhancement of Adherence to Medication in Pec		Children's Hospital of Philadelphia	HD067174	93.865	46,273.91	396,794.41	497,412.03
				Children's Mercy Hospita			8,979.65	-	-
				Connecticut Childrens Medical Center Research Inst. at Nationwide Hos			10,325.77 4.777.63	-	
				University of California			8,592.64		
				University of Pittsburgh			21,668.02	-	
		Enhancing treatment adherence and health outcomes			HD068223	93.865	-	220,965.01	220,965.01
		Insulin-like Growth Factor 1 Gene Therapy; Correction of Molecular signaling in uterine receptivity to implanta			HD068504 HD068524	93.865 93.865	-	222,987.35 386,599.33	222,987.35 386,599.33
		Cincinnati Training Program in Pediatric Clinical and De			HD069054	93.865	-	110.147.57	110.147.57
		Using SNA to Examine the Long-Term Outcomes of Socially		College of William and Mary	HD068315	93.865	32,199.87	91,429.65	138,830.21
				University of Kentucky			15,200.69		
		Engaging Fathers in Home Visitation: Incorporation of a		Pennsylvania State Universit	HD069431	93.865	44,864.24	436,230.32	481,094.56
		Novel RF Coils and k-t Space Imaging for Neonatal Ches Physician Attitudes toward New Biomedical HIV Prevention			HD071540 HD072807	93.865 93.865	-	165,784.32 119,451.97	165,784.32 119,451.97
		Initiation and Progression of Preterm Lung Injury with \		University of Western Australia	HD072842	93.865	76.360.00	157,645.95	287,654.55
				Saint Louis University			53,648.60	· -	
		EHR-based patient safety: Automated error detection in r			HD072883	93.865	-	(33,985.46)	(33,985.46)
		Supporting Treatment Adherence Regimens in Pediatric Ep Abused and non-abused females' high-risk online behavio			HD073115 HD073130	93.865 93.865	-	488,580.36 618,777.12	488,580.36 618,777.12
		Shared Decision Making In Pediatric Chronic Conditions			HD073149	93.865	-	129 077 46	129.077.46
		Rare Genetic Variants as Novel Causes of Idopathic or St			HD073351	93.865	-	118,591.29	118,591.29
		Efficacy of Methylphenidate for Management of Long-term			HD074683	93.865	-	136,546.93	136,546.93
		Self-Management Assistance for Recommended Treatment (SN			HD074842	93.865 93.865	-	124,862.07 127.633.61	124,862.07 127,633,61
		Decreasing teen STI prevalence through universal emerger Bone Mineral Accretion in Young Children		Children's Hospital of Philadelphia	HD075751 HD076321	93.865 93.865	329,703.23	127,633.61 599,066.53	127,633.61 972,905.77
		Boile Milleral Accietion in Toung Children		University of California	110070321	93.003	44,136.01	399,000.33	572,503.77
		Mechanisms of postnatal cutaneous afferent development c			HD077483	93.865	-	65,222.25	65,222.25
		ADAPTing CBT for Youth with Functional Abdominal Pain an			HD078049	93.865		14,098.00	14,098.00
		Maternal temperament, stress, and inflammation in prete Roles of STAT5b in IGF-1 Production and Human Growth		University of CaliforniaDavi:	HD078127 HD078592	93.865 93.865	136,519.24	275,078.34 296,404.98	411,597.58 296,404.98
		Research on Children in Miliary Families: The Impact o			HD079899	93.865	-	290,404.96 16.971.88	16.971.88
		Morphine Pharmacogenomics to Predict Risk of Respiratory			HD082782	93.865	-	104,961.86	104,961.86
		Pediatric Functional Neuroimaging Research Network		University of Southern California	HHSN275200900018C		44,268.26	(46,892.78)	(2,624.52)
		Maitenance, Analysis and Dissemination of CMIND Database Bisphenol A and Gestational Diabetes	University of Cincinnat		HHSN275201400002C BIRCWH WH2	93.865 93.865	-	163,195.88 16,348.22	163,195.88 16,348.22
		ATN Coordinating Center	University of Ciricinnat University of Alabama-Birmingham		HD040533	93.865		48,059.78	48,059.78
		Cincinnati Interdisciplinary Women's Health Research Ca	University of Cincinnat		HD051953	93.865	-	101,781.50	101,781.50
		Pediatric HIV/AIDS Cohort Study (PHACS)	Tulane University		HD052104	93.865	-	37,677.14	37,677.14
		Reading ICARD: Interventions for Children with Attention	Univ of Texas HIth Science Ctr-Houston		HD060617	93.865	-	335,786.16	335,786.16
		Clinical Decision Rules to Discriminate Bruising Causer Pediatric Adverse Reaction in NASH	Lurie Children's Hospital of Chicago Arizona Board of Regents		HD060997 HD062589	93.865 93.865	-	140,764.08 9,546.28	140,764.08 9.546.28
		Inborn Errors of Metabolism Collaborative: Defining the	Michigan Public Health Institute		HD069039	93.865		42,231.41	42,231.41
		Production, Validation and Distribution of the Xenopus O	University of Virginia		HD069352	93.865	-	77,587.28	77,587.28
		Impact of Emergency Department Probiotic Treatment of Pe	Washington University		HD071915	93.865	-	14,745.97	14,745.97
		Health & wellbeing of sexually abused females & offspri Deciphering the gene regulatory network controlling ver	Pennsylvania State University University of California		HD072468 HD073179	93.865 93.865	-	162,418.05 131,516.36	162,418.05 131,516.36
		Short-term Outcomes of Genitoplasty in DSD	University of Oklahoma		HD074579	93.865	-	5,026.51	5,026.51
		Innovations in Mild Traumatic Brain Injury	Ohio State University		HD075638	93.865	-	19,716.00	19,716.00
		Pilot study to develop a Pediatric Cervical Spine Injur	Washington University		HD076108	93.865	-	13,282.35	13,282.35
		Systematic improvement of Xenopus gene annotations and I NBSTRN: Newborn Screening Translational Research Network	University of California-Berkele American College of Med. Genetics		HD080708 HHSN275201300011C	93.865 93.865	-	48,686.71 397.548.72	48,686.71 397.548.72
		NB3 TKN. Newborn Screening Translational Research Network	American college of Med. Genetics	Child Health and Human Development Extramural Research Total	11113142732013000110	93.803	2.927.801.65	10,740,158.82	13,667,960.47
							_,,,,		
	Developmental Disabilities Basic Support and Advocacy Grant	Technical Assistance and Training for Maryland Project S			Project SEARCH	93.630	-	1,731.75	1,731.75
				Developmental Disabilities Basic Support and Advocacy Grants Total			-	1,731.75	1,731.75
	Diabetes, Digestive, and Kidney Diseases Extramural Researc	Research Training in Pediatric Nephrology			DK007695	93.847	-	151,572.21	151,572.21
		Pediatric Gastroenterology and Nutrition Training Gran			DK007727	93.847	-	347,346.56	347,346.56
		Regulation of Adaptive Immune Responses in a Murine Mode Prevalence of Mitochondrial DNA Depletion Syndromes in F			DK062453 DK062453	93.847 93.847	-	259.35 (6,347.91)	259.35 (6,347.91)
		Clinical Center for Cholestatic Liver Disease ii		Hospital for Sick Children	DK062453 DK062497	93.847	23.314.58	(6,347.91)	(6,347.91)
		Research Training in Child Behavior and Nutritior			DK063929	93.847		220,736.98	220,736.98
		Immunologic Dysfunction in Biliary Atresia			DK064008	93.847		369,333.18	369,333.18
		Self-Management of Type 1 Diabetes During Adolescence		Nemours Children's Clinic University of California	DK069486	93.847	95,165.61 4,843.58	262,687.20	454,011.10
				University of Camomia			4,843.58	-	-

