

## Children's Hospital Medical Center and Affiliates

Title 2 U.S. Code of Federal Regulations Part 200  
(Uniform Guidance) Reports for the  
Year Ended June 30, 2023

# CHILDREN'S HOSPITAL MEDICAL CENTER AND AFFILIATES

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## INDEPENDENT AUDITOR'S REPORT

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

### Report on the Audit of the Financial Statements

#### Opinion

We have audited the consolidated financial statements of Children's Hospital Medical Center and Affiliates (the "Company"), which comprise the consolidated balance sheets as of June 30, 2023 and 2022, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Company as of June 30, 2023 and 2022, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

#### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Company and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern for one year after the date that the financial statements are issued.

#### Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute

assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit 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, no such opinion is expressed.
- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

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

In accordance with *Government Auditing Standards*, we have also issued our report dated September 29, 2023 on our consideration of the Company's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely 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 effectiveness of the Company's 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 the Company's internal control over financial reporting and compliance.

*Deloitte + Touche LLP*

September 29, 2023

# Children's Hospital Medical Center and Affiliates

## Consolidated Balance Sheets June 30, 2023 and 2022 (dollars in thousands)

	2023	2022
<b>CURRENT ASSETS:</b>		
Cash and cash equivalents	\$ 200,381	\$ 293,360
Marketable securities	1,298,639	1,259,210
Cash, cash equivalents and marketable securities	1,499,020	1,552,570
Patient receivables, net	588,455	511,704
Other receivables	165,009	141,986
Inventories and prepaid expenses	86,765	80,350
Total current assets	2,339,249	2,286,610
<b>ASSETS LIMITED AS TO USE - Funds in trust</b>	36,482	32,275
<b>PROPERTY AND EQUIPMENT,</b> net of accumulated depreciation	1,556,549	1,432,608
<b>GOODWILL</b>	6,437	7,296
<b>OPERATING LEASE RIGHT-OF-USE ASSETS</b>	15,926	17,345
<b>PENSION BENEFIT ASSET</b>	185,998	281,043
<b>OTHER LONG-TERM ASSETS</b>	92,995	72,387
<b>INTEREST IN NET ASSETS OF SUPPORTING ORGANIZATIONS</b>	4,869,148	4,462,791
Total assets	<u>\$ 9,102,784</u>	<u>\$ 8,592,355</u>
<b>CURRENT LIABILITIES:</b>		
Accounts payable and accrued expenses	\$ 483,353	\$ 466,433
Current portion of long-term debt and lease obligations	18,856	17,986
Commercial paper	100,000	100,000
Bonds payable subject to remarketing, net	78,270	86,302
Total current liabilities	680,479	670,721
<b>SELF-INSURANCE RESERVES</b>	31,020	25,274
<b>LONG-TERM DEBT:</b>		
Tax-exempt bonds payable	315,187	327,916
Taxable bonds payable	596,407	596,176
Finance lease obligations	48,275	48,544
Operating lease obligations	13,439	14,949
<b>OTHER LONG-TERM LIABILITIES</b>	15,095	19,487
Total liabilities	1,699,902	1,703,067
<b>COMMITMENTS AND CONTINGENCIES (Note 11)</b>	-	-
<b>NET ASSETS:</b>		
Without donor restrictions	2,310,909	2,212,893
With donor restrictions	5,091,973	4,676,395
Total net assets	7,402,882	6,889,288
Total liabilities and net assets	<u>\$ 9,102,784</u>	<u>\$ 8,592,355</u>

See accompanying notes to Consolidated Financial Statements.

## Children's Hospital Medical Center and Affiliates

### Consolidated Statements of Operations and Changes in Net Assets For the Years Ended June 30, 2023 and 2022 (dollars in thousands)

	2023	2022
OPERATING REVENUES, GAINS AND OTHER SUPPORT:		
Net patient service revenue	\$ 2,508,408	\$ 2,369,523
Net assets released from restriction used for operations-		
Grant revenue	247,146	218,688
Other restricted net assets used to support operations	139,133	129,721
Other revenue	207,854	193,115
Total operating revenues, gains and other support	3,102,541	2,911,047
OPERATING EXPENSES:		
Salaries	1,510,665	1,374,087
Employee benefits	388,496	372,037
Supplies, drugs and other	570,020	525,548
Purchased services	339,535	287,721
Depreciation	149,767	151,729
Utilities	21,615	20,079
Interest	32,531	30,926
Total operating expenses	3,012,629	2,762,127
Operating income	89,912	148,920
NONOPERATING GAINS (LOSSES):		
Net investment return (loss)	42,160	(84,045)
Net benefit gain other than service cost	14,674	26,485
Net nonoperating gains (losses)	56,834	(57,560)
Revenue and gains in excess of expenses and losses	146,746	91,360
OTHER CHANGES IN NET ASSETS WITHOUT DONOR RESTRICTIONS:		
Receipts from supporting organizations	3,272	4,229
Net assets released from restrictions used for purchase of property and equipment	12,844	16,626
Transfers to supporting organizations	(3,269)	(82,346)
Pension and post-retirement health liability adjustment	(61,577)	82,508
Increase in net assets without donor restrictions	\$ 98,016	\$ 112,377

(Continued on next page)

## Children's Hospital Medical Center and Affiliates

### Consolidated Statements of Operations and Changes in Net Assets For the Years Ended June 30, 2023 and 2022 (dollars in thousands)

	<u>2023</u>	<u>2022</u>
NET ASSETS WITH DONOR RESTRICTIONS:		
Contributions and investment income-		
Grant receipts	\$ 247,837	\$ 220,629
Gifts and contributions of financial assets and other income	160,507	139,588
	<u>408,344</u>	<u>360,217</u>
Net assets released from restriction-		
Grant expenditures	(247,146)	(218,688)
Net assets with donor restrictions used to support operations	(139,133)	(129,721)
Net assets with donor restrictions used for purchase of property and equipment	(12,844)	(16,626)
	<u>(399,123)</u>	<u>(365,035)</u>
Gain (loss) in interest in net assets of supporting organizations	<u>406,357</u>	<u>(82,879)</u>
Increase (decrease) in net assets with donor restrictions	<u>415,578</u>	<u>(87,697)</u>
INCREASE IN NET ASSETS	513,594	24,680
NET ASSETS, beginning of year	6,889,288	6,864,608
NET ASSETS, end of year	<u>\$ 7,402,882</u>	<u>\$ 6,889,288</u>

See accompanying notes to Consolidated Financial Statements.

# Children's Hospital Medical Center and Affiliates

## Consolidated Statements of Cash Flows

For the Years Ended June 30, 2023 and 2022 (dollars in thousands)

	2023	2022
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
Increase in net assets	\$ 513,594	\$ 24,680
Adjustments to reconcile increase in net assets to net cash provided by operating activities-		
Depreciation and amortization	149,340	151,095
Loss on disposal of property and equipment	1,031	2,077
Proceeds from sale of donated securities	874	773
Receipts from supporting organizations	(3,272)	(4,229)
Contributions of financial assets to supporting organizations	3,269	82,346
Contributions of financial assets restricted for purchase of property and equipment	(12,844)	(16,626)
(Gain) loss in interest in net assets of supporting organizations	(406,357)	82,879
Unrealized and realized (gains) losses on marketable securities, net	(1,288)	129,121
Gain on interest rate swap	(1,182)	(7,377)
Increase in receivables	(99,774)	(5,830)
Increase in inventories and prepaid expenses and other assets	(25,841)	(25,623)
Decrease (increase) in pension benefit asset	95,045	(109,334)
Increase in accounts payable and accrued expenses, net	7,833	65,286
Decrease in operating lease obligations	(2,847)	(2,736)
Increase (decrease) in self-insurance reserves and other long-term liabilities	1,354	(29,443)
Net cash provided by operating activities	218,935	337,059
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
Expenditures for property and equipment	(257,602)	(187,840)
Purchases of marketable securities	(944,601)	(1,263,928)
Sales and maturities of marketable securities	905,586	1,227,728
Cash withdrawn from funds in trust	5,813	5,750
Cash invested in funds in trust	(9,427)	(5,828)
Net cash used in investing activities	(300,231)	(224,118)
<b>CASH FLOWS FROM FINANCING ACTIVITIES:</b>		
Repayment of bonds, notes payable, and finance lease obligations	(23,938)	(32,006)
Contributions restricted for purchase of property and equipment	12,844	16,626
Receipts from supporting organizations	3,272	4,229
Contributions to supporting organizations	(3,269)	(82,346)
Net cash used in financing activities	(11,091)	(93,497)
Net (decrease) increase in cash, cash equivalents, and restricted cash	(92,387)	19,444
CASH, CASH EQUIVALENTS, AND RESTRICTED CASH, beginning of year	302,346	282,902
CASH, CASH EQUIVALENTS, AND RESTRICTED CASH, end of year	\$ 209,959	\$ 302,346
<b>SUPPLEMENTAL DISCLOSURE OF NON-CASH INVESTING ACTIVITIES:</b>		
Capital expenditures in accounts payable and accrued expenses	\$ 29,635	\$ 20,548
Acquisition of property through finance leases	\$ 7,192	\$ 3,337
Acquisition of property through operating leases	\$ 1,540	\$ 3,673

See accompanying notes to Consolidated Financial Statements.



## Children's Hospital Medical Center and Affiliates

### Consolidated Financial Statements

For the Years Ended June 30, 2023 and 2022, respectively (dollars in thousands)

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(1) Accounting Policies –

- (a) Basis of Consolidation – Children's Hospital Medical Center (Cincinnati Children's), River City Insurance Limited (River City), CHMC Community Health Services Network (CHSN), HealthVine LLC (HealthVine) and other entities with the purpose to hold land for future use, which are under common management, are included in the accompanying Consolidated Financial Statements and are collectively referred to as Cincinnati Children's. Intercompany transactions and balances have been eliminated.

Cincinnati Children's is an Ohio not-for-profit corporation providing pediatric healthcare services, education, and 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. HealthVine supports the population health and care coordination initiatives of Cincinnati Children's. Other land holding entities are wholly owned subsidiaries of Cincinnati Children's whose purpose is to hold land for future use.

- (b) Supporting Organizations – The Children's Hospital (TCH) and Convalescent Hospital Fund for Children (CHFC) are both Ohio not-for-profit corporations that provide financial support to Cincinnati Children's. The TCH and CHFC purpose clauses both specify the support of Cincinnati Children's as the organization's sole purpose. Additionally, certain endowment funds of these supporting organizations are restricted by the donors for specific operating purposes of Cincinnati Children's. As such, the assets of TCH and CHFC are recorded in Cincinnati Children's Consolidated Financial Statements as Interest in net assets of supporting organizations and as Net assets with donor restrictions. Changes in the fair value of Interest in net assets of supporting organizations are recorded as a Gain (loss) in interest in net assets of supporting organizations in the accompanying Consolidated Statements of Operations and Changes in Net Assets.

The majority of receipts are from TCH and CHFC donor-restricted endowment funds or are other receipts that are designated by the supporting organizations' Boards of Trustees for specific operating purposes. The receipts are reflected in Gifts and contributions of financial assets and other income with donor restrictions in the accompanying Consolidated Statements of Operations and Changes in Net Assets. Upon spending, such funds are reflected in Other restricted net assets used to support operations in the Consolidated Statements of Operations and Changes in Net Assets.

Other receipts from TCH are designated by the supporting organization's Board of Trustees to provide general support. The receipts are reflected in Receipts from supporting organizations without donor restrictions in the accompanying Consolidated Statements of Operations and Changes in Net Assets.

- (c) Support Received from Supporting Organizations – TCH and CHFC provide annual support to Cincinnati Children's through transfers of dividend and interest earnings on investments, net of investment management fees, administrative expenses, and donor-required income reinvestments.

The supporting organizations' respective Boards of Trustees may also make certain pledges of principal without donor restriction in support of key projects or initiatives at Cincinnati Children's. In January 2020, CHFC's Board of Trustees made a gift in the amount of \$36,000 to support the construction of a new facility at the College Hill Campus and programmatic support of Cincinnati Children's *Pursuing our Potential in Mental Health* initiative. The agreement has certain criteria that represent donor-imposed conditions that must be overcome before Cincinnati Children's is entitled to the assets promised. Contributions of \$10,000 and \$6,651 were made for the years ended June 30, 2023 and June 30, 2022, respectively. The receipts are reflected in Gifts and contributions of financial assets and other

# Children's Hospital Medical Center and Affiliates

## Consolidated Financial Statements

For the Years Ended June 30, 2023 and 2022, respectively (dollars in thousands)

income with donor restrictions and in Net assets used for purchase of property and equipment in the Consolidated Statements of Operations and Changes in Net Assets.

The following table details transfers between Cincinnati Children's and Supporting Organizations in the Consolidated Statements of Operations and Changes in Net Assets:

	2023	2022
Transfers of net assets with donor restrictions included in		
Gifts and contributions of financial assets and other		
income:		
Cincinnati Children's from TCH	\$ 116,861	\$ 102,823
Cincinnati Children's from CHFC	15,585	11,887
Total	<u>\$ 132,446</u>	<u>\$ 114,710</u>
Transfers of net assets without donor restrictions included in		
Receipts from (Transfers to) supporting organizations:		
Cincinnati Children's from TCH	\$ 3,272	\$ 4,229
Cincinnati Children's to TCH (1)	(3,269)	(82,346)
Total	<u>\$ 3</u>	<u>\$ (78,117)</u>

(1) The purpose of this transfer is to establish funds designated to support divisional activities and strategic priorities.

- (d) Revenue Recognition – The following revenue streams are subject to the revenue recognition guidance in Accounting Standards Codification No. 606 (ASC 606) "Revenue from Contracts with Customers":

	2023	2022
Net patient service revenue	\$ 2,508,408	\$ 2,369,523
Other revenue	207,854	193,115
	<u>\$ 2,716,262</u>	<u>\$ 2,562,638</u>

### Net Patient Service Revenue

Cincinnati Children's net patient service revenue generally relates to contracts with patients in which the performance obligations are to provide health care services to patients. As patients simultaneously receive and consume the benefits of health care provided by Cincinnati Children's, the performance obligations meet the criteria to be satisfied over time. Net patient service revenue is recorded as services are provided. Payment for such services is due between thirty to forty-five days from payer receipt of claim. Consideration for patient service revenue is variable. Agreements with payers typically provide for payments at amounts less than established charges.

Cincinnati Children's has an agreement with an Ohio Medicaid managed care company in which performance obligations are to stand-ready to provide care for approximately 114,000 children. The performance obligation to stand-ready is satisfied over time. Cincinnati Children's is reimbursed under a variable capitation methodology for hospital services. All physician and home care services are 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, (c) services provided to members by facilities outside the Cincinnati Children's network, and (d) an actuarially determined accrual for incurred but not reported claims (see Note 1h). Under delegation agreements, Cincinnati Children's receives fixed payments to perform the required medical management, care

## Children's Hospital Medical Center and Affiliates

### Consolidated Financial Statements

For the Years Ended June 30, 2023 and 2022, respectively (dollars in thousands)

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management and care coordination functions. Medicaid managed care organizations retain risk for payments to providers. The amount of net patient service revenue recorded under this arrangement in fiscal year 2023 and 2022 was \$121,666 and \$174,467, respectively.

Laws and regulations concerning government programs, including Medicaid and Medicare, are complex and subject to varying interpretation. As a result of investigations by governmental agencies, various health care organizations have received requests for information and notices regarding alleged noncompliance with those laws and regulations, which, in some instances, have resulted in organizations entering into significant settlement agreements. Compliance with such laws and regulations may also be subject to future government review and interpretation as well as significant regulatory action, including fines, penalties, and potential exclusion from related programs. There can be no assurance that regulatory authorities will not challenge Cincinnati Children's compliance with these laws and regulations, and it is not possible to determine the impact (if any) such claims or penalties would have upon Cincinnati Children's. In addition, the contracts Cincinnati Children's has with third party payers also provide for retroactive audit and review of claims. At June 30, 2023, Cincinnati Children's has settled all Medicaid cost reports through 2018 and all Medicare cost reports through 2020.

Settlements with third party payers for retroactive adjustments due to audits, reviews or investigations are considered variable consideration and are included in the determination of estimated transaction price for providing patient care. These settlements are based on the terms of the payment agreement with the payer, correspondence from the payer, and Cincinnati Children's historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur. Estimated settlements are adjusted in future periods as adjustments become known based on new information or as years are settled and no longer subject to such audits, reviews, and investigations. Adjustments arising from a change in transaction price were not material in fiscal years 2023 and 2022.

Generally, patients who are covered by third party payers are responsible for related deductibles and coinsurance, which vary in amount. Cincinnati Children's also provides services to uninsured patients and offers those uninsured patients a discount, either by policy or law, from standard charges. Cincinnati Children's estimates the transaction price for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by established contractual adjustments, discounts, and implicit price concessions. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of change.

Consistent with Cincinnati Children's mission, care is provided to patients regardless of their ability to pay. Therefore, Cincinnati Children's has determined it has provided implicit price concessions to uninsured patients and patients with other uninsured balances. The implicit price concessions included in estimating the transaction price represent the difference between the amounts billed to patients and the amounts Cincinnati Children's expects to collect based on its collection history with those patients.

Patients who meet Cincinnati Children's criteria for charity care are provided care without charge or at amounts less than established rates. Amounts determined to qualify as charity care are not reported as net patient service revenue.

Because the majority of its performance obligations relate to contracts with a duration of less than one year, Cincinnati Children's has elected to apply the optional exemption provided in FASB ASC 606-10-50-14(a) and, therefore, is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the fiscal

## Children's Hospital Medical Center and Affiliates

### Consolidated Financial Statements

For the Years Ended June 30, 2023 and 2022, respectively (dollars in thousands)

year. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the fiscal year. The performance obligations for these contracts are generally completed when patients are discharged, which generally occurs shortly after the end of the fiscal year.

In both fiscal years 2023 and 2022, substantially all of net patient service revenue is derived from third-party payment programs (Medicaid, insurance companies and various managed care agreements). Cincinnati Children's classifies its patients by payer. The following table disaggregates Cincinnati Children's net patient service revenue by payer categories for the fiscal year ended June 30, 2023 and 2022:

	<b>2023</b>		<b>2022</b>	
Commercial insurers	1%	\$ 25,084	1%	\$ 23,695
Managed care	63%	1,580,297	62%	1,469,104
Government (HMO and third party)	30%	752,522	31%	734,552
International	3%	75,252	3%	71,086
Specialty contracts <sup>1</sup>	2%	50,168	2%	47,390
Self-pay	1%	25,085	1%	23,696
		<u>\$ 2,508,408</u>		<u>\$ 2,369,523</u>

The following details the percentage of accounts receivable by payer category as of June 30, 2023 and 2022:

	<b>2023</b>	<b>2022</b>
Commercial insurers	2%	1%
Managed care	56%	56%
Government (HMO and third party)	23%	23%
International	14%	11%
Specialty contracts <sup>1</sup>	2%	6%
Self-pay	3%	3%

#### Other Revenue

Cincinnati Children's other revenue generally relates to contracts with external organizations in which the performance obligations are to provide research services or other various fee-for-service arrangements outside the scope of healthcare services. Relief funds received as a result of the Coronavirus Aid, Relief, and Economic Security (CARES) Act are also included in Other revenue. See Note 1(s) for further discussion on the COVID-19 Pandemic.