Gov Agency	Gov Branch	Award Title	Pass-Through Grantor	Subrecipient Name	Federal Grant No.	CEDA	Sub Exp	Fed Exp	Total Exp
COT / Igoritoy	1001 Station	p word Title	. ass Through Granton	University of Miam	i caciai Giant No.	OI DA	91,314.71		- Total Exp
		Molecular basis of digestive system development in Xeno _l		University of Cincinnat	DK070858	93.847	20,234.62	316,626.17	330,538.89
		Molecular Basis of Liver Developmen		Baylor College of Medicine	DK072493	93.847	- 97,443.36	(6,321.90) 622,588.64	913,400.10
		Teen Longitudinal Assessment of Bariatric Surgery (Teen		Nationwide Childrens Hospita	DK072493	93.847	13,943.00	622,588.64	913,400.10
				Research Inst. at Nationwide Hos			34,718.90	-	-
				University of Alabama at Birmingham			20,478.15	-	-
				University of Pittsburgh University of Washington			51,552.63 72,675.42	-	-
		Dissecting Dendritic Cell Function in Autoimmune Diabete		Offiversity of washington	DK078179	93.847	12,015.42	124,729.87	124,729.87
		Digestive Health Center: Bench to Bedside Research in Pe		University of Cincinnat	DK078392	93.847	4,330.47	1,001,647.22	1,005,977.69
		Biomarkers for Inflammatory Bowel Disease Behavior and		Neuropsychiatric Research Institute	DK078683 DK080020	93.847 93.847	20,521.92	(309.90) 306,082.65	(309.90) 326,604.57
		Adolescent Bariatric Surgery: Weight and Psychosocial R Inhibition of an apical cAMP/cGMP transporter (MRP4) in		St Jude Children's Research Hospita	DK080020 DK080834	93.847	9,325.83	371,152.32	326,804.57
				University of Tennessee			16,344.71	-	-
		Control of Diabetes by Manipulation of Bc12 Family Membe			DK081175	93.847	-	276,449.42	276,449.42
		DNA Damage and Response in the Bladder Microenvironment Mechanisms of Intestinal Stem Cell Expansion Following F			DK081737 DK083325	93.847 93.847		138,302.00 868.82	138,302.00 868.82
		Biological Basis of Phenotypes and Clinical Outcomes ir			DK083781	93.847	-	239,219.59	239,219.59
		Primary biliary cirrhosis: Molecular genetics and microl			DK084054	93.847		5,158.48	5,158.48
		Efficacy of enteral glutamine in reducing bloodstream ir		University of Colorado University of Michigan	DK088027	93.847 93.847	13,104.00 1,047.65	31,377.49	45,529.14
		Cardiovascular Disease in Children with Chronic Kidney [Offiversity of Michigan	DK090070	93.847	1,047.03	157,184.75	157,184.75
		Eosinophil:M2 Macrophage:CCL11 Axis in Experimental Col			DK090119	93.847	-	354,645.71	354,645.71
		Cincinnati Center for Excellence in Molecular Hematology			DK090971	93.847	-	411,339.46	411,339.46
		Clinic and Home Family Based Behavioral Treatment for Ot The Molecular Determinants of Virus Induced Biliary Atre			DK091251 DK091566	93.847 93.847		609,791.78 370,197.52	609,791.78 370,197.52
		KLF5 regulation of intestinal development and stem ce			DK092306	93.847	-	(2,769.42)	(2,769.42)
		Human Endocrine Cell Development			DK092456	93.847	-	542,243.29	542,243.29
		LPA2 receptor-containing complexes in regulating secreto			DK093045	93.847	-	272,030.17	272,030.17
		Epigenetic regulation of intestinal homeostasis Th2 Cytokines and Signaling in Pediatric Inflammatory Bo			DK093784 DK094832	93.847 93.847		165,938.44 194,956.24	165,938.44 194,956.24
		The Role of Regulatory T Cells in Biliary Atresi			DK095001	93.847	-	315,632.46	315,632.46
		Critical Translational Studies in Pediatric Nephrolog		University of Cincinnat	DK096418	93.847	148,338.24	844,102.23	992,440.47
		"mTOR signaling in murine intestinal stem cell and proge			DK097879	93.847	-	19,845.42	19,845.42
		Single Cell/RNA-Seq dissection of Human iPS cell develor Immunopathogenesis of Non-alco			DK098350 DK099222	93.847 93.847		315,538.96 432,673.20	315,538.96 432,673.20
		Recombineering based analysis of Hox function in kidney			DK099995	93.847	-	292,317.72	292,317.72
		NAFLD Improvement after Bariatric Surgery: The role of t			DK100314	93.847	-	26,076.83	26,076.83
		Cell Fate Regulation of Nephron Progenitors Outcome of NASH in Adolescents after Bariatric Surgery v			DK100315 DK100429	93.847 93.847	-	331,653.23 422,990.44	331,653.23 422,990.44
		Wnt/PCP Signaling in the Intestinal Epithelium			DK100429 DK101618	93.847		124,306.32	124,306.32
		NAFLD: Mechanisms and Treatments			DK102597	93.847	-	111,534.29	111,534.29
		Molecular Pathogenesis of MDS		Univ of Texas M D Anderson Cancer Cntr	DK102759	93.847	3,751.83	105,217.24	108,969.07
		Investigation of Regional Identity in Human Intestinal (Role of the Hypoxia-Inducible Factor-1alpha in Myelodys)		Baylor College of Medicine	DK103117 DK105014	93.847 93.847	35,727.62	187,262.80 135,633.31	222,990.42 135,633.31
		Therapeutic Monitoring and Targeting of Neutrophil Activ			DK105014 DK105229	93.847		42,796.45	42,796.45
		Antifungal immunity controlled by commensal bacteria			DK107199	93.847	-	1,113.00	1,113.00
		Type 2 Diabetes and Social Networks			HHSN268201200237P		-	7,495.18	7,495.18
		The Studies to Treat or Prevent Pediatric Type 2 Diabete Clinical Research Network in NASH	George Washington University Case Western Reserve University		DK061230 DK061732	93.847 93.847	-	90,875.77 152,706.05	90,875.77 152,706.05
		Chronic Kidney Disease in Children (CKiD III	Children's Mercy Hospita		DK061732 DK066143	93.847	-	122,575.19	122,575.19
		A Multi-Center Group to Study Acute Liver Failure ir	University of Pittsburgh		DK072146	93.847	-	151,800.64	151,800.64
		Search Nutrition Ancillary Study 2	University of Cincinnat		DK077949	93.847	-	20,276.34	20,276.34
		Dietary Intake & Beh in Adol Bariatric Surg Pts Medication Adherence in Children Who Had Liver Transplan	University of Pennsylvania Mount Sinai Medical Center		DK080738 DK080740	93.847 93.847	-	(1,255.21) 48,383.12	(1,255.21) 48,383.12
		Progression of Acute Kidney Injury to Chronic Kidney Dis	Yale University School of Medicine		DK080740 DK082185	93.847		24,010.42	24,010.42
		Forecasters of future and progressive chronic kidney	Ohio State University		DK085673	93.847	-	25,471.29	25,471.29
		Gene Discoveries in Subjects with Crohn's Disease of Af	Emory University		DK087694	93.847	-	(752.37)	(752.37)
		Teen Adherence in Kidney Transplant: Effectiveness of a A genitoUrinary Development Molecular Anatomy Project (C	McGill University Western General Hospital		DK092977 DK092983	93.847 93.847		73,209.28 49,302.59	73,209.28 49,302.59
		The LiverChip - A diagnostic tool for genetic liver dis	Phase 2 Discovery, Inc		DK092963 DK093214	93.847		109,223.62	109,223.62
		Generating molecular markers that selectively label urc	Columbia University Medical Cente		DK094530	93.847	-	44,122.81	44,122.81
		Limited Competition for the Continuation of Teen Longitu	University of Cincinnat		DK095710	93.847	-	649,814.08	649,814.08
		Predicting Response to Standardized Pediatric Colitis Tr Novel Serum and Urinary Biomarkers of Diabetic Kidney I	Connecticut Children's Medical Center Yale University School of Medicine		DK095745 DK096549	93.847 93.847	-	248,125.08 5.647.80	248,125.08 5.647.80
		FL3X: An Adaptive Intervention to Improve Outcomes for Y	University of North Carolina		DK097785	93.847	-	(24,789.18)	(24,789.18)
		Causes and Consequences of Neutrophil Dysfunction in Ear	Emory University		DK098231	93.847	-	117,553.52	117,553.52
		Comprehensive Quantitative Ultrafast 3D Liver MR	Case Western University University of Melbourne		DK098503 DK101029	93.847 93.847	-	26,255.60	26,255.60 73,828.00
		Mapping the structure and transcriptome of a major popul FL3X: An Adaptive Intervention to Improve Outcomes for Y	University of Melbourne University of North Carolina		DK101029 DK101132	93.847 93.847		73,828.00 512,936.77	73,828.00 512,936.77
		Recombinant Erythropoietin Protects Against Kidney disea	Children's Hosp & Reg Med Ct-Seattle		DK103608	93.847		10,789.74	10,789.74
			-	Diabetes, Digestive, and Kidney Diseases Extramural Research Total		_	778,176.83	14,611,932.47	15,390,109.30
	Disabilities Preventior	Improving the Health of People with Disabilities through	Ohio State University		DD000931	93.184		38.450.73	38.450.73
	i oronio			Disabilities Prevention Total	5500001	-		38,450.73	38,450.73
								•	•
	Discovery & Applied Research for Tech. Innovations to Improve Human Healtl	Development of Analysis Tools to Enhance Fetal Neurolog Center for Point-of-care Technologies Research for Sexua	Univ of Arkansas for Medical Sciences Johns Hopkins University		EB007826 EB007958	93.286 93.286	-	2,300.59 125,123.43	2,300.59 125,123.43
		Center for Point-of-care Technologies Research for Sexua	Johns Hopkins Onliversity		ED00/930	93.200	<u>-</u>	125,125.45	125,125.45
				Discovery and Applied Research for Technological Innovations to Improve Hum	an Health Total		-	127,424.02	127,424.02
	Drug Abuse and Addiction Research Programs	Endocannabinoid Signaling During Early Pregnancy			DA006668	93.279		87,341.63	87,341.63
	Drug Abuse and Addiction Research Programs	Tracking Adolescents After Bariatric Surgery; Substance			DA00668 DA033415	93.279		424,137.84	424,137.84
		A revolutionary approach to an efficacious HIV vaccine			DA038017	93.279	-	806,114.36	806,114.36
		Effects of Physical Activity & Marijuana Use	University of Wisconsin		DA030354	93.279		12,774.16	12,774.16
				Drug Abuse and Addiction Research Programs Total			-	1,330,367.99	1,330,367.99
	Emergency Medical Services for Childrer	EMSC Network Development Demonstration Project - Hospita		Medical College of Wisconsin	MC22684	93.127	162,032.38	339,098.55	652,914.07
	÷ *	,		Washington University	•	_	151,783.14		-
				Emergency Medical Services for Children Total			313,815.52	339,098.55	652,914.07

Gov Agency	Gov Branch	Award Title	Pass-Through Grantor	Subrecipient Name	Federal Grant No. C	FDA Sub Exp	Fed Exp	Total Exp
	Environmental Health	Training Grant in Teratology Environmental Toxins and Uterine Gene Expressior Impact of Traffic-Related Particles on Asthma for Studer Continued studies of environment Impact on puberty: GUF2 Neurobehavioral and Neuroimaging Effects of Traffice Exç Assessing Personal Exposure to Ultrafine PM Number and F Bisphenol A, microRNA and Gestational Diabetes NIEHS-Training Grant PI: Sara Meye! Training Program - Molecular Epidemiology in Children's Translational Studies on the Role of Developmental Pyre The Libby Community Childhood Health Investigation and E Air Pollution, Subclinical CVD and Inflammatory Marker Prenatal Sex Steroids, Bisphenol A, Phthalates, and Sex Longitudinal study of exposure to PBDEs and PFCs and ch Multiple Risk Factors and Neurodevlopment Deficits in F Transgenerational Inheritance of Epigenetic Effects of F Exposure and development of poor bone health among Afric	University of Cincinnat University of Cincinnat University of Cincinnat Rutgers University of Cincinnat	University of Cincinnat University of Cincinnat Environmental Health Total	ES007814 93 ES017957 93 ES019453 93 ES019890 93 ES024713 93 ES006096 93 ES007250 93 ES019991 93 ES015991 93	113	86 698,585.62 206,966.54 27,209.76 82,941.39 160,574.55 (1,849.67) (625.62) 24,335.47 18,086.22 130,932.14 21,669.64 56,343.76 81,637.62	206,829.95 (851.46) (2.438.52) 795,190.30 907,344.48 206,966.54 27,209.76 82,941.39 160,574.55 (1,849.67) (625.62) 24,335.47 18,086.22 130,932.14 21,669.64 56,343.76 81,637.62 2,774,296.55
	Extramural Research Programs in the Neurosciences and Neurological Disorden	Mitogenic Activities in Neurofibromatosis Roles of Gex factors in telencephalic neurogenesis Impact of Initial Therapy and Response on Long Term Outc		Arkansas Children's Hospita Baylor College of Medicine Case Western Reserve University Children's Healthcare of Atlanta Children's Healthcare of Atlanta Children's Hospital of Alabama Children's Hospital of Alabama Children's National Medical Centel Children's National Medical Centel Children's Research Institute Columbia University Cook Children's Health Care System Eastern Virginia Medical Schoo Medical College of Wisconsin Miami Children's Hospital Montefore Medical Center Nationwide Children's Hospital Montefore Medical Center Nationwide Children's Clinic, Jacksonville New York University School of Medicine NorthShore University HealthSyster Oregon Health & Science University Phoenix Children's Hospita Resch Found for State Univ of New York Research Inst. at Nationwide Hos Seattle Children's Hospita University of California University of California University of California University of Pethsburgh University of Tennessee University of Tennessee University of Tennessee University of Utah Washington University Wayne State University Wayne State University Western Institutional Review Boarc Yale University University of Utah	NS044080 93	853 - 853 21,620 14,937 9,597 10,614 20,070 10,547 65,727 15,426 206,029 144,279 9,973 13,766 3,200 6,179 37,937 16,547 18,681 1,810 12,921 3,985 3,746 24,727 (2,982 3,985 3,79,571 18,18,18,18,18,18,18,18,18,18,18,18,18,1	370,695,24 508,969,17 400 689,491,24 75 88	370,695,24 508,969.17 1,462,582.09
		Cincinnati Center for Neurofibromatosis Research Sodium Channel Gene Variation in the Treatment of Epiler mTOR regulation of aberrant neuronal integration and ep Genetic Therapy for CNS Manifestations in MPS I via BBB Identification and reversal of primary and secondary er Regulation of Sensory-Motor Connectivity by Semaphorin Imaging the effect of centrotemporal spikes and seizures Longitudinal DTI study in Children Treated for Congenitz Molecular Mechanisms of Oligodendrocyte Differentiation Regulation of Forebrain Neurogenesis by the Energy Sensa Chromatin Remodeling Control of CNS Myelination and Remy Amitriptyline and Topiramate in the Prevention of Childt		University of Alabama at Birmingharr Washington University University of Minnesota Atlanta Headache Specialists Children's Hospital Boston Children's Hospital Boston Children's Hospital Hod Center of Akron Children's Hospital Med Center of Akron Children's Mercy Hospital Children's Neurological Associates Dellas Pediatric Neurology Associates Dent Neurosciences Research Center Eastern Virginia Medical Schoo Josephson Wallack Murshower Neuro. LeBonheur Marshfield Clinic Research Foundatior Mayo Clinic Rochester NERHC, Inc Phoenix Children's Hospita Preferred Primary Care Physicians, Inc Premiere Research Institute Renown Institute for Neurosciences Research Inst. at Nationwide Hos Saint Louis University Schenectady Neurological Consultants	NS062756 93 NS062806 93 NS064330 93 NS065020 93 NS065020 93 NS065048 93 NS065840 93 NS065893 93 NS072427 93 NS072427 93 NS072591 93	853 - 853 -	58	8, 169, 68 167, 206, 94 133, 053, 27 (8, 874, 27) 400, 478, 02 (10, 960, 85) 551, 648, 54 49, 058, 39 343, 225, 57 309, 337, 76 289, 159, 27 253, 631, 52 2, 255, 915, 2