Revenue from industry contracts and certain government contracts is earned based on performance obligations to provide research services to the external organizations. License and royalty revenue relates to contracts with other organizations in which our performance obligations are to provide intellectual property to the organization. Revenue is also earned for various other contracted fee-for-service arrangements where services are performed for external organizations outside the scope of healthcare services for Cincinnati Children's patients. Performance obligations for industry and government contracts, license and royalty contracts, and various other fee-for-service arrangements are satisfied over time. Consideration is fixed based on contracted price, and there is no significant variable consideration related to these agreements.

<sup>1</sup> Specialty contracts are single case agreements or contracts for specialty services, such as transplants.

## Children's Hospital Medical Center and Affiliates

### Consolidated Financial Statements

For the Years Ended June 30, 2023 and 2022, respectively (dollars in thousands)

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- (e) Graduate Medical Education – Cincinnati Children's receives Federal graduate medical education funding. Other revenue of \$12,111 and \$11,762 was recognized for the years ended June 30, 2023 and 2022, respectively.
- (f) Tax Exempt Status – Cincinnati Children's and CHSN are exempt from federal income taxes under Section 501(a) of the Internal Revenue Code as organizations described in Section 501(c)(3). HealthVine is a single-member LLC wholly owned by Cincinnati Children's treated as a disregarded entity of Cincinnati Children's for income tax purposes. River City is a captive insurance corporation wholly owned by Cincinnati Children's and incorporated in Bermuda. Cincinnati Children's, CHSN, HealthVine and River City are generally not subject to federal or state income tax obligations. Other land holding entities with the purpose to hold land for future use 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, 2023 and 2022.

Cincinnati Children's accounts for income taxes in accordance with Accounting Standards Codification Topic (ASC) 740 "Income Taxes". It is Cincinnati Children's policy to classify the expense related to interest and penalties, if any, to be paid on underpayments of income taxes within other expenses. There were no material penalties or interest recognized in fiscal years 2023 and 2022. Cincinnati Children's paid \$2,171 and \$5,227 in income taxes for unrelated business income during the year ended June 30, 2023 and 2022, respectively.

Fiscal years 2020 through 2023 are subject to examination by both the Federal and State tax jurisdictions.

- (g) Cash Equivalents – Cash equivalents consist primarily of money market investments (including money market mutual funds) and demand deposits. Money market investments have maturities of 90 days or less at the time of purchase. Cash is held primarily in two financial institutions.
- (h) Inventories and Prepaid Expenses – Inventories consist primarily of medical supplies and pharmaceuticals and are valued on an average cost method.

As part of Cincinnati Children's variable capitation agreement, reimbursement is reduced by an actuarially determined estimate for incurred but not reported claims. Cincinnati Children's recorded incurred but not reported claims of approximately \$19,441 and \$23,507 for the years ended June 30, 2023 and 2022, respectively. The estimate is recorded as an increase in Prepaid expenses and an increase in Accounts payable and accrued expenses.

- (i) Marketable Securities – Cincinnati Children's accounts for its investments under ASC 958-320 "Not-for-Profit Entities – Investments – Debt Securities" and ASC 958-321 "Not-for-Profit Entities – Investments – Equity Securities." Cincinnati Children's carries its marketable securities at fair value with unrealized gains and losses included in Net investment return (loss) in the accompanying Consolidated Statements of Operations and Changes in Net Assets.

At June 30, 2023 and 2022, 15% and 19% of Cincinnati Children's marketable securities were invested in U.S. Treasury securities, respectively.

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

## Children's Hospital Medical Center and Affiliates

### Consolidated Financial Statements

For the Years Ended June 30, 2023 and 2022, respectively (dollars in thousands)

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

Cincinnati Children's evaluates long-lived assets under the provisions of ASC 360 "Property Plant and Equipment." During fiscal years 2023 and 2022, Cincinnati Children's did not incur any losses related to impairment of property and equipment.

- (k) Goodwill – Goodwill is the excess of the purchase price over the fair value of the net assets of an entity acquired. Cincinnati Children's acquired the assets of a pediatric primary care practice, resulting in goodwill of \$8,583 in fiscal year 2021, and elected to apply the accounting alternatives available for not-for-profit entities. During the years ended June 30, 2023 and 2022, no amounts were recorded to goodwill. Goodwill is amortized over a 10-year period and tested for impairment at the entity level when a triggering event occurs. During fiscal year 2023 and 2022, \$859 and \$858 of amortization expense and no impairment losses were recognized, respectively.
- (l) Leases – Cincinnati Children's leases property and equipment under finance and operating leases. Cincinnati Children's determines if an arrangement is a lease at inception. Right-of-use assets and lease obligations are recognized for leases with terms greater than 12 months based on the net present value of the future minimum lease payments over the lease term at commencement date. When readily determinable, Cincinnati Children's uses the interest rate implicit in the lease to determine the present value of future minimum lease payments. However, most of Cincinnati Children's leases do not have a readily determinable implicit interest rate. For these leases, Cincinnati Children's uses a collateralized incremental borrowing rate based on the period and cash payment stream comparable with that of each lease. The right-of-use asset and lease obligations include a value for options to extend a lease if it is reasonably certain that the option will be exercised.

The current portion of operating lease obligations is included in the current portion of long-term debt and lease obligations and the non-current portion is separately stated as operating lease obligations on the Consolidated Balance Sheets. The related right-of-use assets are included in operating lease right-of-use assets on the Consolidated Balance Sheets. Operating lease expense is recognized on a straight-line basis over the lease term and is included in purchased services in the Consolidated Statements of Operations and Changes in Net Assets.

The current portion of finance lease obligations is included in Current portion of long-term debt and lease obligations and the non-current portion is separately broken out as Finance lease obligations on the Consolidated Balance Sheets. The related finance lease right-of-use assets are included in Property and equipment, net on the Consolidated Balance Sheets. Finance lease right-of-use assets are amortized using the straight-line method over the shorter period of the lease term or the estimated useful life of the property or equipment. Such amortization expense is included in Depreciation in the Consolidated Statements of Operations and Changes in Net Assets.

- (m) 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 years 2023 and 2022, Cincinnati Children's capitalized \$5,759 and \$4,329 of interest related to construction in progress, respectively. Total cash paid for interest was approximately \$37,210 and \$35,339 in fiscal years 2023 and 2022, respectively.

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

# Children's Hospital Medical Center and Affiliates

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- (n) Interest Rate Swap Agreement – Cincinnati Children's has an interest rate swap agreement to manage interest rate risk associated with the variable rate 2018Z and 2018AA bonds. The swap agreement is measured at fair value and recognized in the Consolidated Balance Sheets within other long-term assets. Cincinnati Children's recognizes gains and losses from the changes in fair value of the interest rate swap agreement as non-operating gains and losses within Net investment return on the Consolidated Statements of Operations and Changes in Net Assets.
- (o) Net Asset Classifications – Cincinnati Children's reports its financial position and activities according to the following net asset classifications:

Net assets without donor restrictions – Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objective of the organization are classified as net assets without donor restrictions. These net assets may be used at the discretion of management of Cincinnati Children's.

Net assets with donor restrictions – Net assets subject to stipulations imposed by donors or supporting organizations are classified as net assets with donor restrictions. Some restrictions are temporary in nature; those restrictions will be met by fulfilling a certain purpose or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the principal be maintained in perpetuity.

Net assets with donor restrictions are comprised of the following:

	2023	2022
Subject to expenditure for specified purpose:		
Clinical	\$ 43,299	\$ 40,735
Research	99,297	96,634
Education	16,305	16,736
General Administration and Other	37,020	35,921
	<u>195,921</u>	<u>190,026</u>
Subject to expenditure for specified purpose, held at supporting organizations:		
Research	15,295	14,525
Education	1,127	1,075
General Administration and Other	4,539	4,326
	<u>20,961</u>	<u>19,926</u>
Subject to expenditure based on Board discretion of the supporting organization, held at supporting organizations	<u>2,372,530</u>	<u>2,179,232</u>
	2,372,530	2,179,232
Investment in perpetuity, the income from which is expendable for specified purpose, held at Cincinnati Children's:		
Clinical	1,410	1,161
Research	19,971	18,120
Education	1,521	1,307
General Administration and Other	4,002	2,990
	<u>26,904</u>	<u>23,578</u>

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Investment in perpetuity, the income from which is expendable for specified purpose, held at supporting organizations:

Clinical	60,003	53,484
Research	2,232,474	2,044,408
Education	97,242	88,275
General Administration and Other	83,649	75,176
	<u>2,473,368</u>	<u>2,261,343</u>

Subject to appropriation and expenditure when a specified event occurs:

Upon death of insured party	2,289	2,290
	<u>2,289</u>	<u>2,290</u>

Total net assets with donor restrictions

<u>\$ 5,091,973</u>	<u>\$ 4,676,395</u>
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- (p) Revenue and Gains in Excess of Expenses and Losses – The Consolidated Statements of Operations and Changes in Net Assets subtotals operating revenues, gains and other support, operating expenses and nonoperating gains as Revenue and gains in excess of expenses and losses. Other changes in net assets without donor restrictions are receipts from and transfers to supporting organizations, pension and post-retirement health liability adjustments, and Net assets released from restrictions used for purchase of property and equipment, which are excluded from Revenue and gains in excess of expenses and losses.
- (q) Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.
- (r) New Accounting Pronouncements – In June 2016, the FASB issued ASU 2016-13, Measurement of Credit Losses on Financial Instruments which amends Financial Instruments—Credit Losses (“Topic 326”). ASU 2016-13 provides guidance for measuring credit losses on financial instruments. Early adoption is permitted. The amendments in this ASU should be applied retrospectively. This ASU is effective for annual and interim periods in fiscal years beginning after December 15, 2022. We are currently evaluating the impact the standard will have on our Consolidated Financial Statements.

In October 2021, the FASB issued ASU No. 2021-08, "Business Combinations (Topic 805): Accounting for Contract Assets and Contract Liabilities from Contracts with Customers." The ASU amends ASC 805 to require acquiring entities to apply Topic 606 to recognize and measure contract assets and contract liabilities in a business combination and is intended to improve the accounting for acquired revenue contracts with customers in a business combination by addressing diversity in practice and inconsistency. The ASU is effective for fiscal years beginning after December 15, 2022, including interim periods within those years, with early adoption permitted. The amendments should be applied prospectively to business combinations occurring on or after the effective date of the amendments. We are currently evaluating the impact the standard will have on our Consolidated Financial Statements.

- (s) The Coronavirus Aid, Relief, and Economic Security (“CARES”) Act – The CARES Act was passed by Congress on March 27, 2020 to aid organization and individuals with the economic impacts of COVID-19. Cincinnati Children's received \$22,191 in relief funds from the Department of Health and Human Services in fiscal year 2022. No funds were received in fiscal year 2023. Relief funds are



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recorded as Other revenue in the Operating revenues, gains and other support section of the Consolidated Statements of Operations and Changes in Net Assets for the year ended June 30, 2022.

In addition to the distribution of relief funds, the CARES Act also included electable payroll tax credits and deferrals. Cincinnati Children's elected to delay payment of the employer portion of the Social Security payroll taxes on wages paid from March 27, 2020 through December 31, 2020 in the amount of \$45,656. Half of the total deferred amount was paid in December 2021 and the remaining portion was paid in December 2022. At June 30, 2023, no deferred payroll taxes are included in Accounts payable and accrued expenses on the Consolidated Balance Sheets. At June 30, 2022, deferred payroll taxes of \$22,828 are included in Accounts payable and accrued expenses on the Consolidated Balance Sheets.

#### (2) Liquidity and Availability –

Financial assets available for general expenditure within one year of the balance sheet date consist of the following:

	2023	2022
Amounts available for general expenditure		
Cash and cash equivalents	\$ 200,381	\$ 293,360
Marketable securities	1,298,639	1,259,210
Patient receivables, net	588,455	511,704
Other receivables	165,009	141,986
	2,252,484	2,206,260
Less: Board-designated assets	150,000	100,000
Financial assets available for general expenditure	\$ 2,102,484	\$ 2,106,260

Cincinnati Children's has cash and cash equivalents, marketable securities (more fully described in Note 4), patient receivables and certain other receivables which are liquid and available for general expenditure within one year in the normal course of operations. Accordingly, these assets have been included in the quantitative information above. During fiscal year 2021, the Board of Trustees designated \$100,000 plus interest and earnings from net assets without donor restrictions to be used to support Cincinnati Children's community pillar of the *Pursuing Our Potential Together* strategic plan. During fiscal year 2023, the Board of Trustees designated \$50,000 for employee benefit initiatives. Cincinnati Children's has other assets limited to use for professional liability, self-insurance health care and debt service, as well as perpetual endowments with donor restrictions. These assets limited to use, which are more fully described in Notes 4 and 6, are not available for general expenditure within the next year and are not reflected in the amounts above.

Cincinnati Children's has \$178,270 in outstanding obligations for which liquid funds must be available for payment in the event of a failed remarketing. Cincinnati Children's maintains certain balances in cash and investments and has access to a \$100,000 line of credit, as discussed in more detail in Note 9.

Additionally, Cincinnati Children's is required to maintain certain liquidity ratios as outlined in bond covenants. As of June 30, 2023 and 2022, Cincinnati Children's was in compliance with all such covenants.

Cincinnati Children's forecasts its future cash flows and monitors liquidity on an ongoing basis.

## Children's Hospital Medical Center and Affiliates

### Consolidated Financial Statements

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(3) Reconciliation of Cash, Cash Equivalents, and Restricted Cash –

The following table provides a reconciliation of cash, cash equivalents, and restricted cash reported within the Consolidated Balance Sheets that sum to the total of the same such amounts shown in the Consolidated Statement of Cash Flows for the fiscal years ending June 30, 2023 and 2022:

	<u>2023</u>	<u>2022</u>
Cash and cash equivalents	\$ 200,381	\$ 293,360
Restricted cash included in assets limited as to use	<u>9,578</u>	<u>8,986</u>
Total cash, cash equivalents, and restricted cash shown in the statement of cash flows	<u>\$ 209,959</u>	<u>\$ 302,346</u>

(4) Fair Value Measurements –

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

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

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

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

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

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The table below includes the major categorization for financial instruments on the basis of the nature and risk of the investments at June 30, 2023.

	Level 1	Level 2	Level 3	Total
<b>Marketable Securities:</b>				
U.S. Government and agency securities	\$ -	\$ 327,874	\$ -	\$ 327,874
Foreign bonds	-	42,895	-	42,895
Municipal bonds	-	19,131	-	19,131
Common stock	254,333	-	-	254,333
Corporate obligations	-	408,148	-	408,148
ETFs	76,600	-	-	76,600
Total marketable securities measured in the fair value hierarchy	330,933	798,048	-	1,128,981
Full discretion fixed income <sup>2</sup>	-	-	-	169,658
	330,933	798,048	-	1,298,639
<b>Assets Limited As To Use:</b>				
Money market mutual funds	9,753	-	-	9,753
Common stock	26,729	-	-	26,729
	36,482	-	-	36,482
<b>Deferred Compensation Plans (included in Other Receivables and Other Long-term Assets):</b>				
Common stock	8,933	-	-	8,933
Mutual funds:				
Money market	297	-	-	297
Equity	736	-	-	736
International equity	319	-	-	319
Bond	697	-	-	697
Lifecycle	4,877	-	-	4,877
Variable annuities	-	28	-	28
Guaranteed insurance contract	-	-	1,032	1,032
	15,859	28	1,032	16,919
<b>Derivative Investments (included in Other-Long-term Assets):</b>				
Interest rate swap agreement	-	5,603	-	5,603
Total investments at fair value	\$ 383,274	\$ 803,679	\$ 1,032	\$ 1,357,643

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

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The table below includes the major categorization for financial instruments on the basis of the nature and risk of the investments at June 30, 2022.

	Level 1	Level 2	Level 3	Total
<b>Marketable Securities:</b>				
U.S. Government and agency securities	\$ -	\$ 328,313	\$ -	\$ 328,313
Foreign bonds	-	53,936	-	53,936
Municipal bonds	-	16,595	-	16,595
Common stock	227,167	-	-	227,167
Corporate obligations	-	438,485	-	438,485
Bond mutual funds	24,782	-	-	24,782
Total marketable securities measured in the fair value hierarchy	251,949	837,329	-	1,089,278
Full discretion fixed income <sup>3</sup>	-	-	-	169,932
	251,949	837,329	-	1,259,210
<b>Assets Limited As To Use:</b>				
Money market mutual funds	9,144	-	-	9,144
Common stock	23,131	-	-	23,131
	32,275	-	-	32,275
<b>Deferred Compensation Plans (included in Other Receivables and Other Long-term Assets):</b>				
Common stock	7,779	-	-	7,779
Mutual funds:				
Money market	1,122	-	-	1,122
Equity	663	-	-	663
International equity	325	-	-	325
Bond	732	-	-	732
Lifecycle	3,773	-	-	3,773
Variable annuities	-	73	-	73
Guaranteed insurance contract	-	-	763	763
	14,394	73	763	15,230
<b>Derivative Investments (included in Other-Long-term Assets):</b>				
Interest rate swap agreement	-	4,421	-	4,421
Total investments at fair value	\$ 298,618	\$ 841,823	\$ 763	\$ 1,311,136

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.

The carrying amount and fair value of cash and cash equivalents, accounts receivable, and accounts payable approximate fair value.

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

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

**Children’s Hospital Medical Center and Affiliates**

**Consolidated Financial Statements**

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

Cincinnati Children’s interest rate swap agreement (Note 14) is a derivative instrument valued using the income approach, which uses market inputs to discount future cash flows to a single present amount based on market expectations.

Cincinnati Children’s investment in Full Discretion Fixed Income is an investment in a limited liability company whose investment objective is to invest in marketable and non-marketable securities with issue and industry diversification. As set forth in the LLC agreement, the LLC will dissolve on May 22, 2047, but may dissolve earlier under certain conditions. Any Investing Member may elect to withdraw, in whole or in part from the LLC if the Member notifies of intent to withdraw sixty calendar days in advance. The Full Discretion Fixed Income is measured at fair value using the net asset value per share practical expedient.

The guaranteed insurance contract is recorded based on discounted cash flows, which is an approximation of fair value, and is classified as Level 3 based on time restrictions for redemption.

Activity and transfers into and out of Level 3 and the reasons for those transfers are as follows:

<b><u>2023</u></b>	<b><u>Guaranteed Insurance Contracts</u></b>
Purchases	\$118
Issues	-
<b><u>2022</u></b>	<b><u>Guaranteed Insurance Contracts</u></b>
Purchases	\$ 335
Issues	-

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, 2023 and 2022, there were no material transfers in or out of Levels 1, 2 or 3.