Gov Agency	Gov Branch	Award Title	Pass-Through Grantor	Subrecipient Name	Federal Grant No.	CFDA	Sub Exp	Fed Exp	Total Exp
		·		Scott & White Memorial Hospital Seattle Children's Hospita Stattle of Oklahoma University of California			10,948.00 1,836.00 3,702.00 10,199.00	- - -	- - -
				University of Colorado			13,789.00		
				University of Louisville University of Marylanc			20,593.00 691.00		-
		A Novel Model of Medulloblastoma to Define Cancer Pathwa		University of Utah	NS078092	93.853	11,830.00	296,732.18	296,732.18
		The toxicity of the RNA CGG repeats in FXTAS Aberrant Neuromagnetic Signatures with Chronic Migraine			NS078659 NS081420	93.853 93.853	-	80,607.12 183,345.38	80,607.12 183,345.38
		Contribution of abnormal granule cells to the developmer Characterizing the role of specific Ras proteins in neu			NS083239 NS083249	93.853 93.853	-	(7,025.61) 53,187.15	(7,025.61) 53,187.15
		Ras Proteins in Nerve Tumorigensis		December of Medianoida Har	NS083580	93.853	-	295,692.43	295,692.43
		Novel Combinatorial Therapies for Malignant Peripheral Novel Control Forward Genetic Analysis of Congenital Defects in Cortic		Research Inst. at Nationwide Hos	NS084885 NS085023	93.853 93.853	120,454.01	209,774.37 406,203.06	330,228.38 406,203.06
		Gaucher disease: Treatment of neurodegenerative disease Signaling pathways regulating oligodendrocyte developmer			NS086134 NS088529	93.853 93.853	-	494,518.41 75,762.93	494,518.41 75,762.93
		Brain Dysfunction in Neurofibromatosis Hemorragic & Ischemic Stroke among blacks and whites	University of Cincinnat		NS091037 NS030678	93.853 93.853	-	36,197.96 46,813.35	36,197.96 46,813.35
		FMRI in Anterior Temporal Epilepsy Surgery Genetic and Environmental Risk Factos for Hemrrhagic	Medical College of Wisconsin University of Cincinnat	University of Cincinnat	NS035929 NS036695	93.853 93.853	4,517.27	43,099.83 792.82	47,617.10 792.82
		Recanalization Therapies and markers of Outcomes in Acu Ultrasound-assisted thrombolysis for stroke therapi	University of Cincinnat University of Cincinnat		NS044283 NS047603	93.853 93.853	-	211,072.42 23,515.26	211,072.42 23,515.26
		CD8 T Cell mediated disruption of blood brain barrier t	Mayo Clinic		NS060881	93.853		(57.14)	(57.14)
		The Establishment of Schwann Cell Polarity and the Infla LDN: Epidemiology and Natural History of Wolman and Cho	The Univ of California, San Francisco University of Minnesota		NS062796 NS065768	93.853 93.853	-	126,395.71 11,544.00	126,395.71 11,544.00
		Endogenous CNTF Receptors and Adult, In Vivo Neurogenes Pilot Trial of Bumetanide for Neonatal Seizures	University of Cincinnat Children's Hospital Boston		NS066051 NS066929	93.853 93.853	-	(1,890.57) 3,991.69	(1,890.57) 3,991.69
		Mechanisms of TGF regulated fibrosis in muscular dystror Mechanisms of TGF regulated fibrosis in muscular dystror	The University of Chicago Northwestern University		NS072027 NS072027	93.853 93.853	-	5,292.77 262,137.84	5,292.77 262,137.84
		Identification of novel small molecules for CNS myelin Cincinnati Neuroscience Clinical Trials Research Cente	Texas A & M University of Cincinnat		NS077215 NS077311	93.853 93.853	-	97,431.01 151,819.07	97,431.01 151,819.07
		Potential EEG biomarkers and antiepileptogenic strategic Primary cilia signaling in CNS progenitor cells and the	University of Alabama-Birmingham		NS080199 NS080223	93.853 93.853		25,214.05 175,214.50	25,214.05 175,214.50
		Early biomarkers of Autism Spectrum Disorders in infants	Massachusetts General Hospita Children's Hospital Boston		NS082320	93.853	-	328,219.34	328,219.34
		Disordered Regulation of Wnt/?-catenin Signaling in MPNS Developmental Synaptopathies Associated with TSC, PTEN ε	University of Minnesota Children's Hospital Boston		NS086219 NS092090	93.853 93.853	-	146,987.09 22,564.88	146,987.09 22,564.88
				Extramural Research Programs in the Neurosciences & Neurological Disorders Total			1,557,540.69	9,455,879.75	11,013,420.44
	Food and Drug Administration_Research	Phase II Study of Rapamycin for Complicated Vascular And Phase II: Vincristine Vs. Sirolimus for High Risk Kapos			FD003712 FD004363	93.103 93.103	-	34,625.62 214,954.93	34,625.62 214,954.93
		Quercetin: Novel Targeted Chemoprevention for Fanconi Ar Annual Meeting of the Neurobehavioral Teratology Society			FD004383 FD004852	93.103 93.103	-	191,544.83 5,000.00	191,544.83 5,000.00
		A Phase II Trial of Levodopa in Angelman Syndrome Pharmacokinetic Studies of Tacrolimus in Transplant Pat	Children's Hospital Boston University of Cincinnat		FD003523 FD004573	93.103 93.103	-	(200.32) 93,053.57	(200.32) 93,053.57
		Evaluation of Clinical and Safety Outcomes Associated w	University of Cincinnat		HHSF223201310224C	93.103		82,239.92	82,239.92
	Outstate for Tarkshop in Princes Outs Madisha and Darkshop	Faculty Development in Drivery Cons		Food and Drug Administration_Research Total	LIBOOTOF	00.004	-	621,218.55 138,575.68	621,218.55 138.575.68
	Grants for Training in Primary Care Medicine and Dentistr	Faculty Development in Primary Care		Grants for Training in Primary Care Medicine and Dentistry Total	HP23195	93.884	-	138,575.68	138,575.68
	International Research and Research Training	Cellular and Molecular Mechanisms of Alanyl-Glutamine O		International Research and Research Training Total	TW008767	93.989	-	130,596.84 130,596.84	130,596.84 130,596.84
	Lung Diseases Research	Lung and Cardiovascular Development and Disease Pathoger Role of Surfactant Protein-C and innate Lung Defense			HL007752 HL050046	93.838 93.838	-	239,425.83 1,777.30	239,425.83 1,777.30
		Role of Rb Family in Lung Epithelial Response to Injun Foxf1 Transcription Factor in Development of Pulmonary C			HL079193 HL084151	93.838 93.838	-	31,013.28 359,685.39	31,013.28 359,685.39
		Role of Anti-GM-CSF Antibodies in Myeloid Cell Functior Regulation of Neutrophil Migration and Polarity			HL085453 HL090676	93.838 93.838	-	327,773.22 126,614.54	327,773.22 126,614.54
		Immunobiology of IFRD1, a gene modifying CF lung disease			HL094576	93.838	-	21,047.98	21,047.98
		Transcriptional Programming of Asthma Related Pathology Late Preterm Birthe, Ureaplasma Species and Childhood Lu			HL095580 HL097064	93.838 93.838	-	453,585.70 (26,966.25)	453,585.70 (26,966.25)
		Impact of Early Life Diesel Exposure on Immune Patternii LPCAT1 is essential for perinatal lung function and sun		University of Cincinnat	HL097135 HL098319	93.838 93.838	21,101.03	20,569.29 (25,884.60)	41,670.32 (25,884.60)
		Biomarkers of Immunologic Function and Preterm Respirate Genetic Analysis of Murine Chronic Hypoxia-Induced Pulmo			HL101800 HL102107	93.838 93.838	-	495,285.36 341,696.58	495,285.36 341,696.58
		The Role of Autophagy in the Pathogenesis of interstitic FGF and PDGF regulate myofibroblast differentiation in a			HL103923 HL104003	93.838 93.838	-	534,824.64 (15,396.25)	534,824.64 (15,396.25)
		Role of SREBP Network in Surfactant Lipid Homeostasis an			HL105433	93.838		494,344.18	494,344.18
		Molecular Interventions for Pulmonary Fibrosis Transcriptional Control of Submucosal Gland Formation ar			HL107159 HL108907	93.838 93.838	-	38.93 362,253.33	38.93 362,253.33
		Mechanisms of Dicer1 Function in Lung Organogenesis and Dysregulation of Nrf2 in CF epithelia		Children's Research Institute	HL109265 HL109362	93.838 93.838	20,915.94	243,864.10 105,644.66	264,780.04 105,644.66
		Airway Progenitor Cell Proliferation and Differentiation Ruth L. Kirschstein National Research Service Award Sho		Oregon Health & Science University.	HL110964 HL113229	93.838 93.838	316,392.06	346,676.76 54,455.37	663,068.82 54,455.37
		Osr transcription factors regulate embryonic lung devek MR predictors of infection, inflammation, and structura		Emory University	HL114898 HL116226	93.838 93.838	22,607.03	623,082.04 585,409.75	623,082.04 608,016.78
		Macrophage Based Gene Therapy for Hereditary Pulmonary A Adolescent Controlled Text Messaging to Improve Asthma N		,,	HL118342 HL119826	93.838 93.838	-	561,094.70 154,814.27	561,094.70 154,814.27
		Stard7, a Novel Inhibitor of Allergic Lung Disease			HL122130	93.838		390,738.99	390,738.99
		Mechanisms of IL-17A-mediated enhancement of asthma seve "Lung MAP" Atlas Research Center		Cedars-Sinai Medical Center	HL122300 HL122642	93.838 93.838	25,501.94	435,295.17 944,458.46	435,295.17 969,960.40
		Transcriptional regulation of goblet cell metaplasia Regulatory Advancement of HXe as a Diagnostic MRI Contra	Xemed, LLC		HL123490 HL087550	93.838 93.838	-	351,454.27 62,656.70	351,454.27 62,656.70
		Biomarkers of Immunologic Function and Preterm Respiratc Gastrin-Releasing Peptide and Bronchopulmonary Dysplasia	University of Pennsylvania Duke University		HL101794 HL105702	93.838 93.838	-	26,734.87 49,489.14	26,734.87 49,489.14
		Severe Asthma Research Program Simultaneous Xe129 MRI of Regional Lung Ventilation and	Washington University University of Virginia		HL109257 HL109618	93.838 93.838	-	7,766.99 50,743.01	7,766.99 50,743.01
		Single Cell NexGen RNA Sequencing of Human	Duke University		HL110967	93.838	-	64,116.85	64,116.85

Gov Agency	Gov Branch	Award Title	Pass-Through Grantor	Subrecipient Name	Federal Grant No	o. CFDA	Sub Exp	Fed Exp	Total Exp
		Single-session bronchial thermoplasty for severe asthma	Xemed, LLC		HL112397	93.838	-	68,133.38	68,133.38
		Directed Culturing of Pneumocystis Using Metatranscripto	University of Cincinnat		HL119190	93.838	-	105,567.25	105,567.25
		Molecular Atlas of Lung Development - Data Coordinating Characterization of an inhibitory protein complex for co	Duke University		HL122638	93.838	-	63,584.78 18.361.04	63,584.78
		Characterization of an inhibitory protein complex for c	University of Tennessee	Lung Diseases Research Total	HL123535	93.838	406,518.00	9,055,831.00	18,361.04 9,462,349.00
				• • • • • • • • • • • • • • • • • • • •			,.		
	Maternal and Child Health Federal Consolidated Programs	Sickle Cell			MC22218 MC26806	93.110	-	288,735.04	288,735.04
		Variations in Care and Outcomes for Children with Trauma Hemophilia Comprehensive Care	Hemophilia Foundation of Michigan		MC26806 MC00015	93.110 93.110	-	91,422.11 23,082.30	91,422.11 23,082.30
		Leadership Education in Neurodevelopmental and Other Re	University of Cincinnat		MC00013	93.110		661,126.66	661,126.66
		Healthy Tomorrows Partnership For Children Program	American Academy of Pediatrics		MC07618	93.110		15,561.09	15,561.09
		Autism Treatment Network	Massachusetts General Hospita		MC11054	93.110		226,460.66	226,460.66
			•	Maternal and Child Health Federal Consolidated Programs Total		_	-	1,306,387.86	1,306,387.86
		MEDTAPP Neonatal Abstinence Syndrome (NAS) Project (ODM	Ohio State University	Aultman Hospital	G-1415-07-0060	93.778	64,596.65	887,263.32	1,593,559.28
				Case Western Reserve University			324,121.47	-	-
				Miami Valley Hospita			54,580.00		-
				Ohio State University			262,997.84		-
		Partnerships that promote integrated, multidisciplinar	University of Cincinnat		G-1415-07-0060	93.778		45,509.27	45,509.27
				Medical Assistance Program Total			706,295.96	932,772.59	1,639,068.55
	Medical Library Assistance	Multi-Institutional Pediatric Epilepsy Decision Suppor		Childrens Hospital Colorado	LM011124	93.879	68,957.38	(5,926.94)	66,144.12
				Children's Hospital of Philadelphia		_	3,113.68		
				Medical Library Assistance Total			72,071.06	(5,926.94)	66,144.12
	Mental Health Research Career/Scientist Development Awards	Med Response in Children with Pred Inatt Type ADHD			MH083881	93.281	-	12,839.14	12,839.14
				Mental Health Research Career/Scientist Development Awards Total		_	-	12,839.14	12,839.14
	Mental Health Research Grants	Examining the Biological Basis of ADHE			MH064478	93.242	_	160,218.96	160,218.96
		LAMS		Research Inst. at Nationwide Hos	MH073816	93.242	76,714.38	698,457.39	775,171.77
		Amygdala Glucocorticoid Receptor Function in Stress			MH079010	93.242		(20,405.61)	(20,405.61)
		2/2-Multisite Study of School Based Treatment Approaches			MH082865	93.242		76,403.98	76,403.98
		Medication Continuity in Children Treated for ADHE			MH083027	93.242	-	60,842.12	60,842.12
		Evaluation of an Intervention for Improving Community-Ba		Nationwide Childrens Hospita	MH083665	93.242	144,248.55	244,979.02	389,227.57
		Treatment of Maternal Depression in Home Visitation		University of Massachusetts Bostor	MH087499	93.242	18,310.83	263,072.26	281,383.09
		Molecular Mechanisms Controlling Formation of Basal Ganç			MH090740	93.242	-	260,720.14	260,720.14
		4/8-Collaborative genomic studies of Tourette Disorde			MH092520	93.242	-	19,132.72	19,132.72
		2/2-Anomalous Motor Physiology in ADHD Executive Function/Metacognitive Training: Early Interv			MH095014	93.242	-	252,110.69	252,110.69
		Frontal Cortical Gamma Oscillations Mark Contamination			MH095911 MH100640	93.242 93.242		177,560.99 153,307.66	177,560.99
		Developing New Technologies to Improve ADHD Medication C			MH101155	93.242	-	208,379.43	153,307.66 208,379.43
		Latrophilin-3 and ADHD: A new potential mechanism			MH101609	93.242		188,523.23	188,523.23
		Selective targeting of PI3K to restore higher cognitive		Emory University	MH103748	93.242	37,930.36	191,128.02	229,058.38
		Neurobehavioral Effects of Abrupt Methyphenidate Discon		Seattle Children's Hospita	MH105425	93.242	29,079.30	175,270.68	204,349.98
		Bipolar Disorder Imaging & Treatment Research Cente	University of Cincinnat	oddio omidiono nospid	MH077138	93.242	20,070.00	(330.83)	(330.83)
		Cortical Excitability: Phenotype and Biomarker in ADHE	University of Cincinnat		MH081854	93.242		(48.82)	(48.82)
		Training Outpatient Clinicians to Deliver Cognitive Beha	University of Colorado		MH089291	93.242		1,858.74	1,858.74
		Evaluating the Time-Dependent Unfolding of Social Intera	University of Cincinnat		MH094659	93.242		(141.76)	(141.76)
		The effect of lithium on intracellular sodium in brain	University of Cincinnat		MH094837	93.242		110,612.38	110,612.38
		Multimodal analysis of high-risk psychosis mutations is	Stanford University		MH104172	93.242		178,368.64	178,368.64
		(ED-STARS) Emergency Dept Screen for Teens at Risk for	University of Michigan		MH104311	93.242		26,053.48	26,053.48
		Movement-Based Mindfulness Training for Children with AE	Kennedy Krieger Research Institute		MH104651	93.242	-	16,911.63	16,911.63
		Targeting the PI3K Enhancer PIKE to Reverse FXS-associa	Emory University	Martel Harlin Barranch County Tatal	MH105353	93.242	-	32,829.17	32,829.17
				Mental Health Research Grants Total			306,283.42	3,475,814.31	3,782,097.73
	National Center for Research Resources	Cincinnati Ctr for Clin & Trans Sciences & Training	University of Cincinnat		TR000077	93.389	-	2,000,877.44	2,000,877.44
				National Center for Research Resources Total			-	2,000,877.44	2,000,877.44
	National Center on Sleep Disorders Research	Pediatric Sleep Research Program			HL078989	93.233		158,396.94	158,396.94
		Effect of Adolescent Sleep Restriction on Neural & Behav			HL092149	93.233		17,352.85	17,352.85
		Dynamic Computational Modeling of Obstructive Sleep Apne		Nemours Children's Clinic	HL105206	93.233	9,285.60	329,975.38	660,028.20
				University of Cincinnat			320,767.22		
		Sleep Restriction and the Adolescent Diet: Impact and N	Deleteres & Wesselle Hereitel		HL120879	93.233	-	243,657.32 85,769.46	243,657.32 85,769.46
		Multi-Center Trial of Limiting PGY 2&3 Resident Work Hou	Brigham & Women's Hospital	National Center on Sleep Disorders Research Total	HL111478	93.233	330,052.82	835,151.95	1,165,204.77
							,		
	National Research Service Award in Primary Care Medicine	NRSA Research Fellowship Training		National Research Service Award in Primary Care Medicine Total	HP10027	93.186		389,804.11 389,804.11	389,804.11 389,804.11
								·	•
	Nursing Research	Patterned Experience in Preterm Infants		Virginia Commonwealth University	NR012307 NR014248	93.361	11,374.85	455,598.98 244,619.60	466,973.83 244,619.60
		A Clinic-Based Interdisciplinary Intervention for Paren Transitional Telehealth Home Care: REACH	Children's Hospital of Philadelphia		NR002093	93.361 93.361		(39,579.22)	(39,579.22)
				Nursing Research Total		-	11,374.85	660,639.36	672,014.21
	Oral Diseases and Disorders Research	Molecular Genetic Analysis of Craniofacial Developmen			DE013681	93.121	_	488,828.34	488,828.34
	oral biodecc and biooracio Neccard	Molecular Patterning of Mammalian Dentition			DE018401	93.121		461,853.61	461,853.61
		The role of primary cilia in craniofacial developmen			DE019853	93.121	-	17,385.94	17,385.94
		Global Gene Expression Atlas of Craniofacial Developmer			DE020049	93.121	-	(62.05)	(62.05)
		Large Animal Model for Novel Autologous Treatments of A			DE023124	93.121	-	112,604.26	112,604.26
		The Role of Primary Cilia in Murine Craniofacial Develo			DE023804	93.121	-	439,840.62	439,840.62
		Golgb1 in Craniofacial Development			DE023864	93.121	-	104,625.53	104,625.53
		The role of ectodermal primary cilia in murine orofacia	Married Olivet Madill 10		DE025537	93.121	-	590.20	590.20
		Transcriptome Atlases of the Craniofacial Sutures	Mount Sinai Medical Center	Oral Diseases and Disorders Research Total	DE024448	93.121	-	17,455.15 1,643,121.60	17,455.15 1,643,121.60
				Oral Diseases and Disorders ReseafCII TOIdI			-		
	Poison Center Support and Enhancement Grant Program	Poison Center Support and EnhancementHRSA-14-016CFDA			H4BHS15468	93.253	-	383,826.22	383,826.22
				Poison Center Support and Enhancement Grant Program Total		_	-	383,826.22	383,826.22
	Research on Healthcare Costs, Quality and Outcomes	Acceleration to Expertise: Simulation as a Tool to Impro		University of Cincinnat	HS020455	93.226	10,950.75	132,609.87	143,560.62
	•	Enhancing the Sustainability of a Pediatric Learning Hea		Children's Hospital of Philadelphia	HS022974	93.226	97,876.86	321,038.28	434,503.06
				University of Vermont State Agr. College			15,587.92	-	-