**(5) 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 uncompensated care as services rendered to patients whose families’ annual income or net worth falls below certain minimum standards. As such, losses absorbed by Cincinnati Children’s in rendering services to patients who are covered under governmental programs which are designed to aid low-income families (primarily the Medicaid program) are considered uncompensated care.

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The following information summarizes uncompensated care provided during the years ended June 30, 2023 and 2022:

<b>CHARGES</b>	<b>2023</b>	<b>2022</b>
Charges under Medicaid and other entitlement programs	\$ 2,489,227	\$ 2,320,168
Charity care not eligible for Medicaid assistance, at established charges	21,928	23,405
Other uncollectible self-pay, at established charges	28,060	20,295
Total Medicaid, charity care and other uncollectible self-pay charges	<u>\$ 2,539,215</u>	<u>\$ 2,363,868</u>
<b>COSTS/LOSSES</b>		
Estimated costs to provide uncompensated care	\$ (1,101,844)	\$ (1,015,752)
Reimbursement from Medicaid programs	692,387	714,615
Losses on the provision of uncompensated care	(409,457)	(301,137)
Funds received from Hospital Care Assurance Program (HCAP) <sup>4</sup> and tax levy	55,751	34,068
Losses on provision of uncompensated care, net of HCAP and tax levy	<u>\$ (353,706)</u>	<u>\$ (267,069)</u>

The 2023 and 2022 cost amounts reflected in the tables above are calculated using cost to charge ratios calculated from preliminary cost reports because the current year cost report is not yet available. Management does not believe the use of preliminary data would have a material impact on the amounts calculated above.

### (6) Funds in Trust –

Cincinnati Children's has certain funds, which are invested and held in trust for various specified purposes. Funds are carried at fair value with unrealized gains and losses included in Net investment return in the accompanying Consolidated Statements of Operations and Changes in Net Assets. The amounts of such funds, at carrying value, and the specified purposes for which such funds may be used, are set forth below:

	<b>June 30,</b>	
	<b>2023</b>	<b>2022</b>
Self-insurance Funds-		
Professional liability	\$ 159	\$ 159
Employee health and workers' compensation	140	140
Bond interest and principal escrow funds	9,279	8,687
Endowment funds held in perpetual trust	26,904	23,289
	<u>\$ 36,482</u>	<u>\$ 32,275</u>

<sup>4</sup> The Hospital Care Assurance Program (HCAP) is a State of Ohio program created to financially assist hospitals that care for a disproportionate share of low-income patients who are unable to pay for their own care.

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(7) Property and Equipment –

Property and equipment consists of the following:

	June 30,	
	2023	2022
Land	\$ 45,663	\$ 42,208
Land improvements	37,826	38,135
Buildings and building improvements	2,033,672	2,009,554
Equipment	794,350	765,716
Construction in progress	247,228	87,544
	<u>3,158,739</u>	<u>2,943,157</u>
Accumulated depreciation	(1,602,190)	(1,510,549)
Property and equipment, net	<u>\$ 1,556,549</u>	<u>\$ 1,432,608</u>

(8) Professional Liability –

Cincinnati Children's insurance program includes a self-insured retention for losses arising out of healthcare professional liability claims. The current self-insured retention for asserted claims is \$10,000 (\$25,000 in aggregate). Cincinnati Children's regularly purchases excess healthcare professional liability insurance on a claims made basis at varying levels.

The actuarial present value of expected costs (including incurred, but not reported claims) for the healthcare professional liability program of \$31,020 and \$25,274 for 2023 and 2022, respectively, is accrued in the accompanying Consolidated Balance Sheets. Accrued healthcare professional liability losses are discounted at a rate of 4% at June 30, 2023 and 2022. The costs of Cincinnati Children'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. Accrued losses funding levels are actuarially determined based on management's estimation of potential outstanding loss liabilities, payout patterns, and various other assumptions, and then adjusted to reflect its best estimate of the present value of expected costs for the healthcare professional liability claims. Healthcare professional liability expense is \$13,964 and \$12,278 for fiscal years 2023 and 2022, respectively.

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### (9) Debt –

Debt at June 30, 2023 and 2022 is summarized as follows:

	<u>2023</u>	<u>2022</u>
Series 2018BB commercial paper, variable interest (5.07% to 5.08% at June 30, 2023), taxable	\$ 100,000	\$ 100,000
Bonds payable:		
Series 2014S, 3.0% to 5.0% due through 2034, net of unamortized premium of \$1,407 in 2023 and \$1,987 in 2022	75,932	85,546
Series 2014T, 4.268% due 2044, taxable	297,995	297,899
Series 2016X, 5.00%, due through 2032, net of unamortized premium of \$7,078 in 2023 and \$7,923 in 2022	58,367	59,164
Series 2016Y, 2.853% due 2026, taxable	99,730	99,644
Series 2018Z*, variable interest (3.7% at June 30, 2023), due through 2037	30,759	33,914
Series 2018AA*, variable interest (4.0% at June 30, 2023), due through 2037	47,511	52,387
Series 2019CC, 5.0% due through 2049, net of unamortized premium of \$55,494 in 2023 and \$57,927 in 2022	189,948	192,332
Series 2020DD, 2.82% due 2050, taxable	198,681	198,633
Total	<u>1,098,923</u>	<u>1,119,519</u>
Less:		
Current portion of bonds and notes payable	(9,059)	(9,125)
Commercial paper notes	(100,000)	(100,000)
Bonds payable subject to remarketing, net	(78,270)	(86,302)
Bonds payable and notes payable - long-term	<u>\$ 911,594</u>	<u>\$ 924,092</u>

\*Denotes variable rate bonds subject to remarketing agreements

- (a) Bonds Payable – Cincinnati Children's has pledged gross revenues to secure the payment of 2014S, 2014T, 2016X, 2016Y, 2018Z, 2018AA, 2019CC, and 2020DD bonds. Cincinnati Children's is bound by certain financial covenants included in the bond indentures, and related agreements, including a requirement to maintain a minimum Debt Service Coverage Ratio.

The 2018Z and 2018AA tax-exempt bonds are subject to mandatory tender purchase seven days after notice from bondholders and may be remarketed. If the bonds are not remarketed, Cincinnati Children's must repay the bonds. The 2018Z and 2018AA bonds are classified as Current liabilities in bonds payable subject to remarketing, net in the accompanying Consolidated Balance Sheets. The interest rates on the 2018Z and 2018AA variable rate bonds are reset weekly by a rate-setting agent.

During August 2022, Cincinnati Children's entered into a private placement bond forward refunding agreement with a bank whereby Cincinnati Children's will refund and retire the outstanding principal of its Series 2014S bonds of \$66,155 (expected balance on May 15, 2024) through the issuance of hospital facilities bonds through Hamilton County, Ohio at a fixed rate of 2.934%. The closing of the refunding is expected to occur on May 15, 2024.

- (b) Commercial Paper – The Series 2018BB taxable commercial paper was issued in the original aggregate principal amount of \$100,000 and outstanding at any one time in a principal amount not to exceed \$100,000. The notes shall mature no later than May 15, 2048. The commercial paper notes have a maximum maturity period of 270 days and are resold at maturity. In the event the notes have not been resold, Cincinnati Children's must repay the notes. The 2018BB commercial paper is classified as



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Current liabilities in the accompanying Consolidated Balance Sheets. The interest rates on the 2018BB commercial paper are reset with each remarketing by a rate-setting agent.

- (c) Future Debt Maturities – The following is a schedule of future debt maturities, excluding discounts/premiums and deferred issuance costs:

2024	\$ 187,745
2025	9,510
2026	9,750
2027	109,800
2028	9,950
Thereafter	714,085
	<u>\$ 1,040,840</u>

- (d) Line of Credit – Cincinnati Children's maintains an agreement for a line of credit of \$100,000. The line of credit agreement was amended in June 2021 to extend the maturity date to June 2024. The line of credit bears interest at the greater of the Daily Reset LIBOR Rate or 0.50%, plus 50 basis points. In the event LIBOR is no longer available, the line of credit bears interest at the daily SOFR rate, plus an adjustment spread. There were no draws on the line of credit during fiscal year 2023 or 2022.

(10) Employee Benefit Plans –

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

Cincinnati Children's investment strategy with respect to pension assets is designed to achieve a moderate level of overall portfolio risk in keeping with desired risk objective, which is established through careful consideration of plan liabilities, plan funded status and corporate financial condition. Cincinnati Children's adopted an Investment Policy that adjusts allocations between return-seeking assets and liability-hedging assets based on the funded status of the Plan and prevailing yields. As the funded ratio improves, allocations to liability-hedging assets increase accordingly.

Cincinnati Children's seeks to maintain diversified portfolios and has adopted allocation targets within the return-seeking and liability hedging portfolios as follows:

Return-Seeking Allocation:	Min - Target -Max
Global Equity	60% - 70% - 80%
Private Equity	5% - 10% - 15%
Private Real Estate	5% - 10% - 15%
Multi-Asset Credit	5% - 10% - 15%
Opportunity Allocation	0% - 0% - 10%
Liability-Hedging Allocation:	
Long Credit	50% - 75% - 100%
STRIPS (Long Duration Treasury Instruments)	0% - 25% - 50%

In order to maintain the portfolio's actual asset allocation in line with the target allocations specified above, rebalancing will occur periodically.

## Children's Hospital Medical Center and Affiliates

### Consolidated Financial Statements

For the Years Ended June 30, 2023 and 2022, respectively (dollars in thousands)

Cincinnati Children's defined benefit plan investment allocation at the actuarial measurement date of June 30, 2023 and 2022 by asset category is as follows:

	<b>2023</b>	<b>2022</b>
Cash and cash equivalents	1.1%	1.3%
Corporate bonds	13.5%	12.9%
Government bonds	2.0%	1.9%
Investment Partnerships:		
Equity	5.0%	5.3%
Real estate	2.6%	2.7%
Commingled Investment Funds		
Equity	12.5%	12.9%
Bond	44.6%	43.3%
Government	18.0%	19.0%
Real estate	0.7%	0.7%
	<b>100.0%</b>	<b>100.0%</b>

The fair values of Level 1 investments are based on quoted prices in active markets. The fair value for investments in fixed income securities, including U.S. government securities and corporate obligations, is based on a calculation using interest rate curves and credit spreads applied to the terms of the debt instrument (maturity and coupon interest rate) and considers the counterparty credit rating. Such items are classified as Level 2 in the fair value hierarchy. Investments in partnerships – U.S. equities and real estate – are valued using the net asset value reported by the managers of the funds and as supported by the unit prices of actual purchase and sale transactions. The investments in investment partnerships generally are associated with liquidation restrictions that may range from 91 days to the life of the fund (up to fifteen years) and may require redemption penalties. Commingled investment funds are private funds for institutional investors valued at net asset value. The commingled funds primarily invest in actively traded equity mutual funds, bond mutual funds, and US Treasury STRIPS with daily liquidity and no lockup period.

There were no transfers between levels in fiscal year 2023 or fiscal year 2022.

# Children's Hospital Medical Center and Affiliates

## Consolidated Financial Statements

For the Years Ended June 30, 2023 and 2022, respectively (dollars in thousands)

At June 30, 2023, 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 4 for further discussion on the fair value hierarchy and fair value principles):

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 13,767	\$ -	\$ -	\$ 13,767
Corporate bonds	-	172,710	-	172,710
Government bonds	-	25,666	-	25,666
Total assets in the fair value hierarchy	13,767	198,376	-	212,143
Investments measured at net asset value <sup>5</sup> :				
Investment Partnerships:				
Equity	-	-	-	64,121
Real estate	-	-	-	32,792
Commingled Investment Funds:				
Equity	-	-	-	160,126
Bond	-	-	-	570,384
Government	-	-	-	230,646
Real estate	-	-	-	9,438
Total assets at fair value	\$ 13,767	\$ 198,376	\$ -	\$ 1,279,650

At June 30, 2022, 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 4 for further discussion on the fair value hierarchy and fair value principles):

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 18,057	\$ -	\$ -	\$ 18,057
Corporate bonds	-	184,093	-	184,093
Government bonds	-	27,241	-	27,241
Total assets in the fair value hierarchy	18,057	211,334	-	229,391
Investments measured at net asset value <sup>6</sup> :				
Investment Partnerships:				
Equity	-	-	-	76,191
Real estate	-	-	-	38,100
Commingled Investment Funds:				
Equity	-	-	-	183,853
Bond	-	-	-	617,843
Government	-	-	-	270,194
Real estate	-	-	-	10,000
Total assets at fair value	\$ 18,057	\$ 211,334	\$ -	\$ 1,425,572

<sup>5</sup> Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Change in Plan Assets disclosure.

<sup>6</sup> Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Change in Plan Assets disclosure.

## Children's Hospital Medical Center and Affiliates

### Consolidated Financial Statements

For the Years Ended June 30, 2023 and 2022, respectively (dollars in thousands)

As of June 30, 2023, Cincinnati Children's has made \$93.9 million in funding commitments in nine investment partnerships of which \$76.6 million has been funded. Additionally, Cincinnati Children's has made \$72.5 million in funding commitments in nine real estate investment partnerships of which \$68.1 million has been funded. It is anticipated that these commitments will be funded from liquid investments of the plan.

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

	2023	2022
Discount rate used to determine actuarial present value of the projected benefit obligation	5.53%	5.06%
Assumed rate of increase in compensation levels	4.00%	3.50%
Long-term rate of return	6.00%	5.50%

The following table sets forth the funded status of the plan and amounts recognized in the accompanying Consolidated Balance Sheets as of June 30, 2023 and 2022, utilizing actuarial measurement dates as of June 30, 2023 and 2022.

	2023	2022
Change in projected benefit obligation:		
Projected benefit obligation at beginning of year	\$ 1,144,529	\$ 1,583,947
Service cost	48,122	74,571
Interest cost	56,318	50,560
Other actuarial gain	(12,082)	(450,685)
Benefits paid	(21,249)	(113,864)
Settlements	(121,986)	-
Projected benefit obligation at end of year	\$ 1,093,652	\$ 1,144,529
Change in plan assets:		
Fair value of plan assets at beginning of year	\$ 1,425,572	\$ 1,755,656
Actual loss on plan assets	(2,687)	(291,220)
Employer contributions	-	75,000
Benefits paid	(21,249)	(113,864)
Settlements	(121,986)	-
Fair value of plan assets at end of year	1,279,650	1,425,572
Funded status	185,998	281,043
Net accrued pension benefit asset in Consolidated Balance Sheets	\$ 185,998	\$ 281,043

For the Retirement Plan, the overall actuarial gain in plan obligation of approximately \$12 million is primarily attributable to an increase in the discount rate between June 30, 2022 and June 30, 2023. The discount rate increase of 47 basis points resulted in a decrease in benefit obligation of approximately \$92 million. This is offset by other actuarial losses, including an approximately \$48 million loss on lump sum benefits paid compared to benefit obligation released.

## Children's Hospital Medical Center and Affiliates

### Consolidated Financial Statements

For the Years Ended June 30, 2023 and 2022, respectively (dollars in thousands)

Pension benefit payments for the period July 1, 2022 to June 30, 2023 exceeded the threshold for which settlement accounting is required. As such, Cincinnati Children's recorded a charge representing accelerated recognition of certain net losses. The settlement cost of \$28,468 is recorded in net benefit gain other than service cost on the Consolidated Statements of Operations and Changes in Net Assets.

In 2023 and 2022, the mortality tables utilized by actuaries to value the pension liability were updated based on current experience. The impact of the change in mortality assumptions is included in other actuarial (gain) loss in fiscal years 2023 and 2022.

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

	2023	2022
Net actuarial loss	\$ 273,242	\$ 223,244
Net prior service credit	(53,539)	(65,290)
	<u>\$ 219,703</u>	<u>\$ 157,954</u>

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

	2023	2022
Discount rate used to determine benefit costs		
July – March	5.06%	3.27%
April – June	5.38%	3.27%
Assumed rate of increase in compensation levels	4.00%	3.50%
Expected long-term rate of return on plan assets	5.50%	5.50%

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 2023 and 2022 related to the defined benefit plan consisted of the following components:

	2023	2022
Service cost	\$ 48,122	\$ 74,571
Interest cost	56,318	50,560
Expected return on plan assets	(87,860)	(91,509)
Amortization of prior service credit	(11,751)	(11,751)
Recognized net actuarial loss	-	26,048
Net periodic pension cost	<u>\$ 4,829</u>	<u>\$ 47,919</u>

Based on preliminary estimates, we do not expect any required fiscal year 2023 contributions for the qualified defined benefit plan under the current funding regulations.

The accumulated benefit obligation for the pension plan was \$1,042,259 and \$1,099,257 at June 30, 2023 and 2022, respectively.

## Children's Hospital Medical Center and Affiliates

### Consolidated Financial Statements

For the Years Ended June 30, 2023 and 2022, respectively (dollars in thousands)

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:

2024	\$ 74,115
2025	73,807
2026	75,353
2027	76,218
2028	77,004
2029-2033	406,776

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, net of forfeitures, related to these other plans was approximately \$32,236 and \$29,650 in fiscal years 2023 and 2022, respectively.

Cincinnati Children's provides individual nonqualified deferred compensation benefits to key employees with varying terms. Accounts are participant-directed, and the amounts are at a substantial risk of forfeiture and revert back to the Cincinnati Children's if the employee does not meet certain criteria as established by the plan. The amount of deferred compensation income and expense resulting from changes in market value of underlying investments are recognized in fiscal years 2023 and 2022 was \$538 and \$(1,087), respectively. The current portion of plan accounts are included in Other receivables with a corresponding liability in Accounts payable and accrued expenses on the Consolidated Balance Sheets. The long-term portion of plan accounts are included in Other long-term assets with a corresponding liability in Other long-term liabilities on the Consolidated Balance Sheets.

The following table displays the nonqualified deferred compensation plans assets and liabilities as of June 30, 2023 and 2022:

	2023	2022
Current portion	\$ 1,009	\$ 919
Long-term portion	15,910	14,311
Total assets and liabilities	<u>\$ 16,919</u>	<u>\$ 15,230</u>

#### (11) Commitments and Contingencies –

- (a) Litigation – Cincinnati Children's is engaged from time to time in a variety of litigation and regulatory compliance matters in addition to professional and general liability matters. Management assesses the probable outcome of unresolved litigation and records estimated reserves consistent with ASC No. 450, "Contingencies." After consultation with legal counsel, management believes that all such currently existing matters will be resolved without material adverse impact to the consolidated financial position or results of operations of Cincinnati Children's.
- (b) Laws and Regulations – The healthcare industry is subject to numerous laws and regulations of federal, state and local governments. These laws and regulations guide the healthcare industry in many domains such as licensure, accreditation, government healthcare program participation requirements, reimbursement for patient service, and Medicare and Medicaid fraud and abuse to name a few. Compliance with these laws and regulations, specifically those relating to the Medicare and Medicaid programs, is complex and can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at this time. Management believes that 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

# Children's Hospital Medical Center and Affiliates

## Consolidated Financial Statements

For the Years Ended June 30, 2023 and 2022, respectively (dollars in thousands)

issues and believes these reserves are adequate to cover any potential repayment of previously billed and collected revenue from patient service.