Gov Agency	Gov Branch	Award Title	Pass-Through Grantor	Subrecipient Name	Federal Grant No.	CFDA	Sub Exp	Fed Exp	Total Exp
J. J.		Pursuing Perfection in Pediatric Theraputics		Case Western Reserve University	HS021114	93.226	11,946.00	844,370.09	856,316.09
		Rigor of Multi-Registry CER Studies: Towards Patient-Cer			HS022437	93.226	-	118,237.88	118,237.88
		Reduction of Nephrotoxic Medication-Associated Acute Kid Family-Clinician Partnerships to Improve Child Safety i			HS023763 HS023827	93.226 93.226		32,766.82 26,499.29	32,766.82 26,499.29
		Improving Sickle Cell Transitions of Care through Health	The Lewin Group, Inc.		HHSA290201000033I	93.226	-	2,955.17	2,955.17
		PHIS+: Augmenting the Pediatric Health Information Syste	Children's Hospital of Philadelphia		HS019862	93.226	-	22,135.43	22,135.43
		Improving the Quality of Pediatric Emergency Care Using Improving the Quality of Pediatric Emergency Care Using	Children's Hospital of Philadelphia Northwestern University		HS020270 HS020270	93.226 93.226		(9,212.79) 67,514.65	(9,212.79) 67,514.65
		Center of Excellence on Quality of Care Measures for Ch	Children's Hosp & Reg Med Ct-Seattle		HS020506	93.226		165,951.68	165,951.68
		Access to Pediatric Voice Therapy: A Telehealth Solution	University of Cincinnat		HS021781	93.226	-	10,279.11	10,279.11
		Collaborative Ohio Inquiry Network (COIN Improving Child Health by Disseminating Patient Centerer	University of Cincinnat American Board of Pediatrics		HS021648 HS021935	93.226 93.226		(922.20) 17,890.94	(922.20) 17,890.94
		Effects of Virtual Realty Simulation on Worker Emergency	Wright State University		HS023149	93.226		38,205.19	38,205.19
				Research on Healthcare Costs, Quality and Outcomes Total			136,361.53	1,790,319.41	1,926,680.94
	Research Related to Deafness and Communication Disorders	Efficacy of Laryngeal High-Speed Videoendoscopy			DC007640	93.173		(3,035.84)	(3,035.84)
		Functional Analyses of Tricellular Tight Junctions in He			DC011748	93.173	-	(874.95)	(874.95)
		Identifying Genes for Non-syndromic Recessive Deafness Usher proteins in the inner ear structure and functior		University of Kentucky	DC011803 DC012564	93.173 93.173	25,873.18	(743.19) 6,589.24	(743.19) 32,462.42
		10th International Conference AQL2013 Advances in Quant		University of Cincinnat	DC013213	93.173	664.13	300.37	964.50
		Wideband Clinical Diagnosis and Monitoring of Middle-Ear	Boys Town National Res Hospita	Good Samaritan Hospital	DC010202	93.173	15,562.34	(3,513.88)	12,048.46
		The Natural History of CMV-Related Hearing Loss and the	University of Alabama-Birmingham	Research Related to Deafness and Communication Disorders Total	HHSN263201200010C	93.173	42,099.65	8,627.99 7,349.74	8,627.99 49,449.39
								·	
	Sickle Cell Treatment Demonstration Program	Sickle Treatment and Outcomes Research in the Midwest		Medical College of Wisconsin	EMC27863	93.365	50,335.61	151,385.80	206,308.93
		Cincinnati Sickle Cell Project	Ohio Department of Health	Sickle Cell Disease Assoc of America	03130011SK0512	93.365	4,587.52	113,718.27	113,718.27
		Sickle Cell treatment Demonstration Program	University of Cincinnat		EMC07655	93.365		2,833.00	2,833.00
				Sickle Cell Treatment Demonstration Program Total			54,923.13	267,937.07	322,860.20
	Substance Abuse and Mental Health Services_Projects of Regional and National Significance	Learning Collaborative to Dissseminate Trauma and Grie	University of California		SM054284	93.243	-	(55.90)	(55.90)
		The Center for Trauma Recovery and Juvenile Justice (CTF	University of Connecticut Health Center		SM061273	93.243	-	125,364.73	125,364.73
				Substance Abuse & Mental Health Services Projects of Regional and National Signific	ance Total		_	125,308.83	125,308.83
								·	•
	Training and Clinical Skills Improvement Projects	Enhanced Surveillance for New Vaccine Preventable Diseas		Training and Clinical Skills Improvement Projects Total	IP000458	93.185	-	207,030.39 207,030.39	207,030.39 207,030.39
				Training and Chinical Skills improvement Projects Total			•	207,030.39	207,030.39
	Trans-NIH Recovery Act Research Support	Nextgen Dissection of the Genomic Basis of Kidney Develo			DK090891	93.701	-	41,522.51	41,522.51
ARRA				Trans-NIH Recovery Act Research Support Total			-	41,522.51	41,522.51
	Trans-NIH Research Support	Open Source Science: Transforming Chronic Illness Care		University of California	DK085719	93.310	14,747.00	240,901.55	302,640.12
				University of Chicago University of Vermont State Agr. College			25,000.00	-	-
		Characterizing the Gut Microbial Ecosystem for Diagnosis	Broad Medical Research Program	Oniversity of Vermont State Agr. College	DE023798	93.310	21,991.57 -	147,663.76	147,663.76
		, ,	· ·	Trans-NIH Research Support Total		_	61,738.57	388,565.31	450,303.88
	University Centers for Excellence in Developmental Disabilities Education, Research, and Service	University of Cincinnati University Center for Excellen	University of Cincinnat		90DD0696/01	93.632		629,376.26	629,376.26
						_			
				University Centers for Excellence in Developmental Disabilities Education, Research,	and Service Total		-	629,376.26	629,376.26
	Vision Research	Mechanism of action of Retinal Determination proteins			EY014648	93.867		268,109.02	268,109.02
		Wnt Pathway Regulation of Lens Polarity			EY016241	93.867	-	252,907.89	252,907.89
		Genetic Studies of Optic Atrophy Retinal Microglia and Angiogenesis			EY018876 EY021636	93.867 93.867		(2,853.19) 377,513.62	(2,853.19) 377,513.62
		Molecular Networks Controlling Subtype Specification of			EY022687	93.867		163,378.40	163,378.40
		EYA in Retinal Angiogenesis			EY022917	93.867		356,549.31	356,549.31
		Light Regulated Vascular Development of the Eye Defining Glial Programs that Support Adult Photoreceptor		University of California	EY023179 EY024405	93.867 93.867	346,097.48	356,158.39 202,099.89	702,255.87 202,099.89
		Roles of CC Chemokine Activity in Mast Cell Responses ar	University of Cincinnat		EY019630	93.867		(8,288.80)	(8,288.80)
		Postnatal Growth and Retinopathy of Prematurity (G-ROP)	Children's Hospital of Philadelphia		EY021137	93.867		(4,343.54)	(4,343.54)
				Vision Research Total			346,097.48	1,961,230.99	2,307,328.47
	Cooperative Agree. to Support State-Based Safe Motherhood & Infant Health Initiative Prog	State-based Perinatal Quality Collaborative		Case Western Reserve University	DP005361	93.946	1,830.80	65,553.31	67,384.11
				Cooperative Agreements to Support State-Based Safe Motherhood and Infant Health I	nitiative Programs Total		1,830.80	65,553.31	67,384.11
					-		,,		
	Human Immuno. Virus (HIV)/Acquired Immunodeficiency Virus Syndrome (AIDS) Surveillance	CFHS Consortium Obesity Prevention	Ham Cnty Family & Children First Counci		CHFS Obesity Prevent	93.944	-	(3,504.12)	(3,504.12)
				Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Virus Syndrome (A	IDS) Surveillance Total		-	(3,504.12)	(3,504.12)
	Human Genome Research	Better Outcomes for Children: GWAS & PheWAS in eMERGEII.		Children's Hospital Boston University of Cincinnat	HG006828	93.172	496,887.52 4,164.62	1,048,777.32	1,549,829.46
		Effect of disease-associated genetic variants on viral			HG008186	93.172		88,766.26	88,766.26
				Human Genome Research Total			501,052.14	1,137,543.58	1,638,595.72
	Prevention & Public Health (Afford. Care Act) Enhanced Surveillance for New Vacc. Preven	Enhanced Surveillance for New Vaccine Preventable Diseas			IP000458	93.533	-	379,852.57	379,852.57
				Provide and Public Hooks Food (Affordable Comp. And) Followed Comp. (House Comp.)		. –		070 050 57	070.050.57
				Prevention and Public Health Fund (Affordable Care Act) Enhanced Surveillance for N	ew vaccine Preven Total	1	-	379,852.57	379,852.57
	Alcohol Research Programs	Mechanisms of Alcoholic Liver Disease		University of Cincinnat	AA020846	93.273	35,677.23	9,133.26	56,836.72
		Regulation of Hepatic Stellate Cells in Development and		University of Pittsburgh	AA020514	93.273	12,026.23	243,788.55	243,788.55
		Teen Alcohol Screening in the Pediatric Emergency Care A	Rhode Island Hospital		AA021900	93.273		12,569.88	12,569.88
				Alcohol Research Programs Total			47,703.46	265,491.69	313,195.15
	Injury Prevention and Control Research and State and Community Based Programs	STAT-ED - Suicidal Teens Accessing Treatment in the ED		Nationwide Childrens Hospita	CE002129	93.136	108,252.41	243,372.79	351,625.20
	, ,			Injury Prev & Control Res & State/Community Based Programs Total		_	108,252.41	243,372.79	351,625.20