- (c) Capital Commitments – Cincinnati Children's has entered into agreements with general contractors for several new construction projects, renovations, equipment, and information system technology projects. Approximately \$785.8 million has been spent through June 30, 2023 and approximately \$400.1 million is expected to be spent in connection with current active projects. The commitments have expected completion dates ranging from fiscal year 2023 through fiscal year 2026.
- (d) Funding Commitments – The Board of Trustees of Cincinnati Children's approved revocable commitments for up to \$20,000 in non-recourse loans to Uptown Consortium Inc. Cincinnati Children's has provided \$17,867 of funding in relation to these commitments through June 30, 2023. Management does not anticipate any additional funding. These funds are used to invest in commercial and residential projects in the uptown area. During fiscal year 2023, none of the loans were repaid. Cincinnati Children's expects to receive an additional \$4,328 related to the loans which is recorded to Other long-term assets.
- (e) Investment Commitments – Cincinnati Children's has made commitments to invest \$30,000 in six 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, advanced manufacturing, and healthcare. Cincinnati Children's has made commitments to invest \$17,402 in eleven limited liability companies that focus on investing in early-stage venture capital funds regionally and nationally with the goals of making the Cincinnati region the place for entrepreneurs and investors to launch new ideas and driving capital into scalable technology companies in southwest Ohio. Investment values are included in Other assets in the Consolidated Balance Sheets. Cincinnati Children's occasionally receives distributions from these investments which reduce investment values.

The following displays the amounts funded and investment values at June 30, 2023 and 2022:

	2023	Funded	Value
Investment in Limited Partnerships		\$ 23,499	\$ 10,882
Investments in Limited Liability Corporations		13,507	19,210
Total		<u>\$ 37,006</u>	<u>\$ 30,092</u>
	2022	Funded	Value
Investment in Limited Partnerships		\$ 21,099	\$ 10,041
Investments in Limited Liability Corporations		10,558	19,664
Total		<u>\$ 31,657</u>	<u>\$ 29,705</u>

## (12) Leases –

Cincinnati Children's leases certain property and equipment. Cincinnati Children's determines if an arrangement is a lease at inception of a contract.

# Children's Hospital Medical Center and Affiliates

## Consolidated Financial Statements

For the Years Ended June 30, 2023 and 2022, respectively (dollars in thousands)

The following table presents expenses recorded related to lease arrangements for the years ended June 30, 2023 and 2022:

	<b>2023</b>	<b>2022</b>
Operating lease expense	\$ 3,532	\$ 3,588
Finance leases:		
Amortization of right-of-use assets	7,431	7,116
Interest on finance lease obligations	1,890	1,856
Short-term and variable lease expense	5,153	5,061
Total lease expense	<u>\$ 18,006</u>	<u>\$ 17,621</u>

Other information related to leases for the years ended June 30, 2023 and 2022 is as follows:

### Supplemental cash flow information

Cash paid for amounts included in the measurement of lease liabilities:

	<b>2023</b>	<b>2022</b>
Operating cash flows from operating leases	\$ 2,847	\$ 2,736
Financing cash flows from finance leases	6,772	6,228

### Weighted average remaining lease term (in years)

	<b>2023</b>	<b>2022</b>
Operating leases	7.1	7.6
Finance leases	8.3	9.7

### Weighted average discount rate

	<b>2023</b>	<b>2022</b>
Operating leases	3.52%	3.25%
Finance leases	3.61%	3.27%

The aggregate future lease payments for operating and finance leases as of June 30, 2023 are as follows:

	<b>Operating</b>	<b>Finance</b>
2024	\$ 3,499	\$ 8,698
2025	3,344	8,698
2026	2,365	8,196
2027	1,757	7,107
2028	1,709	6,053
Thereafter	6,021	25,154
Total lease payments	<u>18,695</u>	<u>63,906</u>
<u>Present values:</u>		
Current lease liabilities	2,969	6,828
Long-term lease liabilities	13,439	48,275
Total lease liabilities	<u>16,408</u>	<u>55,103</u>
Difference between undiscounted cash flows and discounted cash flows	<u>\$ 2,287</u>	<u>\$ 8,803</u>



## Children's Hospital Medical Center and Affiliates

### Consolidated Financial Statements

For the Years Ended June 30, 2023 and 2022, respectively (dollars in thousands)

- (13) Functional Expenses – The cost of providing Cincinnati Children's services are summarized on a functional basis in the following tables. Accordingly, certain costs have been allocated among functions. Such allocations are determined by management on an equitable basis. The expenses that are allocated include the following:

<u>Expense</u>	<u>Method of Allocation</u>
Employee benefits	Full Time Equivalent
Depreciation	Square footage
Utilities	Square footage

The following presents expenses by both their nature and function for the year ended June 30, 2023:

	<u>Clinical</u>	<u>Research</u>	<u>Education</u>	<u>Fundraising</u>	<u>Management and General</u>	<u>TOTAL</u>
Salaries	\$ 981,042	\$ 211,292	\$ 63,169	\$ 4,380	\$ 250,782	\$ 1,510,665
Employee benefits	200,122	66,617	16,245	1,090	104,422	388,496
Supplies, drugs and other	433,579	42,851	4,116	525	88,949	570,020
Purchased services	122,956	57,022	3,054	753	155,750	339,535
Depreciation	83,249	32,404	86	373	33,655	149,767
Utilities	12,015	4,677	12	54	4,857	21,615
Interest	-	-	-	-	32,531	32,531
	<u>\$ 1,832,963</u>	<u>\$ 414,863</u>	<u>\$ 86,682</u>	<u>\$ 7,175</u>	<u>\$ 670,946</u>	<u>\$ 3,012,629</u>

The following presents expenses by both their nature and function for the year ended June 30, 2022:

	<u>Clinical</u>	<u>Research</u>	<u>Education</u>	<u>Fundraising</u>	<u>Management and General</u>	<u>TOTAL</u>
Salaries	\$ 898,559	\$ 196,539	\$ 62,454	\$ 4,215	\$ 212,320	\$ 1,374,087
Employee benefits	214,293	48,365	17,114	1,116	91,149	372,037
Supplies, drugs and other	402,177	39,650	3,269	491	79,961	525,548
Purchased services	90,525	49,585	2,441	917	144,253	287,721
Depreciation	92,100	29,284	152	303	29,890	151,729
Utilities	12,188	3,875	20	40	3,956	20,079
Interest	-	-	-	-	30,926	30,926
	<u>\$ 1,709,842</u>	<u>\$ 367,298</u>	<u>\$ 85,450</u>	<u>\$ 7,082</u>	<u>\$ 592,455</u>	<u>\$ 2,762,127</u>

- (14) Interest Rate Swap Agreement –

In August 2019, Cincinnati Children's entered into a 10-year interest rate swap agreement in which Cincinnati Children's and the counterparty agree to exchange the difference between fixed rate and variable rate interest amounts calculated by reference to specified notational principal amounts during the agreement period. The objective is to manage interest rate risk associated with the variable rate 2018Z and 2018AA bonds. Parties to interest rate swap agreements are subject to market risk for changes in interest rates and risk of credit loss in the event of nonperformance by the counterparty.

## Children's Hospital Medical Center and Affiliates

### Consolidated Financial Statements

For the Years Ended June 30, 2023 and 2022, respectively (dollars in thousands)

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The following table summarizes the general terms of Cincinnati Children's fixed payment swap agreement as of June 30, 2023:

<u>Effective</u>	<u>Expiration</u>	<u>Counterparty</u>	<u>Interest Rate Paid</u>	<u>Interest Rate Received</u>	<u>Notational Amount</u>
August 2019	August 2029	Fifth Third Bank	1.38%	USD-SIFMA Municipal Swap Index, 4.01% at June 30 <sup>th</sup>	\$ 78,685,000

As of June 30, 2023 and 2022 the swap fair value of \$5,603 and \$4,421 was recorded in Other long-term assets in the accompanying Consolidated Balance Sheets, respectively.

(15) Subsequent Events –

Management reviewed subsequent events through September 29, 2023, the date the Consolidated Financial Statements were issued, noting no changes are required to the Consolidated Financial Statements or footnotes.

Children's Hospital Medical Center and Affiliates  
Supplementary Schedule of Expenditure of Federal Awards  
For the Year Ended June 30, 2023

Gov Agency	Division	Gov Branch	Award Title	Pass-Through Grantor	Subrecipient Name	Identifying Number	Federal Grant Number	ALN	Sub Exp	Fed Exp	Total Exp
Department of Defense	DOD	Military Medical Research and Development	A Phase II Trial on the Effect	University of Utah		10025577-03	W81XWH1210487	12.420	\$ -	85,541	\$ 85,541
	DOD	Military Medical Research and Development	The Neurofibromatosis Clinical	University of Alabama-Birmingham		000516840-SC004	W81XWH1720037	12.420	-	10,502	10,502
	DOD	Military Medical Research and Development	Immune-Schwann cell signaling				W81XWH2010116	12.420	-	10,326	10,326
	DOD	Military Medical Research and Development	Inflammatory vigor in heteroge				W81XWH2010393	12.420	-	200,135	200,135
	DOD	Military Medical Research and Development	Rational Targeting Oncogenic K	University of Wisconsin-Madison		0000000812	W81XWH2010616	12.420	-	198,774	198,774
	DOD	Military Medical Research and Development	Surviving and Thriving in the				W81XMH1810677	12.RD	-	22,184	22,184
	DOD	Military Medical Research and Development	Multicenter Randomized Trial of Ever	Children's Hospital Boston		RYAN Children's Boston	W81XWH1710532	12.RD	-	6,215	6,215
	DOD	Military Medical Research and Development	Preemptive Rituximab to Preven	Duke University		N006814101	W81XWH1810577	12.RD	-	308	308
	DOD	Military Medical Research and Development	Preemptive Rituximab to Preven	University of Minnesota		N006814103	W81XWH1810577	12.RD	-	1,089	1,089
	DOD	Military Medical Research and Development	Novel Neuroimaging Assessments				W81XWH1810615	12.RD	-	42,411	42,411
	DOD	Military Medical Research and Development	Single cell analyses of NF1 pl				W81XWH1910816	12.RD	-	52,364	52,364
	DOD	Military Medical Research and Development	Antioxidant Therapy with N-Ace				W81XWH2010139	12.RD	-	331,141	331,141
	DOD	Military Medical Research and Development	Merlin-ASPP2 Tumor Suppressor				W81XWH2010377	12.RD	-	198,178	198,178
	DOD	Military Medical Research and Development	Inflammatory vigor in heteroge				W81XWH2010392	12.RD	-	632,906	632,906
	DOD	Military Medical Research and Development	Mitochondrial ALR protein defi				W81XWH2010477	12.RD	59,635	663,045	722,680
	DOD	Military Medical Research and Development	The role of mitochondria in bo	University of Cincinnati	Albert Einstein College of Medicine		W81XWH2010689	12.RD	1,050	159,057	160,107
	DOD	Military Medical Research and Development	Harnessing Artificial Intelligence for	Henry M. Jackson Foundation		fd1023994	W81XWH20C0031	12.RD	-	18,739	18,739
	DOD	Military Medical Research and Development	Role of endoplasmic reticulum				W81XWH2110907	12.RD	-	235,885	235,885
	DOD	Military Medical Research and Development	CHIPS (Chilled Platelet Study)	University of Pittsburgh		FY2022-18477-SVC	W81XWH2190014	12.RD	-	157,520	157,520
	DOD	Military Medical Research and Development	Regulating Together: Randomize		University of Alabama		W81XWH2210168	12.RD	6,907	527,174	534,081
	DOD	Military Medical Research and Development	Regulation of Translation by N				W81XWH2210196	12.RD	-	40,750	40,750
	DOD	Military Medical Research and Development	Trial of Indication-based Tran	Children's Hospital Boston	Children's Hospital Bosto		W81XWH2210301	12.RD	-	10,465	10,465
	DOD	Military Medical Research and Development	Defects in the transition from				W81XWH2210410	12.RD	-	173,132	173,132
	DOD	Military Medical Research and Development	Is There a Point of Convergen				W81XWH2210533	12.RD	-	184,249	184,249
	DOD	Military Medical Research and Development	Establishing Network Connecti				W81XWH2210633	12.RD	-	163,298	163,298
	DOD	Military Medical Research and Development	Human and mouse models of DDX4				W81XWH2210805	12.RD	-	55,602	55,602
	DOD	Military Medical Research and Development	Delayed outcome mechanisms in				W81XWH2211075	12.RD	-	297,477	297,477
Department of Defense Total									67,592	4,478,467	4,546,059
Department of Education	DOE	Education Research, Development and Dissem	Longitudinal Evaluation of Stu				R305A200028	84,305	-	337,121	337,121
	DOE	Research in Special Education	Teaching Academic Success Skil				R324A180053	84,324	-	280,104	280,104
	Department of Education Total									617,225	617,225
Department of Justice	DOJ	Crime Victim Assistance	VOCA Mayerson 2022				2022-VOCA-134716904	16,575	-	77,772	77,772
	DOJ	Crime Victim Assistance	SVAA Little Fork Equipment 202				2023-SVAA-135186663	16,575	-	18,107	18,107
	DOJ	Crime Victim Assistance	VOCA Mayerson 2023				2023-VOCA-135104917	16,575	-	172,547	172,547
	DOJ	Edward Byrne Memorial Justice Assistance Gra	BJA Police Response Training f	The Arc of The United States INC	BJA Police Response Rid		BJA Police Response	16,738	-	42,776	42,776
	Department of Justice Total									311,202	311,202
National Science Foundation	NSF	Biological Sciences	Modeling the Mechanisms that define		University of Cincinnati		2114950	47,074	55,719	246,818	302,537
	NSF	Engineering Grants	Collaborative Research: Unders				2140441	47,041	-	48,473	48,473
	National Science Foundation Total									55,719	295,291
Dept of Health and Human Serv	ACF	Personal Responsibility Education Program	Evaluation of Using the Connec	Texas A & M		M2200564	90AP2702	93,092	-	249,746	249,746
	ACL	Developmental Disabilities Basic Support and	Empowering Families	Ohio Coalition for the Education of Chil		Riddle_OCECD		93,630	-	15,956	15,956
	ACL	Developmental Disabilities Basic Support and	Accommodations and Adaptations	Florida Develop Disabl Council, Inc		FDCC #5045EM21		93,630	-	54,174	54,174
	ACL	Developmental Disabilities Basic Support and	Project SEARCH 15th Annual Con	Maryland Developmental Disabilities Coun		22-ES-02		93,630	-	1,000	1,000
	ACL	Strengthening Public Health Systems and Serv	Setting Families on a Positive		Nationwide Childrens Hospital		901FRE0055	93,433	29,472	137,306	189,938
					Xavier University				23,160	-	-
	ACL	University Centers for Excellence in Developm	Expanding Disabilities Network	University of Cincinnati		013610-00002	90DDC50047	93,632	-	9,281	9,281
	ACL	University Centers for Excellence in Developm	AUCD SCOPE renewal 2019 U of W	University of Wyoming		1004506-CHMC	90DDTI0042	93,632	-	31,005	31,005
	ACL	University Centers for Excellence in Developm	Univ of Cincinnati Univ Centers for Ex	University of Cincinnati		90DDUC0013-01-00	90DDUC0013	93,632	-	57,601	57,601
	ACL	University Centers for Excellence in Developm	University Centers for Excell	University of Cincinnati		014723-00002	90DDUC0111	93,632	-	476,533	476,533
	ACL	Developmental Disabilities Projects of National	National Center for Disability				90DNHC0001	93,631	-	61,163	445,876
					AADMD				195,107	-	-
					Autistic Self Advocacy Network Inc				12,500	-	-
					Family Voices Inc				12,500	-	-
					Kennedy Krieger Institute, Inc.				37,258	-	-
					Rutgers, The State University				40,204	-	-
					University of Kentucky Research Fnd				76,337	-	-
					Vanderbilt University Medical Center				10,787	-	-
	ACL	Strengthening Public Health Systems and Serv	Parents Empowering Parents: Na	Brandeis University		404244	90DPCP0012	93,433	-	29,859	29,859
	ACL	Strengthening Public Health Systems and Serv	Accessible Pregnancy Action Pl	Brandeis University		404234	90DPHF0011	93,433	-	29,662	29,662
	ACL	Strengthening Public Health Systems and Serv	Enhancing Parenting Skills: Applicatio	University of Oregon		239530A	90DPHF003-01-00	93,433	-	71,780	71,780
	ACL	Strengthening Public Health Systems and Serv	Impacts of Internalized, Inter				901FRE0062	93,433	-	51,974	51,974
	ACL	Developmental Disabilities Projects of National	Significance				90NCDE0001	93,631	-	70,387	70,387
					Autistic Self Advocacy Network Inc				18,750	-	-
					Kennedy Krieger Institute, Inc.				51,637	-	-
	ACL	University Centers for Excellence in Developm	Expanding the Public Health Wo	University of Cincinnati		014340-00002	90UCPH0030	93,632	-	20,201	20,201
	AHRQ	Research on Healthcare Costs, Quality and Ou	The Patient and Parent Perspec				K08HS026763	93,226	-	160,371	160,371
	AHRQ	Research on Healthcare Costs, Quality and Ou	AHRQ Mentored Clinical Scienti				K08HS026975	93,226	-	176,846	176,846
	AHRQ	National Research Service Awards Health Ser	PEDSnet Scholars: Training	Children's Hospital of Philadelphia		3201350921 PO 2026916	K12HS026393	93,225	-	244,318	244,318
	AHRQ	Research on Healthcare Costs, Quality and Ou	Diagnosis and management of pe	Children's Hospital Los Angeles		000013257-E	R01HS027619	93,226	-	59,296	59,296
	AHRQ	Research on Healthcare Costs, Quality and Ou	Achieving Pediatric Health Equ				R01HS027996	93,226	-	468,513	468,513
	AHRQ	Research on Healthcare Costs, Quality and Ou	Examining the impact of health				R01HS028589	93,226	-	226,835	226,835
	AHRQ	Research on Healthcare Costs, Quality and Ou	Developing and Validating an A				R01HS028976	93,226	11,031	338,602	349,633
	AHRQ	Research on Healthcare Costs, Quality and Ou	Comparing Family Decision Maki				R01HS029152	93,226	-	215,719	215,719
	AHRQ	Research on Healthcare Costs, Quality and Ou	CHASM: Children Hospitalizatio				R03HS028102	93,226	7,500	16,623	24,123
	AHRQ	Research on Healthcare Costs, Quality and Ou	Ambulatory Pediatric Safety Le	Children's Hospital Boston			R18HS026644B	93,226	-	86,568	86,568
	AHRQ	Research on Healthcare Costs, Quality and Ou	Spread of Safety Interventions	Children's Hospital Boston			R18HS027401A	93,226	-	146,286	146,286
	AHRQ	Research on Healthcare Costs, Quality and Ou	Re-engineering Patient and Fam	Children's Hospital Boston			R18HS029346	93,226	-	16,197	16,197
	CDC	Disabilities Prevention	Improving the Health of People	Ohio State University			NU27DD000032	93,184	-	44,559	44,559
	CDC	Cooperative Agreements to Support State-Bas	OPQC: Addressing gaps and equi	The Ohio State University			NU58DP007264	93,946	6,992	103,263	110,255
	CDC	Health Program for Toxic Substances and Dise	Pediatric Environmental Health			17852-00	NU61TS000296	93,161	-	50,397	50,397
	CDC	Research and Training in Complementary and	Dissecting Neural Mechanisms S	Univ of Illinois @ Chicago			R01AT010171	93,213	-	592,534	592,534
	CDC	Occupational Safety and Health Program	Enhanced injury surveillance u				R01OH011996	93,262	-	625,448	625,448
	CDC	Occupational Safety and Health Program	Defining the Role and Occupati				R21OH012679	93,262	-	50,762	50,762