Gov Agency	Gov Branch	Award Title	Pass-Through Grantor	Subrecipient Name	Federal Grant No		Sub Exp	Fed Exp	Total Exp
	National Center for Advancing Translational Sciences	Generating Human Intestinal Organoids with an ENS University of Pittsburgh Clinical and Translational Sci	University of Pittsburgh		TR000546 TR000005	93.350 93.350	-	174,240.52 145.664.13	174,240.52 145,664.13
		Reliable System for Blood Pressure	University of Cincinnat		TR000078	93.350	-	151,980.25	151,980.25
				National Center for Advancing Translational Sciences Total			-	471,884.90	471,884.90
	Occupational Safety and Health Program	Just-in-Time Methods for Understanding Near-misses, Inju Genetic Susceptibility for Occupational Asthma	University of Cincinnat	University of Cincinnat	OH010035 OH008795	93.262 93.262	24,605.35	227,187.00 45.536.49	251,792.35 45,536.49
		Early Identification of World Trade Center Conditions in	New York University		OH010394	93.262		22,477.94	22,477.94
				Occupational Safety and Health Program Total		_	24,605.35	295,201.43	319,806.78
	Research and Training in Complementary and Alternative Medicine	DNA Attenuates Inflammatory Responses through Altering F	Research Instit at Nationwide Hosp		AT006880	93.213	-	15,171.37	15,171.37
				Research & Training in Complementary & Alternative Medicine Total			-	15,171.37	15,171.37
	Environmental Public Health and Emergency Response	Green Housing Study: Measures of Housing Factors and Ped	University of Cincinnat		EH000990	93.070	-	322.21	322.21
				Environmental Public Health and Emergency Response Total			-	322.21	322.21
	HIV Prevention Activities_Health Department Based	HIV Testing in Ohio Emergency Departments		HIV Prevention Activities Health Department Based Total	03130012HT0314	93.940	-	49,508.34 49,508.34	49,508.34 49,508.34
				- ·				•	•
	Hospital Prep Prog (HPP) & Public Helath Emergency Prep (PHEP) Aligned Coop. Agreements	Ohio Poison Control Bioterrorism Grant FY15 ODH - Poison Control Bioterrorism Preparedness	Cleveland Rainbow Babies	Research Inst. at Nationwide Hos	03130012PP0415 01830022PP0213	93.074 93.074	74,617.06	94,003.25 (23,570.89)	168,620.31 (23,570.89)
		·				_			
				Hospital Prep Prog (HPP) & Public Helath Emergency Prep (PHEP) Aligned Coope	rative Agreements Total		74,617.06	70,432.36	145,049.42
	Health Program for Toxic Substances and Disease Registry	UIC PEHSU Program-2013-05487-01-00 KN	Univ of Illinois @ Chicago	Hardin Branco for Taris Orbaton and Discos Brains Table	TS000118	93.161	-	30,789.13	30,789.13
				Health Program for Toxic Substances and Disease Registry Total			-	30,789.13	30,789.13
	Microbiology and Infectious Diseases Research	Norovirus Capsid: A Novel Drug Target HBGA receptors in host cell entry and infection of norov	University of Cincinnat Purdue University		AI097936 AI111095	93.856 93.856	-	147,157.37 120.546.67	147,157.37 120.546.67
		The street of th	. drade emiteracy	Microbiology and Infectious Diseases Research Total	74111000	-	-	267,704.04	267,704.04
	Cancer Control	Imaging Notch Interactions with Members of Its Pathway	Washington University		CA094056	93.399	-	233,698.64	233,698.64
		.,	3	Cancer Control Total		-	-	233,698.64	233,698.64
	Healthy Start Initiative	Healthy Start Cincinnat		University of Cincinnat	MC27823	93.926	13,771.40	212,623.37	226,394.77
				Healthy Start Initiative Total		-	13,771.40	212,623.37	226,394.77
	Health Care Innovation Challenge	Coordinating all resources effectively for children witl	Children's National Medical Center		CMS331335	93.610	-	136,968.33	136,968.33
				Health Care Innovation Challenge Total		_	-	136,968.33	136,968.33
	Affordable Care Act (ACA) Family to Family Health Information Centers	Ohio Family to Family Health Information Center:			MC28443	93.504	-	146.84	146.84
				Affordable Care Act (ACA) Family to Family Health Info Centers Total			-	146.84	146.84
				Dept of Health and Human Serv Total			16,579,457.42	120,467,164.45	137,046,621.87
Department of Housing & Urban D Department of Housing & Urban Dev.		Efficiency of HEPA Air Purification in Reducing Traffic	University of Cincinnat		OHHHU0027	14.906	-	14,306.56	14,306.56
				Office of Healthy Homes & Lead Hazard Control Total		_	-	14,306.56	14,306.56
				Department of Housing & Urban Dev. Total		-	-	14,306.56	14,306.56
Department of Veterans Affa	airs To Department of Veterans Affairs	Consulting Services for Assessing and Documenting VA Tra	University of Cincinnat		VA250-13-C-0058	64.033	-	27,491.20	27,491.20
	·	Department of Veterans Affairs VISN10 539-11 (VA PI:Riec	•	Ourselling Oursing Tabel	VA250-14-P-1649	64.033		19,420.31 46,911.51	19,420.31 46,911.51
				Consulting Services Total			-	46,911.51	46,911.51
				Department of Veterans Affairs Total		_	-	46,911.51	46,911.51
Office of Personnel Manage	ment Intergovernmental Personnel Act (IPA) Mobility Program	Lupus Association with Signal Transducer and Activator c			IPA_Magnusen	27.011	-	62,940.30	62,940.30
		Patient-Centered Care and Cultural Transformatior VAMC IPA - Matthew Weirauch (10/01/12-09/30/13)	Cincinnati Veterans Administration Department of Veteran Affairs		MOU #6/11 IPA_Weirauch	27.011 27.011	-	20,738.02 24,200.23	20,738.02 24,200.23
		VAMC IPA - Sara Lazaro (07.01.11 - 06.30.12)	Department of Veteran Affairs	Table	Lazaro_IPA	27.011	-	51,048.59 158,927.14	51,048.59
				Intergovernmental Personnel Act (IPA) Mobility Program Total			-	•	158,927.14
				Office of Personnel Management Total		_	-	158,927.14	158,927.14
Natl Aeronautics & Space Admin Exploration		Acute and long term outcomes of simulated deep space rac		University of Cincinnat	NNX13AO47G	43.003	9,929.78	139,467.41	149,397.19
				Exploration Total			9,929.78	139,467.41	149,397.19
	Space Operations	RNA Deep Sequencing and Metabolomic Profiling of Microgr	Arizona Board of Regents		NNX13AM01G	43.007	-	15,221.77	15,221.77
				Space Operations Total			-	15,221.77	15,221.77
				Natl Aeronautics & Space Admin Total		-	9,929.78	154,689.18	164,618.96
Dept of Homeland Security	Centers for Homeland Security	National Center for Food Protection and Defense	University of Minnesota		P004544803	97.061		50,473.02	50,473.02
				Centers for Homeland Security Total		_	-	50,473.02	50,473.02
				Dept of Homeland Security Total		-	-	50,473.02	50,473.02
		Drug and Poison Control				93.959	173,117.62		173,117.62
				Overal Total				100 555	
				Grand Total		=	17,279,853.56 \$	122,556,789.77 \$	139,836,643.33

CHILDREN'S HOSPITAL MEDICAL CENTER AND AFFILIATES

NOTES TO SUPPLEMENTARY SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS FOR THE YEAR ENDED JUNE 30, 2015

1. SCOPE OF AUDIT

All Federal grant operations of Cincinnati Children's are included in the scope of the Office of Management and Budget (OMB) Circular A-133 audit (the "single audit"). Single audits are performed in accordance with the provisions of the 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 Supplementary Schedule of Expenditures of Federal Awards includes the Federal grant activity of Cincinnati Children's 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.

Net Asset Balances — Negative amounts represent grants with deficit balances which were closed during fiscal 2015.

* * * * * *



Deloitte & Touche LLP

250 E. 5th Street Suite 1900 Cincinnati, OH 45202-5109

Tel: +1 513 784 7100 Fax: +1 513 784 7204 www.deloitte.com

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, 2015, 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 21, 2015.

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 opinions 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

Deloitte ? Touche LLP

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.

October 21, 2015



Deloitte & Touche LLP

250 E. 5th Street Suite 1900 Cincinnati, OH 45202-5109 USA

Tel: +1 513 784 7100 Fax: +1 513 784 7204 www.deloitte.com

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 OMB CIRCULAR A-133

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 *OMB Circular A-133 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, 2015. 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 the requirements of laws, regulations, contracts, and grants 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 OMB Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*. Those standards and OMB Circular A-133 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, 2015.

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 OMB Circular A-133, 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 OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.

Report on Schedule of Expenditures of Federal Awards Required by OMB Circular A-133

We have audited the consolidated financial statements of Cincinnati Children's as of and for the year ended June 30, 2015, and have issued our report thereon dated October 21, 2015, 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 OMB Circular A-133 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 21, 2015

CHILDREN'S HOSPITAL MEDICAL CENTER AND AFFILIATES

SCHEDULE OF FINDINGS AND QUESTIONED COSTS FOR THE YEAR ENDED JUNE 30, 2015

PART I. SUMMARY OF AUDITOR'S RESULTS

Financial Statements:											
Type of auditor's report iss	ued:	Unmodi	Unmodified								
Internal control over finance	ial reporting:										
Material weakness(es) ide	ntified?		Yes	X	No						
Significant deficiency(ies)) identified?		Yes	X	None reported						
Noncompliance material to	financial statements noted?		Yes	X	_No						
Federal Awards:											
Internal control over major	programs:										
Material weakness(es) ide	ntified?		Yes	X	_No						
Significant deficiency(ies)	identified?				None						
			Yes	X	_reported						
Type of auditor's report iss programs:	ued on compliance for major	Unmodi	fied								
	d that are required to be reported (a) of OMB Circular A-133?	in	Yes	X	_No						
Identification of Major Prog	rams:										
CFDA Number	eral Program or Clus	ster									
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.											
	stinguish between Type A and Type t program tested as a single Type A p		\$ 3	,000,00	00						
Auditee qualified as low-risk	auditee?	<u>X</u> Yes		No							

CHILDREN'S HOSPITAL MEDICAL CENTER AND AFFILIATES

SCHEDULE OF FINDINGS AND QUESTIONED COSTS FOR THE YEARS ENDED JUNE 30, 2015

PART II. FINDINGS RELATED TO THE FINANCIAL STATEMENTS

None

PART III. FEDERAL AWARD FINDINGS AND QUESTIONED COSTS

None