CDC	Injury Prevention and Control Research and St	Evaluation of Return to School	University of Oregon	282080C	U01CE003163	93.136	-	33,005	33,005
CDC	Rare Disorders: Research, Surveillance, Health	Woodward CDC NSBPR Registry 20			U01DD001279	93.315	-	82,683	82,683
CDC	Centers for Disease Control and Prevention	Improving Pediatric Lupus Care	University of Utah	10064135-04-CCHMC	U01DP006702	93.068	-	12,849	12,849
CDC	Training and Clinical Skills Improvement Projec	US Enhanced Surveillance Netwo			U01IP001155	93.185	-	1,358,334	1,358,334
CDC	Birth Defects and Developmental Disabilities	COVID-19 US Enhanced Surveillance			COVID-19 U01IP001155	93.185	-	356,612	356,612
CDC	Blood Disorder Program: Prevention, Surveillan	Beyond EHDl Benchmarks in Earl	University of South Carolina	19-37777	U19DD001218	93.073	-	17,076	17,076
DHHS/OS	Community Programs to Improve Minority Hea	Community Counts: Public Healt	Hemophilia Foundation of Michiga	CDC 433 20-21	U27DD001155	93.080	-	16,027	16,027
DHHS/OS	National Bioterrorism Hospital Preparedness P	Sickle Cell Clinical Data Plat	American Society of Hematology	ASH Lannon,C	1 SPIMP201190-01-00	93.137	-	153,473	153,473
FDA	Food and Drug Administration Research	Ohio Department of Health - Ebola	Ohio Department of Health (ODH)	50284	U3REP190583-03-01	93.889	-	34,157	34,157
FDA	Food and Drug Administration Research	Safety and Efficacy of Inhaled Tissue	University of Michigan	R01FD005393	R01FD005393	93.103	-	4,071	4,071
FDA	Food and Drug Administration Research	Quercetin Chemoprevention for			R01FD006353	93.103	29,857	413,343	443,200
FDA	Food and Drug Administration Research	Abatacept for the treatment of			R01FD007267	93.103	27,236	298,385	345,276
					Duke University		7,500	-	-
					Mayo Clinic Rochester		12,155	-	-
					University of California		30,249	524,926	701,708
FDA	Food and Drug Administration Research	Sirolimus TSC Epilepsy Prevent			Children's Hospital Boston	R01FD007275	93.103	53,643	-
					Stanford University..		40,109	-	-
					University of Alabama at Birmingham		27,778	-	-
					University of California		13,699	-	-
					University of North Carolina-Chapel Hill		11,304	-	-
					University of Texas Science Center				
FDA	Food and Drug Administration Research	Retrospective Autoimmune PAP N			R01FD007604	93.103	-	73,031	73,031
FDA	Food and Drug Administration Research	Annual Meeting of the Developm			R13FD004852	93.103	-	4,040	4,040
FDA	Food and Drug Administration Research	I-ACT for Children, Global Pediatric C	Inst For Adv Clin Trials For Childre	CCHMC-FDA-05-2021	U18FD006297	93.103	-	5,271	5,271
HRSA	Grants for Training in Primary Care Medicine a	Dental Faculty Loan Repayment Prog			D87HP31252	93.884	-	200,185	200,185
HRSA	Maternal and Child Health Federal Consolidate	Region V East Comprehensive Care	Hemophilia Foundation of Michiga	H30MC24047	H30MC24047	93.110	-	22,677	22,677
HRSA	Healthy Start Initiative	HRSA Cradle Cincinnati			H49MC27823	93.926	9,000	1,102,255	1,454,695
					Blaq Birth Circle		343,440	-	-
					University of Cincinnati				
HRSA	Affordable Care Act (ACA) □Family to Family H	Ohio Family to Family Health I			H84MC28443	93.504	-	93,947	93,947
HRSA	Maternal and Child Health Federal Consolidate	Severe Combined Immunodeficien	University of California, San Franc	13048sc	SC1MC31881	93.110	-	3,688	3,688
HRSA	Maternal and Child Health Federal Consolidate	Leadership Education in Neurod	University of Cincinnati	013719-0003	T73MC00032-30-W	93.110	-	670,749	670,749
HRSA	Emergency Medical Services for Children	Pediatric Emergency Care Appli			U03MC22684	93.127	373,981	402,775	1,015,669
					Medical College of Wisconsin		238,913	-	-
HRSA	Maternal and Child Health Federal Consolidate	HRSA Central Region Thalassemi	Ann & Robert H Lurie Children's H	901639-CCHMC	U1AMC41738	93.110	-	18,895	18,895
HRSA	Sickle Cell Treatment Demonstration Program	Sickle Treatment and Outcomes			U1E27863	93.365	40,316	523,083	829,102
					Children's Hosp & Clinics of Minnesota		53,762	-	-
					Five Rivers Health Centers		62,308	-	-
					Indiana Hemophilia & Thrombosis Ctr, Inc		30,139	-	-
					Medical College of Wisconsin		20,684	-	-
					Medical College of Wisconsin		10,000	-	-
					Sanford Research		46,895	-	-
					Sickle Cell Disease Assoc		41,915	-	-
					University of Illinois at Chicago				
HRSA	Maternal and Child Health Federal Consolidate	Center for Pediatric Everyday	University Hospital of Cleveland	DHHS HRSA-21-104 Reg	U1IMC43532	93.110	-	44,512	44,512
HRSA	Maternal and Child Health Federal Consolidate	Ohio Department of Health (ODH	Ohio State University	6 U7AMC337160101	U7AMC337160101	93.110	46,015	50,016	96,031
HRSA	Maternal and Child Health Federal Consolidate	Identifying Patient Level Fact	University of Colorado Denver	FY22.609.011	U8AMC31101	93.110	-	10,661	10,661
HRSA	Maternal and Child Health Federal Consolidate	Newborn Screening Systems Qual	Association of Public Health Labor	56300-600-158-22-24	UG8MC31893	93.110	9,930	34,723	44,653
HRSA	Autism Collaboration, Accountability, Research	DBPNet ADHD Node	Children's Hospital of Philadelphia	GRT-00001441	UT5MC24232-01-00	93.877	-	9,946	9,946
NIH	International Research and Research Training	Wits-UNC Partnership: Expandin	Children's Hospital of North Carolina	5123999	D43TW009774	93.989	-	50,437	50,437
NIH	International Research and Research Training	Reducing the Impact of Rheumat	Makerere Institute of Social Resea	MakCHS06042022	D43TW012255	93.989	-	44,384	44,384
NIH	Allergy, Immunology and Transplantation Rese	Immunological identity redefined by			DP1A1131080	93.855	-	1,428,445	1,428,445
NIH	Trans-NIH Research Support	Engineering multi-organs in a			DP2DK128799	93.310	-	181,658	181,658
NIH	Allergy, Immunology and Transplantation Rese	Silencer Control of T cell Hom			F30AI157421	93.855	-	35,591	35,591
NIH	Allergy, Immunology and Transplantation Rese	Single cell analysis of allore			F30AI167482	93.855	-	19,668	19,668
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Identification of the genetic			F30DK123841	93.847	-	55,770	55,770
NIH	Lung Diseases Research	CD8+ tissue-resident immunity			F30HL165594	93.838	-	23,054	23,054
NIH	Mental Health Research Grants	Contributions of the striatal			F30MH123056	93.242	-	3,866	3,866
NIH	Allergy, Immunology and Transplantation Rese	Adipose Tissue Inflammation in			F31AI169757	93.855	-	16,354	16,354
NIH	Oral Diseases and Disorders Research	Role of the Ciliary Protein C2			F31DE030664	93.121	-	35,409	35,409
NIH	Oral Diseases and Disorders Research	Developmental roles of Nr2f1 a			F31DE032261	93.121	-	37,328	37,328
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Global Lipidomics Analysis Tec			F31DK131885	93.847	-	27,874	27,874
NIH	Child Health and Human Development Extramu	SMPD4: Role of a microcephaly			F31HD104350	93.865	-	76,100	76,100
NIH	Cardiovascular Diseases Research	Prox1 and oscillatory shear st			F31HL150935	93.837	-	25,799	25,799
NIH	Cardiovascular Diseases Research	Nr2f1a promotes atrial mainten			F31HL152600	93.837	-	31,388	31,388
NIH	Lung Diseases Research	The role of transcription fact			F31HL162470	93.838	-	55,182	55,182
NIH	Lung Diseases Research	Mucosal Associated Invariant T			F31HL167596	93.838	-	13,277	13,277
NIH	Mental Health Research Grants	Predicting Psychiatric Readmis			F31MH132265	93.242	-	21,867	21,867
NIH	Extramural Research Programs in the Neurosci	The Role of Raptor in Temporal			F31NS115525	93.853	-	4,409	4,409
NIH	Extramural Research Programs in the Neurosci	Role of dentate granule cell g			F31NS122484	93.853	-	606	606
NIH	Extramural Research Programs in the Neurosci	The role of macrophages in neo			F31NS122484	93.853	-	4,196	4,196
NIH	Allergy, Immunology and Transplantation Rese	Epithelial antigen presentatio			F32AI147591	93.855	-	38,347	38,347
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Elizabeth Coffey F32 Transfer			F32DK128979	93.847	-	64,586	64,586
NIH	Cardiovascular Diseases Research	Defining the role of DHHC3 in			F32HL154387	93.837	-	76,198	76,198
NIH	Cardiovascular Diseases Research	Tgfb-dependent regulation of e			F32HL154505	93.837	-	84,545	84,545
NIH	Cardiovascular Diseases Research	The role of dendritic cells in			F32HL168787	93.837	-	16,928	16,928
NIH	Poison Center Support and Enhancement Gran	Cincinnati Drug and Poison Inf			H4BHS15468	93.253	-	690,355	690,355
NIH	Biomedical Research and Research Training	Mouse and Guinea Pig Models			HHSN27200003	93.859	121,405	115,068	236,473
NIH	Diabetes, Digestive, and Kidney Diseases Extr	The Role of DDX41 in Inherited			K01DK121733	93.847	-	162,331	162,331
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Glucocorticoid and circadian c			K01DK121875	93.847	-	48,052	48,052
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Enterorendocrine Regulation of			K01DK125341	93.847	-	38,013	38,013
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Role of VPS4A and ESCRT-III in			K01DK129270	93.847	-	109,047	109,047
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Microbial regulation of intest			K01DK135647	93.847	-	31,732	31,732
NIH	Minority Health and Health Disparities Researc	Model-Informed Evaluation of H			K01MD017289	93.307	-	119,095	119,095
NIH	Arthritis, Musculoskeletal and Skin Diseases R	Monocyte and macrophage polar			K08AR072075	93.846	-	4,575	4,575
NIH	Cancer Research Manpower	Targeting MBNL1-mediated alter			K08CA237753	93.398	-	166,938	166,938
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Bridging the gap of late gesta			K08DK131259	93.847	-	132,701	132,701
NIH	Biomedical Research and Research Training	Mechanisms of cardiomyocyte dy			K08GM148957	93.859	-	71,049	71,049
NIH	Cardiovascular Diseases Research	The Role of PPARa in Cardiac Dy			K08HL133377	93.837	-	17,540	17,540
NIH	Lung Diseases Research	Mechanistic evaluation of a no			K08HL140178	93.838	-	156,780	156,780
NIH	Lung Diseases Research	Personalized Model Systems to			K08HL144825	93.838	-	165,998	165,998
NIH	National Center on Sleep Disorders Research	Circadian Clock Dysregulation			K08HL148551	93.233	-	142,385	142,385
NIH	Lung Diseases Research	TGF-Beta Regulates CFTR-Mediat			K08HL151762	93.838	-	148,656	148,656
NIH	Child Health and Human Development Extramu	Rational therapeutic targeting	Cornell University	224014	K12HD000850	93.865	-	259,436	259,436

NIH	Child Health and Human Development Extramural Research	Mechanisms of increased maternal	Cornell University	215518-8	K12HD000850	93.865	-	123,853	123,853
NIH	Child Health and Human Development Extramural Research	Child Health Research Career Development			K12HD0028827	93.865	-	357,723	357,723
NIH	Extramural Research Programs in the Neurosciences	Electrical Stimulation of the	Kennedy Krieger Research Institute	2K12NS098482-06	K12NS098482	93.853	-	143,812	143,812
NIH	Diabetes, Digestive, and Kidney Diseases Extramural Research	Predicting Severity and Improving			K23DK118190	93.847	-	234,938	234,938
NIH	Diabetes, Digestive, and Kidney Diseases Extramural Research	Disrupted sleep architecture			K23DK135797	93.847	-	12,182	12,182
NIH	Child Health and Human Development Extramural Research	Surviving and Thriving in the			K23HD094855	93.865	-	164,538	164,538
NIH	Child Health and Human Development Extramural Research	Electrophysiological Biomarker			K23HD101416	93.865	-	130,015	130,015
NIH	Child Health and Human Development Extramural Research	Tracking early emergence of so			K23HD109375	93.865	-	112,810	112,810
NIH	Lung Diseases Research	Using technology-assisted step			K23HL139992	93.838	-	236,190	236,190
NIH	Blood Diseases and Resources Research	Sickle Cell Anemia, Splenic Pa			K23HL153763	93.839	-	163,452	163,452
NIH	Mental Health Research Grants	A Family Navigator Intervention			K23MH125138	93.242	-	191,910	191,910
NIH	Nursing Research	Influence of Parent-Nurse Comm			K23NR017396	93.361	-	1,598	1,598
NIH	Nursing Research	Fertility Status Assessment Am	Emory University	A567559	K23NR020037	93.361	-	9,875	9,875
NIH	Extramural Research Programs in the Neurosciences	Towards biomarkers of resilien			K23NS117734	93.853	-	204,019	204,019
NIH	Allergy, Immunology and Transplantation Research	Combinatorial Effects of Genetic			K99AI158660	93.855	-	129,641	129,641
NIH	Arthritis, Musculoskeletal and Skin Diseases Research	Mitochondrial regulation of ca			K99AR078253	93.846	-	77,517	77,517
NIH	National Center for Advancing Translational Science	Center for Clinical and Translational	University of Cincinnati	012846-000011	KL2TR001426	93.350	-	684,053	684,053
NIH	Lung Diseases Research	The RECOVER Post-Acute Sequela	Children's Hospital of Philadelphia	HER-02-21	OT2HL161847	93.838	-	283,391	283,391
NIH	Allergy, Immunology and Transplantation Research	Molecular Mechanisms of the Dy	Univ of Texas Medical Branch-Gal	21-85495-01	P01AI150585	93.855	-	191,185	191,185
NIH	Child Health and Human Development Extramural Research	CLEAR consortium: Discovering			P01HD093363	93.865	295,794	951,961	1,263,099
							15,344		
NIH	Child Health and Human Development Extramural Research	Pediatric HIV/AIDS Cohort Stud	Harvard Medical School	117267-0184-5119274	P01HD103133	93.865	-	29,403	29,403
NIH	Blood Diseases and Resources Research	Novel Strategies to Improve Bl	Children's Hospital Boston		GENFD0002269955	93.839	-	152,999	152,999
NIH	Allergy, Immunology and Transplantation Research	Conversations that Matter: Inc	University of North Carolina	5123535	P30AI050410	93.855	-	419	419
NIH	Arthritis, Musculoskeletal and Skin Diseases Research	Cincinnati Rheumatic Diseases Res			P30AR070549	93.846	-	6,827	6,827
NIH	Arthritis, Musculoskeletal and Skin Diseases Research	Pediatric musculoskeletal and			P30AR076316	93.846	9,262	786,801	796,063
NIH	Diabetes, Digestive, and Kidney Diseases Extramural Research	Digestive Health Center (DHC):	University of Cincinnati		P30DK078392	93.847	-	1,278,030	1,278,030
NIH	Diabetes, Digestive, and Kidney Diseases Extramural Research	Personalized Cystic Fibrosis Tr	University of Cincinnati		P30DK117467	93.847	100,863	1,053,219	1,154,082
NIH	Environmental Health	Center for Environmental Genet			P30ES006096	93.113	-	27,622	27,622
NIH	Child Health and Human Development Extramural Research	The Indiana University-Ohio St	University of Cincinnati	011429-005	P30HD106451	93.865	-	139,877	139,877
NIH	Child Health and Human Development Extramural Research	Xenbase: a Xenopus Model Organ	Indiana University	9561-CCHMC	P41HD064556	93.865	664,286	1,589,595	1,589,595
NIH	Diabetes, Digestive, and Kidney Diseases Extramural Research	Critical Translational Studies in			P50DK009418	93.847	-	584,218	584,218
NIH	Cancer Biology Research	The Role of CHAF1B in Maintain			R00CA230314	93.396	-	235,006	235,006
NIH	Cancer Research Manpower	Dissecting the role of clonal			R00CA252005	93.398	-	263,932	263,932
NIH	Oral Diseases and Disorders Research	Prolonger progenitor maint			R00DE026239	93.121	-	41,613	41,613
NIH	Child Health and Human Development Extramural Research	Establishment of the meiotic c			R00HD097285	93.865	-	128,018	128,018
NIH	Child Health and Human Development Extramural Research	Genomic and functional analyse			R00HD104902	93.865	-	141,520	141,520
NIH	Cardiovascular Diseases Research	Uncovering compensatory mechan			R00HL135258	93.837	-	324,232	324,232
NIH	Blood Diseases and Resources Research	The racial disparity in platelet			R00HL136784	93.839	-	159,360	159,360
NIH	Lung Diseases Research	Early detection of regional BO			R00HL138255	93.838	-	182,770	182,770
NIH	Cardiovascular Diseases Research	Dissecting the role of novel c			R00HL141630	93.837	-	101,248	101,248
NIH	National Center on Sleep Disorders Research	Improving Outcomes in Pediatr			R00HL144822	93.233	-	191,677	191,677
NIH	Alcohol Research Programs	Therapeutic and mechanistic si	University of Cincinnati	014707-00002	R01AA030486	93.273	-	21,159	21,159
NIH	Aging Research	Metabolic alterations in age			R01AG034908	93.866	2,715	387,905	387,905
NIH	Aging Research	Role of skeletal muscle stem c			R01AG059605	93.876	-	275,829	275,829
NIH	Aging Research	Novel mechanism of intestinal			R01AG063967	93.866	-	530,348	530,348
NIH	Aging Research	Accelerating research to advan	Tulane University	TUL-HSC-560466-22/23	R01AG077497	93.866	-	248,894	248,894
NIH	Aging Research	Coordinated mechanisms to resc			R01AG078174	93.866	-	157,808	157,808
NIH	Allergy, Immunology and Transplantation Research	Genetic Linkage in Lupus			R01AI024717	93.855	74,250	175,110	395,760
							146,400	-	-
NIH	Allergy, Immunology and Transplantation Research	Regulation of Gastrointestinal			R01AI045898	93.855	-	316,072	316,072
NIH	Allergy, Immunology and Transplantation Research	Epidemiologic Impact of HPV Va			R01AI104709	93.855	96,937	410,300	527,969
							20,732	-	-
NIH	Allergy, Immunology and Transplantation Research	GM-CSF-Induced Metal Sequestra	University of Cincinnati	011636-003	R01AI106269	93.855	-	17,747	17,747
NIH	Allergy, Immunology and Transplantation Research	Innate mechanisms of regulatio			R01AI123176	93.855	-	545,356	545,356
NIH	Allergy, Immunology and Transplantation Research	Genetic and Immunological Diss			R01AI124355	93.855	-	810,382	810,382
NIH	Allergy, Immunology and Transplantation Research	Functional immune tolerance to			R01AI124657	93.855	-	269,772	269,772
NIH	Allergy, Immunology and Transplantation Research	Role and Regulation of TSLP in			R01AI127392	93.855	-	383,515	383,515
NIH	Allergy, Immunology and Transplantation Research	Food Allergy Outcomes Related	Northwestern University Medical S	60061589 CC	R01AI130348	93.855	-	124,754	124,754
NIH	Allergy, Immunology and Transplantation Research	Role of Microbiome in Neonatal	Univ of California	A18-0659-S001	R01AI138553	93.855	-	35,715	35,715
NIH	Allergy, Immunology and Transplantation Research	Translational Regulation of CD			R01AI139675	93.855	-	222,083	222,083
NIH	Allergy, Immunology and Transplantation Research	Role of TET1 in airway epithel	University of California-Davis	A20-0494S001	R01AI141569	93.855	-	46,656	46,656
NIH	Allergy, Immunology and Transplantation Research	Progesterone induced immune mo			R01AI145840	93.855	303,364	367,134	670,498
NIH	Allergy, Immunology and Transplantation Research	COVID-19 Progesterone induced	University of Pennsylvania		COVID-19 R01AI145840	93.855	138,903	22,801	161,704
NIH	Allergy, Immunology and Transplantation Research	Rapid, safe suppression of IgE			R01AI145991	93.855	-	117,946	117,946
NIH	Allergy, Immunology and Transplantation Research	Targeting natural killer cells	University of Cincinnati	012329-00005	R01AI148080	93.855	111,722	613,393	725,115
NIH	Allergy, Immunology and Transplantation Research	Roles of FFAR 3-SCFA axis in T			R01AI148138	93.855	-	398,573	398,573
NIH	Allergy, Immunology and Transplantation Research	Genomics of Inflammatory Bowel			R01AI148276	93.855	132,051	721,720	955,177
							91,164	-	-
							10,242	-	-
NIH	Biomedical Research and Research Training	Role of Vpu, Tetherin, and Sig			R01AI150475	93.859	22,060	50,443	72,503
NIH	Allergy, Immunology and Transplantation Research	Viral and Cellular Determinant			R01AI150486	93.855	-	153,750	153,750
NIH	Allergy, Immunology and Transplantation Research	An experimentally-refined, dyn			R01AI153442	93.855	-	500,302	500,302
NIH	Allergy, Immunology and Transplantation Research	Immunobiology of Influenza Vir	Children's Hospital Boston	GENFD0002024871	R01AI154470	93.855	-	437	437
NIH	Allergy, Immunology and Transplantation Research	Proteasome targeting for allor	University of Pennsylvania	580121	R01AI154932	93.855	-	273,970	273,970
NIH	Allergy, Immunology and Transplantation Research	Regulation of TLR signaling, I			R01AI155426	93.855	308,722	526,893	835,615
NIH	Allergy, Immunology and Transplantation Research	Regulation of C. difficile col			R01AI158451	93.855	-	10,037	10,037
NIH	Allergy, Immunology and Transplantation Research	Pay-it-forward gonorrhea testi	University of Cincinnati	013939-00002	R01AI158826-0	93.855	-	61,502	61,502
NIH	Allergy, Immunology and Transplantation Research	Multi-Center Molecular Diagnos	University of North Carolina	5123479/1R01AI158826-0	R01AI158684	93.855	-	520	520
NIH	Allergy, Immunology and Transplantation Research	Mechanisms of staphylococcal s	Arkansas Children's Hospital	VIPER ACRI Danziger-Is	R01AI162964	93.855	-	183,549	183,549
NIH	Allergy, Immunology and Transplantation Research	Leveraging Health Information	University of Nebraska Medical Ce	34-5301-2210-201	R01AI163232	93.855	-	22,319	22,319
NIH	Allergy, Immunology and Transplantation Research	Hyperhydration to Improve Kidn	Children's National Medical Center	30007046	R01AI163327	93.855	-	171,111	171,111
NIH	Allergy, Immunology and Transplantation Research	Malaria associated pathogenesi	University of Calgary	R01AI165327	R01AI165327	93.855	-	683	683
NIH	Allergy, Immunology and Transplantation Research	Gene regulatory network modeli	Indiana University	9671 CCHMC	R01AI165946	93.855	-	9,356	9,356
NIH	Allergy, Immunology and Transplantation Research	Blocking granzyme-mediated imm			R01AI173314	93.855	-	136,566	136,566
NIH	Allergy, Immunology and Transplantation Research	The TNF Superfamily Control of			R01AI177359	93.855	-	15,204	15,204
NIH	Arthritis, Musculoskeletal and Skin Diseases Research	Deciphering mechanisms of myob			R01AR068286	93.846	-	366,917	366,917
NIH	Arthritis, Musculoskeletal and Skin Diseases Research	Multi-site Randomized Clinical Trial			R01AR070474	93.846	128,964	743,092	1,209,676
							157,954	-	-
							27,415	-	-
							117,756	-	-

					Nationwide Childrens Hospital Ohio State University			32,740 1,755	- -	- -
NIH	Arthritis, Musculoskeletal and Skin Diseases R	In vivo role of the fibroblast in muscu				R01AR071301	93.846	-	288,785	288,785
NIH	Arthritis, Musculoskeletal and Skin Diseases R	Transcription Factor Genetics				R01AR073228	93.846	-	337,371	337,371
NIH	Arthritis, Musculoskeletal and Skin Diseases R	Complement in Human Lupus: Def	Nationwide Children's Hospital	700165-0519-00		R01AR073311	93.846	-	3,591	3,591
NIH	Arthritis, Musculoskeletal and Skin Diseases R	GSK3 beta study in patients wi				R01AR073379	93.846	-	412,715	412,715
NIH	Arthritis, Musculoskeletal and Skin Diseases R	Refining entry criteria and ou	Children's Hospital of Philadelphia	3201900722		R01AR074098	93.846	-	250	250
NIH	Arthritis, Musculoskeletal and Skin Diseases R	Identifying neural pathophysio			Universitat De Barcelona Children's Hospital of Philadelphia	R01AR074795	93.846	95,972	220,729	316,701
NIH	Arthritis, Musculoskeletal and Skin Diseases R	Epigenetic Determinants Influe			Duke University Johns Hopkins University Stanford University..	R01AR075857	93.846	31,584 12,716 12,538 49,101	590,052 -	695,991 -
NIH	Arthritis, Musculoskeletal and Skin Diseases R	The Pediatric Lupus Nephritis				R01AR079124	93.846	-	481,579	481,579
NIH	Arthritis, Musculoskeletal and Skin Diseases R	Pathogenesis of Systemic Juven				R01AR079524	93.846	-	683,753	683,753
NIH	Research and Training in Complementary and	Online Techniques and Educatio	Wake Forest University	1679-45117-1100000096		R01AT011502	93.213	-	33,959	33,959
NIH	Research and Training in Complementary and	RELAxHEAD: A Behavioral Appro	NYU Langone Health	119664		R01AT011875	93.213	-	28,141	28,141
NIH	Cancer Biology Research	Leukemia stem cell polarity and				R01CA204895	93.396	-	79,848	79,848
NIH	Cancer Treatment Research	Linked regulation of tumor angi				R01CA207068	93.395	-	172,675	172,675
NIH	Cancer Treatment Research	Mechanism of non-oncogene				R01CA211594	93.395	-	33,422	33,422
NIH	Cancer Biology Research	Mechanisms coupling DEK to				R01CA218072	93.396	-	185,493	185,493
NIH	Cancer Biology Research	FA pathway activities in norma				R01CA223790	93.396	-	289,880	289,880
NIH	Cancer Cause and Prevention Research	Research Into Visual Endpoints	Vanderbilt University Medical Cent	VUMV67585		R01CA225005	93.393	-	35,039	35,039
NIH	Cancer Cause and Prevention Research	Unbiased identification of spl				R01CA226802	93.393	-	378,253	378,253
NIH	Cancer Detection and Diagnosis Research	Integrated Informatic and Expe	University of Pennsylvania	577035		R01CA227485	93.394	-	364,799	364,799
NIH	Cancer Cause and Prevention Research	Strengthening epidermal defense				R01CA228113	93.393	-	232,575	232,575
NIH	Cancer Treatment Research	(PQ10) Role of Gut Microbiota	The University of Texas Southwes	PO: 000001910A GMO 20		R01CA231303	93.395	-	248,995	248,995
NIH	Cancer Biology Research	The role of transcription elon				R01CA234038	93.396	-	335,021	335,021
NIH	Cancer Treatment Research	Targeted Inhibition in Leukemi				R01CA237016	93.395	-	485,888	485,888
NIH	Cancer Biology Research	New activities of the human DE			University of Kentucky Research Fnd	R01CA239605	93.396	27,341	241,868	269,209
NIH	Cancer Treatment Research	Co-targeting S6 and TAM kinas	University of Cincinnati	012653-002		R01CA239657	93.395	-	21,075	21,075
NIH	Cancer Biology Research	Defining genetic and metabolic	University of Cincinnati	012828-002		R01CA239697	93.396	-	139,841	139,841
NIH	Cancer Biology Research	Patho-Genetic Analysis of Inva			Massachusetts General Hospital. University of Utah	R01CA240317	93.396	88,971 267,442	272,422	628,835
NIH	Cancer Treatment Research	Mechanism of Therapy in high-r				R01CA250516	93.395	-	560,710	560,710
NIH	Cancer Biology Research	Modeling myelodysplasia			Johns Hopkins University Yale University - Grants	R01CA253981	93.396	154,820 297,400	184,847	637,067
NIH	Cancer Treatment Research	Therapeutic resistance and aggr	University of Cincinnati	013734-00002		R01CA255331	93.395	-	14,464	14,464
NIH	Cancer Biology Research	Dissecting innate immune signa			New York University School of Medicine	R01CA271455	93.396	199,128	319,415	518,543
NIH	Cancer Biology Research	Mechanisms underlying gastric	Columbia University	1(GG016956-01)		R01CA272903	93.396	-	138,571	138,571
NIH	Cancer Treatment Research	Therapeutic targeting of IRAK4	Albert Einstein College of Medicin	312231		R01CA275007	93.395	-	78,205	78,205
NIH	Cancer Biology Research	The role of DNAJB1-PKAc-β-cate				R01CA278834	93.396	-	118,247	118,247
NIH	Drug Abuse and Addiction Research Programs	Role of Siglec-1 in HIV Intera			University of Cincinnati	R01DA051895	93.279	13,394	629,211	642,605
NIH	Drug Abuse and Addiction Research Programs	Modeling HIV and methamphetamine			University of Cincinnati	R01DA059903	93.279	11,655	368,518	400,173
NIH	Research Related to Deafness and Communic	Prevention of Ototoxicity with			Oregon Health & Science University Portland VA Research Foundation Washington University	R01DC017867	93.173	307,533 6,772 3,714	323,281	641,300
NIH	Research Related to Deafness and Communic	Pediatric dysphonia: Multidisc	University of South Florida	1219-1068-00-B		R01DC018008	93.173	-	43,970	43,970
NIH	Research Related to Deafness and Communic	Technology-assisted language i			University of Colorado	R01DC018550	93.173	150,096	587,591	737,687
NIH	Research Related to Deafness and Communic	Earliest predictors of languag			University of Cincinnati..	R01DC018734	93.173	34,817	646,139	680,956
NIH	Research Related to Deafness and Communic	Neuroimaging Reveals Treatme	University of Toronto	2-515357		R01DC019337	93.173	-	55,981	55,981
NIH	Oral Diseases and Disorders Research	Developing Topical Fluoride He	University of Washington	UWSC10797		R01DE026741	93.121	-	10,487	10,487
NIH	Oral Diseases and Disorders Research	Mandible Development				R01DE027046	93.121	-	148,622	148,622
NIH	Oral Diseases and Disorders Research	Stottmann R01 Subaward from Na	Nationwide Children's Hospital	700262-0622		R01DE027091	93.121	-	155,586	155,586
NIH	Oral Diseases and Disorders Research	Regulation of Craniofacial Dev				R01DE029417	93.121	-	683,599	683,599
NIH	Oral Diseases and Disorders Research	Development and evaluation of	Indiana University	9352-CHMC		R01DE031259	93.121	-	32,161	32,161
NIH	Oral Diseases and Disorders Research	Predicting Gli3 regulatory act	The Jackson Laboratory	210391-0323-02		R01DE031750	93.121	-	252,691	252,691
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Immunologic Dysfunction in Bil				R01DK064008	93.847	-	90,750	90,750
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Adolescent Bariatric Surgery:			Sanford Research North The CDM Group, Inc	R01DK080020	93.847	45,058 15,380	446,797	507,235
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Biological Basis of Phenotypes				R01DK083781	93.847	-	154,756	154,756
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Genetic basis of virus induced			University of Cincinnati	R01DK091566	93.847	6,626	330,023	336,649
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Control of hepatic T cell resp				R01DK095001	93.847	-	316,514	316,514
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Immunopathogenesis of non-alco				R01DK099222	93.847	-	593,331	593,331
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Mechanisms of genetic risk at 2p23				R01DK107502	93.847	-	101,335	101,335
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Building a functional biliary system f			Univ of California	R01DK107553	93.847	49,677	-	49,677
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Advancing Treatment for Pancre	University of Minnesota	N005115002		R01DK109124	93.847	-	26,001	26,001
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Level and timing of diabetic hype			MedStar Health Research Institute, Inc Tufts Medical Center, Inc	R01DK109956	93.847	21,176 4,540	303,697	329,413
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Fibrin(ogen) control of metabo	University of North Carolina	5116413		R01DK112778	93.847	-	6,641	6,641
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Epigenomic control of antimicrob				R01DK114123	93.847	-	310,075	310,075
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Host integration of commensal				R01DK116868	93.847	-	407,036	407,036
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Molecular targets in cholestas				R01DK117266	93.847	-	184,804	184,804
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Manipulating DNA Damage-respon				R01DK117632	93.847	-	276,158	276,158
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Biomarkers for Urinary Tract I	University of Pittsburgh	AWD00000120 (132569-2		R01DK118033	93.847	-	100,293	100,293
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Surgical or Medical Treatment			Ann & Robert H Lurie Children's Hospital University of Colorado	R01DK119450	93.847	7,252 516,795	282,239	806,286
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Molecular regulation of hepati				R01DK120765	93.847	-	275,658	275,658
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Hox Genes and Lineage Infidel				R01DK120842	93.847	-	288,513	288,513
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Retinoic acid gene regulatory				R01DK120847	93.847	-	201,049	201,049
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Regulation of functionally dis				R01DK121062	93.847	-	652,202	652,202
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Diabetes Journey: From systema				R01DK121295	93.847	110,366	392,767	503,133
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Sox Proteins Modulate Genomic				R01DK123092	93.847	-	646,719	646,719
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Role of extracellular vesicle				R01DK123181	93.847	60,868	617,921	678,789
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Regulation of Niche Cell Diff	Case Western University	RESS16540		R01DK123299	93.847	-	18,226	18,226
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Mitochondria mediated intercel				R01DK124115	93.847	-	180,867	180,867
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Microbiota-mediated fibrotic r	University of North Carolina	5117429		R01DK124617	93.847	-	10,767	10,767
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Host and viral determinants of	Children's Hospital of Philadelphia	25460-GRT-00000414		R01DK125418	93.847	-	250,588	250,588
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Gene regulatory networks in th				R01DK125577	93.847	-	172,196	172,196
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Extracellular vesicle cargo an			Translational Genomics Research	R01DK127015	93.847	-	6,831	6,831
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Determinants of inception of i	Massachusetts General Hospital	239459		R01DK127171	93.847	-	63,814	63,814
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Limited Competition for the CI	Wake Forest University Health Sci	241-100710-553791		R01DK127208	93.847	-	1,190	1,190

NIH	Diabetes, Digestive, and Kidney Diseases Extr	The role of renal interstitium			R01DK127634	93.847	-	194,630	194,630
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Changing Health And Lifestyle	University of Delaware		R01DK128525	93.847	32,204	267,432	299,636
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Hedgehog gene regulatory netwo			R01DK131052	93.847	-	344,264	344,264
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Structure, function, and modul	The University of Chicago	AWD102456SUB0000057	R01DK131542	93.847	-	14,961	14,961
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Role of ETV4 and ETV5 in the s			R01DK132052	93.847	-	21,944	21,944
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Multi-parametric quantitative			R01DK132346	93.847	-	336,163	336,163
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Precise Infliximab Exposure an			R01DK132408	93.847	-	441,757	441,757
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Targeting POGUT1 to promote b			R01DK132751	93.847	-	142,726	142,726
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Diabetic Memory in Hematopoiet			R01DK133145	93.847	-	132,275	132,275
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Cutaneous biomarkers of pedi	University of California, San Diego		R01DK133198	93.847	78,661	300,236	378,897
NIH	Diabetes, Digestive, and Kidney Diseases Extr	A Novel Obesity Prevention Pro			R01DK135497	93.847	-	2,334	2,334
NIH	Discovery and Applied Research for Technolog	MRI and Deep Learning for Earl			R01EB029944	93.286	-	468,947	468,947
NIH	Discovery and Applied Research for Technolog	Quantification of Liver Fibros	New York University School of Medicine Univ of Michigan		R01EB030582	93.286	41,343	484,185	572,621
			University of Wisconsin System				13,547	-	
							33,546	-	
NIH	Discovery and Applied Research for Technolog	MRI-Compatible Robot for Real-	Children's National Medical Center	30006761-01	R01EB031084	93.286	-	131,460	131,460
NIH	Environmental Health	Developmental Effects of Manga	University of Kentucky	5R01ES026446	R01ES026446	93.113	-	9,212	9,212
NIH	Environmental Health	Internalizing Behaviors and Neuro			R01ES027224	93.113	-	84,786	84,786
NIH	Environmental Health	Contribution of Thirdhand Smoke			R01ES027815	93.113	236,993	257,378	506,354
			San Diego St. Univ. Research Foundation University of Cincinnati				11,983	-	
NIH	Environmental Health	Developmental neurotoxicity of	University of Pennsylvania	Chen NewFR R01	R01ES028277	93.113	-	100,882	100,882
NIH	Environmental Health	Endocrine disrupting chemical	Johns Hopkins University	2005393998	R01ES030078	93.113	-	460,684	460,684
NIH	Environmental Health	Effects of DDE exposure on adi	University of Southern California	129965417	R01ES030364	93.113	-	13,173	13,173
NIH	Environmental Health	ADVOCATE: Prevalence and Clini			R01ES030743	93.113	246,021	367,842	635,491
			San Diego St. Univ. Research Foundation University of California University of Cincinnati				18,546	-	
							3,082	-	
NIH	Environmental Health	Epigenetics, Air Pollution, an	University of Cincinnati	013074-00003	R01ES031054	93.113	-	146,411	146,411
NIH	Environmental Health	Maternal Exposure to Low Level	Johns Hopkins University	2005604948	R01ES031272	93.113	-	21,187	21,187
NIH	Environmental Health	Longitudinal Impact of Air Pol			R01ES031621	93.113	29,944	1,052,042	1,121,259
			Brown University University of Cincinnati				39,273	-	
NIH	Environmental Health	Gene-pesticide interactions an			R01ES032270	93.113	-	500,943	500,943
NIH	Environmental Health	Gestational PFAS Mixture Expos	Brown University	1R01ES032836-01	R01ES032836	93.113	-	73,187	73,187
NIH	Environmental Health	Impact of pre- and postnatal c	University of Pennsylvania	582722	R01ES033054	93.113	-	138,991	138,991
NIH	Environmental Health	OPEs and Adolescent Adiposity	University of Nevada, Las Vegas	GR16780	R01ES033200	93.113	-	48,391	48,391
NIH	Environmental Health	Childhood and In-Utero Exposur	University of Cincinnati	014646-00002	R01ES034049	93.113	-	7,994	7,994
NIH	Vision Research	Predicting uveitis onset in ch			R01EY030521	93.867	545	468,064	477,221
			Children's Hospital of Philadelphia University of CA University of Cincinnati..				491	-	
							8,121	-	
NIH	Vision Research	RNA Nanoparticles for Ocular D	University of Cincinnati	013457-003	R01EY031452	93.867	-	4,809	4,809
NIH	Vision Research	Light regulated vascular devel			R01EY032029	93.867	-	451,707	451,707
NIH	Vision Research	dopamine/LKB1 project	Baylor College of Medicine		R01EY032566	93.867	-	185,749	185,749
NIH	Vision Research	Mechanisms of intrinsic light			R01EY032752	93.867	3,071	205,917	316,219
			Georgia Tech Research Corporation The University of Alabama at Birmingham Washington University				103,157	-	
							4,074	-	
NIH	Vision Research	Optimizing methotrexate use fo			R01EY034565	93.867	-	86,110	86,110
NIH	Biomedical Research and Research Training	Mechanisms of Homeodomain	University of Cincinnati		R01GM079428	93.859	114,495	332,812	447,307
NIH	Biomedical Research and Research Training	Studies of Metal-Dependent Inter	University of Colorado		R01GM094363	93.859	10,032	117,127	127,159
NIH	Biomedical Research and Research Training	Age-Dependent Mechanisms of Me			R01GM115973	93.859	-	351,505	351,505
NIH	Biomedical Research and Research Training	Role of STAT3 in sepsis-induced			R01GM126551	93.859	-	85,572	85,572
NIH	Biomedical Research and Research Training	Functional characterization of	Ohio State University		R01GM134731	93.859	60,033	308,835	368,868
NIH	Biomedical Research and Research Training	Dynamic regulation of lineage-			R01GM143161	93.859	-	273,509	273,509
NIH	Biomedical Research and Research Training	Finding Appropriate Subtypes i			R01GM145698	93.859	-	97,364	97,364
NIH	Child Health and Human Development Extramu	Molecular signaling in uterine	Children's Hospital of Philadelphia	FAST BOLUS	R01HD068524	93.865	-	372,107	372,107
NIH	Child Health and Human Development Extramu	Long-Term Outcomes of Interv	Oklahoma State University	1-571918-CHMC	R01HD074579	93.865	-	11,270	11,270
NIH	Child Health and Human Development Extramu	A Cognitive Test Battery for	University of California-Davis	A20-1951-S006	R01HD076189	93.865	-	400,564	400,564
NIH	Child Health and Human Development Extramu	Decision-Making for Patients Born	University of Michigan	3004425008	R01HD086583	93.865	-	43,495	43,495
NIH	Child Health and Human Development Extramu	PED Screen: Pediatric Sepsis EHR	Northwestern University Medical S	60046347 CHMC	R01HD087363	93.865	-	9,199	9,199
NIH	Child Health and Human Development Extramu	Premature Infants Receiving Co	Sharp HealthCare Foundation	#R012021 Cincinnati	R01HD088646	93.865	-	1,280	1,280
NIH	Child Health and Human Development Extramu	Pharmacogenetics of Oxycodeone,	Indiana University Health	R01HD089458	R01HD089458	93.865	-	62,555	62,555
NIH	Child Health and Human Development Extramu	Identifying Pharmacogenomic Pred			R01HD089928	93.865	25,630	431,707	522,037
			CARRA, Inc Duke University				64,700	-	
NIH	Child Health and Human Development Extramu	VIRTUOUS Children's Study-Valid	Children's Hospital of Philadelphia	3200880522	R01HD091185	93.865	-	14,461	14,461
NIH	Child Health and Human Development Extramu	The Effect of Emergency Depart	Medical College of Wisconsin	R01HD091302	R01HD091302	93.865	-	37,506	37,506
NIH	Child Health and Human Development Extramu	Vocational Fit Assessment and	Colorado State University	G-92849-03	R01HD092474	93.865	-	78,506	78,506
NIH	Child Health and Human Development Extramu	Disorders/Differences of Sex De	University of Michigan	SUBK00008039	R01HD093450	93.865	-	51,769	51,769
NIH	Child Health and Human Development Extramu	CES1 Genetic Variation Influe	University of Florida	SUB00001726	R01HD093612	93.865	-	115,531	115,531
NIH	Child Health and Human Development Extramu	A multicenter collaborative d	Children's National Medical Center	30004927-01	R01HD093622	93.865	-	60,510	60,510
NIH	Child Health and Human Development Extramu	Early Childhood Communication	University of California-Davis	A19-0460-S002	R01HD093654	93.865	-	100,317	100,317
NIH	Child Health and Human Development Extramu	High-Intensity Interval Traini	University of Cincinnati	011445-02	R01HD093694	93.865	-	7,747	7,747
NIH	Child Health and Human Development Extramu	Cognitive Outcome Measures in			R01HD093754	93.865	125,204	313,992	439,196
NIH	Child Health and Human Development Extramu	Thrombotic microangiopathy (TM	Colorado State University Children's Hospital Los Angeles The Hospital for Sick Children University of Cincinnati		R01HD093773	93.865	64,811	419,275	503,427
							8,079	-	
							11,262	-	
NIH	Child Health and Human Development Extramu	Improving the Detection of ST	Children's National Medical Center	R01HD094213	R01HD094213	93.865	-	104,931	104,931
NIH	Child Health and Human Development Extramu	Exploring vascular-mesenchymal			R01HD094698	93.865	-	531,658	531,658
NIH	Child Health and Human Development Extramu	Dosing and Pilot Efficacy of 2			R01HD094862	93.865	136,866	261,210	548,725
			Connecticut Childrens Medical Center Nationwide Childrens Hospital The Broad Institute Inc. University of Cincinnati				84,492	-	
							45,800	-	
							20,357	-	
NIH	Child Health and Human Development Extramu	Stress Hydrocortisone In Pedia	Children's Hospital Boston	GENFD00001702903	R01HD096901	93.865	-	137,679	137,679
NIH	Child Health and Human Development Extramu	Deciphering the pathophysiology			R01HD098280	93.865	-	323,498	323,498
NIH	Child Health and Human Development Extramu	Discovery of Molecular Targets	UCLA School of Public Health	1651 G WA732	R01HD098389	93.865	-	67,761	67,761
NIH	Child Health and Human Development Extramu	Executive Function Outcome Mea	Colorado State University	R01HD099150-01	R01HD099150	93.865	-	120,955	120,955
NIH	Child Health and Human Development Extramu	Improving the Effectiveness an			R01HD099775	93.865	244,121	233,836	477,957
NIH	Child Health and Human Development Extramu	Genomics of bone and body comp	Children's Hospital of Philadelphia	GRT-00000601	R01HD100406	93.865	-	23,253	23,253
NIH	Child Health and Human Development Extramu	Enhancing Nursing Care Reliabi	Ohio State University	60077379	R01HD100455	93.865	-	87,770	87,770
NIH	Child Health and Human Development Extramu	Development and persistence of	North Carolina State University	2020-2189-01	R01HD101406	93.865	-	16,763	16,763
NIH	Child Health and Human Development Extramu	Skeletal Health and Bone Marro	Children's Hospital Boston	Boston Sub TBD	R01HD101421	93.865	-	272,802	272,802
NIH	Child Health and Human Development Extramu	Pragmatic Pediatric Trial of B	Children's Hospital of Philadelphia	PO# 20302538/GRT-0000	R01HD101528	93.865	-	56,882	56,882
NIH	Child Health and Human Development Extramu	Integrating genomic studies of			R01HD101669	93.865	3,702	396,091	509,343
			University of California University of Exeter				5,223	-	

				University of Gothenburg			104,327	-	
NIH	Child Health and Human Development Extramural	An Injury Plausibility Assessment	Lurie Children's Hospital of Chicago	901615-CCHMC	R01HD102428	93.865	-	6,641	6,641
NIH	Child Health and Human Development Extramural	A randomized controlled trial	University of California-Davis	A21-0255-S001	R01HD102571	93.865	-	52,718	52,718
NIH	Child Health and Human Development Extramural	Endocannabinoid Signaling during			R01HD103475	93.865	-	623,598	623,598
NIH	Child Health and Human Development Extramural	Integration of spatiotemporal			R01HD103623	93.865	-	416,658	416,658
NIH	Child Health and Human Development Extramural	Automated Risk Assessment for	University of Pittsburgh		R01HD103630	93.865	167,817	371,517	539,334
NIH	Child Health and Human Development Extramural	Leveraging the electronic health	Children's Hospital of Philadelphia		R01HD103654	93.865	9,720	470,022	495,823
			The Medical Research Infrastructure and				16,081	-	
NIH	Child Health and Human Development Extramural	Obesity Prevention Targets for	Colorado State University	G-50243-01	R01HD105233	93.865	-	102,973	102,973
NIH	Child Health and Human Development Extramural	Behavior Measure for Children	University of Colorado		R01HD105679	93.865	15,790	191,087	206,877
NIH	Child Health and Human Development Extramural	Prevention of behavior problem	Johns Hopkins University.		R01HD105727	93.865	18,974	276,900	320,479
			Ohio State University				24,605	-	
NIH	Child Health and Human Development Extramural	Evaluating additive effects of	University of Colorado		R01HD106353	93.865	99,384	218,216	317,600
NIH	Child Health and Human Development Extramural	Using Dogs to Promote Therapeutic	Miami University..		R01HD106416	93.865	32,942	326,276	359,218
NIH	Child Health and Human Development Extramural	Precision Alemtuzumab Therapy			R01HD107690	93.865	-	238,873	238,873
NIH	Child Health and Human Development Extramural	Human Milk as a Biological System	University of Cincinnati	014666-00003	R01HD108915	93.865	-	17,056	17,056
NIH	Child Health and Human Development Extramural	Screen to Prevent (S2P): Using			R01HD110321	93.865	-	17,966	17,966
NIH	Human Genome Research	Engaging adolescents in decision	Mayo Clinic Rochester		R01HG010166	93.172	17,353	752,909	770,262
NIH	Human Genome Research	Virus-driven human gene misregulation	Brigham and Women's Hospital		R01HG010730	93.172	127,761	665,666	805,568
			University of Cincinnati				12,141	-	
NIH	Human Genome Research	Epigenome-wide variations and	University of Cincinnati		R01HG011411	93.172	33,770	594,101	627,871
NIH	Cardiovascular Diseases Research	Molecular pathways controlling			R01HL060562	93.837	-	72,035	72,035
NIH	Lung Diseases Research	Pathogenesis-Based Diagnostics			R01HL085453	93.838	-	366,721	366,721
NIH	Cardiovascular Diseases Research	Thrombospondin 4 regulates adhesion			R01HL105924	93.837	-	342,332	342,332
NIH	Cardiovascular Diseases Research	Venous Malformations (VM): A Model			R01HL117952	93.837	-	780,612	780,612
NIH	Lung Diseases Research	Pulmonary Macrophage Transplantation	University of Washington		R01HL118342	93.838	90,991	3,455	94,446
NIH	Lung Diseases Research	Pediatric Respiratory Illness			R01HL121067	93.838	-	57,757	57,757
NIH	Blood Diseases and Resources Research	Mechanisms of granulocyte homeostasis	Kaiser Foundation Research Institute	RNG211577-CCHMC	R01HL122651	93.839	19,164	560,895	579,959
NIH	Cardiovascular Diseases Research	Using MRI to visualize regional	Duke University	University of Cincinnati	A034671	93.837	45,979	193,818	239,797
NIH	Lung Diseases Research	UTE MRI to monitor CF lung			R01HL131012	93.838	-	36,050	36,050
NIH	Cardiovascular Diseases Research	Unraveling ancestry and environmental			R01HL132344	93.837	-	132,004	132,004
NIH	Cardiovascular Diseases Research	Molecular examination of mitochondrial	Univ of Calif.-Davis-Mmrrc		R01HL132831	93.837	497,685	436,491	934,176
NIH	Blood Diseases and Resources Research	Chronic thrombus ablation with			R01HL133334	93.839	-	6,119	6,119
NIH	Lung Diseases Research	WT1 Regulation of Pulmonary	The University of Chicago	FP066598-A	R01HL134801	93.838	-	16,622	16,622
NIH	Blood Diseases and Resources Research	Cellular crosstalk in the hematopoietic			R01HL136529	93.839	-	204,598	204,598
NIH	Cardiovascular Diseases Research	Molecular mechanisms of atrial fibrillation			R01HL137766	93.837	-	122,526	122,526
NIH	Cardiovascular Diseases Research	Circadian Rhythms and Internal	The University of Massachusetts,	19-010568 A00	R01HL138551	93.837	-	100,687	100,687
NIH	Cardiovascular Diseases Research	Retinoic acid-dependent epigenetic			R01HL141186	93.837	-	79,392	79,392
NIH	Cardiovascular Diseases Research	Cela1 in Lung Development and Disease			R01HL141229	93.837	-	468,718	468,718
NIH	Lung Diseases Research	R01- Mapping environmental conditions	Erasmus MC		R01HL141286	93.838	40,096	545,253	585,349
NIH	Blood Diseases and Resources Research	Normal and Pathological Hematopoiesis			R01HL141418	93.839	-	129,430	129,430
NIH	Cardiovascular Diseases Research	Familial hypercholesterolemia	Columbia University Medical Center	7(GG012850-01)	R01HL141823	93.837	-	28,201	28,201
NIH	Lung Diseases Research	Mechanisms controlling early hematopoiesis	The Lundquist Institute	CCHMC/032223-02	R01HL141856	93.838	-	16,713	16,713
NIH	Cardiovascular Diseases Research	Predictive Molecular Markers of			R01HL142210	93.837	-	298,429	298,429
NIH	Cardiovascular Diseases Research	Cardiac fibroblasts in postnatal			R01HL142217	93.837	-	472,721	472,721
NIH	Lung Diseases Research	Development of neonatal innate			R01HL142708	93.838	-	420,245	420,245
NIH	Lung Diseases Research	Validating Quantitative Magnet	University of Cincinnati		R01HL143011	93.838	9,219	1,097,441	1,106,660
NIH	Cardiovascular Diseases Research	Mechanisms of Congenital Heart			R01HL143881	93.837	-	317,249	317,249
NIH	Cardiovascular Diseases Research	HDL composition/function and cardiovascular	University of Washington	UWSC10977	R01HL144558	93.837	-	19,287	19,287
NIH	Cardiovascular Diseases Research	Molecular mechanisms underlying			R01HL144774	93.837	-	432,368	432,368
NIH	Cardiovascular Diseases Research	Characterizing the formation of	The University of Texas Southwestern	GMO 190108	R01HL144793	93.837	-	20,419	20,419
NIH	Lung Diseases Research	The role of sex in the life cycle	University of Cincinnati	012029-002	R01HL146266	93.838	-	42,711	42,711
NIH	Cardiovascular Diseases Research	MRI Phenotyping of Early BPD and	University of Iowa		R01HL146689	93.837	113,342	559,877	673,219
NIH	Lung Diseases Research	Sleep-Disordered Breathing in			R01HL147261	93.838	-	46,213	46,213
NIH	Blood Diseases and Resources Research	Small molecules targeting RhoA	University of Michigan	SUBK00015153	R01HL147536	93.839	-	495,780	495,780
NIH	Cardiovascular Diseases Research	Impact of Well-Timed vs. Mis-timed			R01HL147915	93.837	12,042	634,615	634,615
NIH	Cardiovascular Diseases Research	Novel Methods to Grow the Impaired	Rush University Medical Center		R01HL147957	93.837	-	461,613	461,613
NIH	Blood Diseases and Resources Research	Linking Endotypes and Outcomes	Children's Hospital of Philadelphia	3201710624	R01HL148054	93.839	-	38,779	38,779
NIH	Lung Diseases Research	Bedside Exclusion of Pulmonary	Wayne State University	WSU22071	R01HL148247	93.838	-	64,270	64,270
NIH	Lung Diseases Research	Bedside Exclusion of Pulmonary	Indiana University	8491-CHMC	R01HL148247	93.838	-	74	74
NIH	Cardiovascular Diseases Research	Ultrasound-Mediated Controlled	University of Cincinnati	012268-003	R01HL148451	93.837	-	192,711	192,711
NIH	Lung Diseases Research	Perinatal Dysbiosis, Lung Development			R01HL149366	93.838	34,823	438,724	473,547
NIH	Lung Diseases Research	Molecular Mechanisms Regulating			R01HL149631	93.838	32,615	358,500	391,115
NIH	Lung Diseases Research	Obesity and Childhood Asthma: A	University of Pittsburgh	AWD00001965 (134216-1)	R01HL149693	93.838	-	31,809	31,809
NIH	Lung Diseases Research	Role of GM-CSF in Alveolar Macrophage			R01HL149743	93.838	91,938	420,350	512,288
NIH	Child Health and Human Development Extramural	Endotypes in Children with Severe	University of Michigan	SUBK00010627	R01HL149910	93.865	-	27,888	27,888
NIH	Lung Diseases Research	Role of IGF Axis in Pulmonary	Johns Hopkins School of Medicine	2004833966	R01HL150070	93.838	-	70,226	70,226
NIH	Lung Diseases Research	Imaging and Molecular Phenotyping			R01HL151588	93.838	-	1,064,154	1,064,154
NIH	Cardiovascular Diseases Research	Accelerating research to advance			R01HL151604	93.837	576,936	314,570	1,060,639
			Children's Hospital Boston				169,133	-	
NIH	Blood Diseases and Resources Research	The role of mitochondria in hematopoiesis	Vanderbilt University Medical Center		R01HL151654	93.839	7,879	673,513	681,392
NIH	Lung Diseases Research	A Role for EYA3 on Vascular	Johns Hopkins University		R01HL152094	93.838	-	398,369	398,369
NIH	Blood Diseases and Resources Research	The Role of Erythroblastic Islet			R01HL152099	93.839	91,100	354,876	445,976
NIH	Cardiovascular Diseases Research	MINDS Imaging Ancillary Study	University of Pittsburgh	AWD00002377 (134596-9)	R01HL152740	93.837	-	18,034	18,034
NIH	Lung Diseases Research	Development of novel therapeutic			R01HL152973	93.838	-	438,218	438,218
NIH	Lung Diseases Research	Uterine signaling networks in	University of Cincinnati		R01HL153045	93.838	358,584	391,102	749,686
NIH	Lung Diseases Research	Penetrating the "Black box":	Ohio State University		R01HL153108	93.838	34,148	468,945	510,583
			University of Minnesota				7,490	-	
NIH	Cardiovascular Diseases Research	Spatial control of myeloid differentiation			R01HL153229	93.837	-	763,550	763,550
NIH	Lung Diseases Research	ASCEND (ARDS) in Children and	University of Michigan	SUBK00014564	R01HL153519	93.838	-	668	668
NIH	Blood Diseases and Resources Research	MIDAS: Microangiopathy, Endothelial	The Ohio State University Research	60078812	R01HL153723	93.839	-	209,026	209,026
NIH	Cardiovascular Diseases Research	Mechanisms underlying myxomatous			R01HL154522	93.837	-	543,516	543,516
NIH	Cardiovascular Diseases Research	Hypertrophic Cardiomyopathy: A	Brigham & Women's Hospital	2020A015252	R01HL155568	93.837	-	8,202	8,202
NIH	Blood Diseases and Resources Research	Inflammatory Mechanisms in Postnatal	University of Cincinnati	014082-00002	R01HL155579	93.839	-	45,749	45,749
NIH	Lung Diseases Research	Tissue niches for ILC3 development			R01HL155611	93.838	-	558,144	558,144
NIH	Cardiovascular Diseases Research	Endothelial subpopulations in			R01HL156270	93.837	-	460,758	460,758
NIH	Cardiovascular Diseases Research	Coronary Atherosclerosis and Innate	University of Cincinnati	014604-00002	R01HL156779	93.837	-	104,905	104,905
NIH	Cardiovascular Diseases Research	Innate immune response signaling			R01HL156852	93.837	-	578,528	578,528
NIH	Lung Diseases Research	Epigenetic Regulation of the Mammalian			R01HL156860	93.838	-	414,903	414,903
NIH	Cardiovascular Diseases Research	Pathogenesis and Treatment of			R01HL156866	93.837	-	524,019	524,019
NIH	Lung Diseases Research	Sox9 Regulation of Fibroblast	University of Cincinnati	University of Cincinnati	014532-00002	93.838	8,628	116,610	125,238



NIH	Blood Diseases and Resources Research	Transfusion and Organ Dysfunct	Nationwide Children's Hospital	700277-0223-00	R01HL157208	93.839	-	28,804	28,804
NIH	Cardiovascular Diseases Research	Lipoprotein Interactions in th	University of Cincinnati		R01HL157260	93.837	186,012	348,445	534,457
NIH	Lung Diseases Research	TRANSPIRE: A Prospective Cohor	Baylor College of Medicine.		R01HL157392	93.838	33,474	798,000	1,408,936
			Children's Hospital Boston				3,965	-	-
			Children's Hospital of Philadelphia				285,756	-	-
			Fred Hutchinson Cancer Research Center				49,467	-	-
			Seattle Children's Hospital				52,676	-	-
			Univ of California				67,375	-	-
			University of Minnesota				118,523	-	-
NIH	Cardiovascular Diseases Research	Effect of reproductive history	Kaiser Foundation Res Institute		R01HL158100	93.837	9,794	524,885	617,665
			University of Cincinnati				82,986	-	-
NIH	Lung Diseases Research	NAD-dependent Signaling and Pu	Indiana University	9295 CH	R01HL158108	93.838	-	25,814	25,814
NIH	Blood Diseases and Resources Research	Role of the local vascular mic			R01HL158616	93.839	-	1,104,125	1,104,125
NIH	Lung Diseases Research	Role of lung endothelial cells			R01HL158659	93.838	-	603,077	603,077
NIH	Cardiovascular Diseases Research	Microprotein Regulation of Mit			R01HL160569	93.837	-	462,553	462,553
NIH	Blood Diseases and Resources Research	The role of contact pathway fa			R01HL160582	93.839	-	545,377	545,377
NIH	Cardiovascular Diseases Research	Dissecting the role of the car			R01HL160765	93.837	-	557,576	557,576
NIH	Lung Diseases Research	Risk stratification in pulmona	Indiana University		R01HL160941	93.838	139,523	171,527	311,050
NIH	Blood Diseases and Resources Research	Thrombosis Risk in Transgender			R01HL161153	93.839	-	370,033	370,033
NIH	Cardiovascular Diseases Research	Thrombospondin1-regulated atro			R01HL162595	93.837	-	244,219	244,219
NIH	Blood Diseases and Resources Research	Hematopoietic Stem Cell engraf			R01HL162649	93.839	-	432,386	432,386
NIH	Cardiovascular Diseases Research	Role of SHE and ABL signaling	University of Florida	6145-1033-00-A	R01HL163161	93.837	-	1,279	1,279
NIH	Lung Diseases Research	Derivation and Validation of t	Lurie Children's Hospital of Chicag	A23-0051-S002-CHMC	R01HL163692	93.838	-	15,787	15,787
NIH	Lung Diseases Research	Prdm3/16 Regulate Chromatin Ac			R01HL164414	93.838	-	564,437	564,437
NIH	Lung Diseases Research	Trajectories of Regional Card			R01HL164420	93.838	-	24,920	24,920
NIH	Translation and Implementation Science Resea	Accelerating Delivery of rheum	Uganda Heart Institute		R01HL164615	93.840	151,413	83,334	367,442
			University of Washington				132,695	-	-
NIH	Cardiovascular Diseases Research	Racial/Ethnic Influences on Ea	University of California	2022-1735	R01HL164823	93.837	-	34,357	34,357
NIH	Lung Diseases Research	Defining PRC2 complex epigenom			R01HL166245	93.838	-	199,033	199,033
NIH	Lung Diseases Research	Elucidating the FOXF1 gene reg			R01HL166283	93.838	-	51,936	51,936
NIH	Lung Diseases Research	Early detection of pulmonary c			R01HL166335	93.838	-	178,714	178,714
NIH	Cardiovascular Diseases Research	Cell therapy regulates cardiac			R01HL166548	93.837	-	36,452	36,452
NIH	Cardiovascular Diseases Research	Role of apoE in HDL-mediated e	University of Cincinnati		R01HL167200	93.837	53,068	146,914	199,982
NIH	Cardiovascular Diseases Research	Mechanisms governing the diffe			R01HL168790	93.837	-	51,116	51,116
NIH	Medical Library Assistance	Personal Health Record for You			R01LM012816	93.879	-	72,605	72,605
NIH	Medical Library Assistance	A Framework for Automated and			R01LM013222	93.879	-	437,447	437,447
NIH	Medical Library Assistance	Situation Awareness to Improve	Children's Hospital of Philadelphia	GRT-00001468	R01LM013526	93.879	-	56,502	56,502
NIH	Minority Health and Health Disparities Researc	Linking pre-and post-natal psy			R01MD013006	93.307	-	607,870	607,870
NIH	Mental Health Research Grants	Molecular Mechanisms Controlli	University of Cincinnati		R01MH090740	93.242	56,573	408,069	464,642
NIH	Mental Health Research Grants	1/2 Anomalous Motor System Phy			R01MH095014	93.242	-	379,694	379,694
NIH	Mental Health Research Grants	4/7-Collaborative genomic stud			R01MH115962	93.242	-	112,338	112,338
NIH	Mental Health Research Grants	Nationwide dissemination of a	American Academy of Pediatrics.		R01MH118488	93.242	69,979	523,930	593,909
NIH	Mental Health Research Grants	Patient and Provider perspecti	University of North Carolina	5113985	R01MH118955	93.242	-	136,396	136,396
NIH	Mental Health Research Grants	1/3 Effectiveness Trial of the	Florida State University	R000002935	R01MH121627	93.242	-	57,391	57,391
NIH	Mental Health Research Grants	Longitudinal Examination of SI			R01MH122415	93.242	-	836,363	836,363
NIH	Mental Health Research Grants	Molecular Dissection of Synapt	University of Massachusetts, Amh	21-015624 A00	R01MH122519	93.242	-	51,454	51,454
NIH	Mental Health Research Grants	Parsing Neurobiological Bases			R01MH123831	93.242	19,135	325,769	424,403
			Purdue University				79,499	-	-
			University of Cincinnati				-	-	-
NIH	Nursing Research	Self-Management of Adolescent	Children's Hospital of Philadelphia	3201511123	R01NR017429	93.361	-	126,246	126,246
NIH	Nursing Research	Peer Mentoring to Improve Self	Nationwide Children's Hospital	700160-0219-00	R01NR017533	93.361	-	135,595	135,595
NIH	Nursing Research	Fostering medication adherence			R01NR017794	93.361	113,859	149,681	524,505
			CHOC Children's Hospital				109,116	-	-
			Medical University South Carolina				26,561	-	-
			North Carolina State University				75,709	-	-
			Research Inst. at Nationwide Hos				49,579	-	-
			University of Florida				-	-	-
			University of Virginia				155,347	381,209	536,556
NIH	Nursing Research	Randomized Controlled Trial of			R01NR019426	93.361	-	230,615	230,615
NIH	Extramural Research Programs in the Neurosci	Mitogenic Activities in Neurof	University of Cincinnati	012830-00013	R01NS028840	93.853	-	110,974	110,974
NIH	Extramural Research Programs in the Neurosci	Comparison of Hemorrhagic and			R01NS030678	93.853	-	311,614	319,269
NIH	Extramural Research Programs in the Neurosci	Supraspinal Processing of Sens	Universitat De Barcelona		R01NS039426	93.853	7,655	170,035	645,370
NIH	Extramural Research Programs in the Neurosci	Molecular, cellular and physio	University of Florida		R01NS054794	93.853	475,335	518,797	691,657
NIH	Extramural Research Programs in the Neurosci	Identification and reversal of			R01NS065020	93.853	-	158,840	202,835
NIH	Extramural Research Programs in the Neurosci	A New Model to Identify Preter			R01NS094200	93.853	-	10,819	10,819
NIH	Extramural Research Programs in the Neurosci	Genetic and environmental inf	University of Pittsburgh		R01NS096053	93.853	43,995	337,636	337,636
NIH	Extramural Research Programs in the Neurosci	GABAergic Sensorimotor Dysf	Kennedy Krieger Research Institut	R01NS096207	R01NS096207	93.853	-	38,672	38,672
NIH	Extramural Research Programs in the Neurosci	miR-155 and RUNX function in n			R01NS097233	93.853	-	298,446	318,587
NIH	Extramural Research Programs in the Neurosci	Binding of Epstein Barr Virus			R01NS099068	93.853	-	26,985	26,985
NIH	Extramural Research Programs in the Neurosci	Mechanisms of Biquanide Sensit	University of Cincinnati		R01NS099162	93.853	20,141	10,489	10,489
NIH	Extramural Research Programs in the Neurosci	CHI Recovery Grant	University of Cincinnati	011078-003	R01NS100417	93.853	-	375,463	375,463
NIH	Extramural Research Programs in the Neurosci	Prevention of Cerebrospinal (C	Children's Hospital Los Angeles	300013147-C	R01NS101029	93.853	-	25,059	25,059
NIH	Extramural Research Programs in the Neurosci	Distinct Mechanisms of Cognitive			R01NS101321	93.853	-	47,710	47,710
NIH	Extramural Research Programs in the Neurosci	Assessing Population-based Rad	University of Cincinnati		R01NS103824	93.853	-	291,214	291,214
NIH	Extramural Research Programs in the Neurosci	Progranulin:A Novel Gene in Gaucher	New York University	R01NS103931	R01NS103931	93.853	-	640,089	640,089
NIH	Extramural Research Programs in the Neurosci	A novel smart patch for the f	University of Cincinnati	012058-002	R01NS103992	93.853	-	126,101	126,101
NIH	Extramural Research Programs in the Neurosci	Sensitization of developing se			R01NS105715	93.853	-	333,544	333,544
NIH	Extramural Research Programs in the Neurosci	Targeting th HIPP Signaling	University of Houston	R200017	R01NS105787	93.853	-	446,186	446,186
NIH	Extramural Research Programs in the Neurosci	Mechanisms linking hemostatic			R01NS107258	93.853	-	48,054	48,054
NIH	Extramural Research Programs in the Neurosci	Functional analysis of the mic			R01NS107453	93.853	-	128,196	128,196
NIH	Extramural Research Programs in the Neurosci	Creatine Transporter Deficien	University of Virginia	GB10578.160162	R01NS108763	93.853	-	16,477	16,477
NIH	Extramural Research Programs in the Neurosci	Headache Assessment of Childre	Columbia University	10(GG015970-03)	R01NS110826	93.853	-	447,053	447,053
NIH	Extramural Research Programs in the Neurosci	Neonatal Seizure Registry Deve	UCSF Human Research Program	11997sc	R01NS111166	93.853	-	231,207	231,207
NIH	Extramural Research Programs in the Neurosci	Spinal circuitry for ventilato			R01NS112255	93.853	-	296,089	296,089
NIH	Extramural Research Programs in the Neurosci	Mechanisms of muscle afferent			R01NS113965	93.853	-	316,836	316,836
NIH	Extramural Research Programs in the Neurosci	Bystander gene deletions in ca			R01NS114074	93.853	-	352,964	352,964
NIH	Extramural Research Programs in the Neurosci	Uncovering treatment targets f	University of Minnesota	P008296601	R01NS115438	93.853	-	212,441	212,441
NIH	Extramural Research Programs in the Neurosci	CNS in congenital DM1: pathoge			R01NS115662	93.853	-	2,344	2,344
NIH	Extramural Research Programs in the Neurosci	Diagnostic validity and safety	Johns Hopkins University		R01NS115929-01	93.853	-	211,567	211,567
NIH	Extramural Research Programs in the Neurosci	Role of mTOR in Circadian and	University of Florida		R01NS117457	93.853	-	885	885
NIH	Extramural Research Programs in the Neurosci	Circuit defects underlying in	Univ of California Los Angeles	SUB00003646	R01NS117597	93.853	-	12,809	12,809
NIH	Extramural Research Programs in the Neurosci	Seizures and Children's Outcom	Univ of California San Francisco	13490sc	R01NS119896	93.853	-	418,011	418,011
NIH	Extramural Research Programs in the Neurosci	ROSE-LAWN	University of Cincinnati	013382-002	R01NS120493	93.853	-	-	-
NIH	Extramural Research Programs in the Neurosci	Identification of novel pathwa			R01NS120892	93.853	-	-	-

NIH	Extramural Research Programs in the Neurosci	Anti-epileptogenic role of mTO				R01NS121042	93.853	-	341,616	341,616
NIH	Extramural Research Programs in the Neurosci	NSR-GENE (Neonatal Seizure Reg	University of California, San Francisco		13439sc	R01NS124051	93.853	-	5,899	5,899
NIH	Extramural Research Programs in the Neurosci	Roles of Gsx factors in basal				R01NS124680	93.853	-	588,858	588,858
NIH	Extramural Research Programs in the Neurosci	Understanding the Impact of Yo				R01NS125316	93.853	-	334,411	334,411
NIH	Extramural Research Programs in the Neurosci	CMRO2 and Uncoupling of Oxidat	University of Virginia		AWD-004172.GR101205	R01NS125677	93.853	-	26,569	26,569
NIH	Extramural Research Programs in the Neurosci	Advancing CNS drug delivery vi	Indiana University			R01NS132504	93.853	10,342	136,629	146,971
NIH	Drug Abuse and Addiction Research Programs	Automated Substance Use Detect				R03DA054256	93.279	-	62,411	62,411
NIH	Oral Diseases and Disorders Research	Tracing the origins of craniof				R03DE030200	93.121	-	98,049	98,049
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Durability of Epithelial Defec				R03DK124751	93.847	-	32,197	32,197
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Role of Circadian Rhythm				R03DK130908	93.847	-	162,754	162,754
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Diabetes Timing and Types and				R03DK131156	93.847	-	51,309	51,309
NIH	Cardiovascular Diseases Research	Genetic Contributions to Valva				R03HL159537	93.837	-	108,679	108,679
NIH	National Center for Advancing Translational Sc	Urinary Lipidomic profile in F				R03TR003916	93.350	-	55,979	55,979
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Alagille Syndrome Scientific M				R13DK132922	93.847	-	15,000	15,000
NIH	Allergy, Immunology and Transplantation Rese	Obesity, Metabolic Syndrome an				R21AI139829	93.855	-	155,686	155,686
NIH	Allergy, Immunology and Transplantation Rese	Copper tolerance and homeostas	University of Cincinnati..			R21AI143467	93.855	37,361	30,643	68,004
NIH	Allergy, Immunology and Transplantation Rese	Genetics of organ-specific lup	University of Cincinnati			R21AI145304	93.855	1,093	88,116	89,209
NIH	Allergy, Immunology and Transplantation Rese	Preserving T cell / antigen pr				R21AI148612	93.855	-	10,235	10,235
NIH	Allergy, Immunology and Transplantation Rese	Immune Responses in the Mother	Mayo Clinic		CHI-289276	R21AI151208	93.855	-	516	516
NIH	Allergy, Immunology and Transplantation Rese	Preconceptional paternal allerge				R21AI156185	93.855	-	222,445	222,445
NIH	Allergy, Immunology and Transplantation Rese	Genetic ancestry differences i				R21AI157363	93.855	-	256,943	256,943
NIH	Allergy, Immunology and Transplantation Rese	Immunopathogenesis of Histopla	University of Cincinnati		013543-00003	R21AI160722	93.855	-	9,671	9,671
NIH	Allergy, Immunology and Transplantation Rese	Biomarkers of Replication and	University of Cincinnati		013716-00002	R21AI165171	93.855	-	8,375	8,375
NIH	Allergy, Immunology and Transplantation Rese	Decoding human T-cell allospec	University of Notre Dame		204631CCHMC	R21AI169863	93.855	-	73,303	73,303
NIH	Cancer Cause and Prevention Research	Increasing HPV Vaccination Rat				R21CA238170	93.393	-	27,936	27,936
NIH	Cancer Detection and Diagnosis Research	Redefining hemophagocytic lym				R21CA256390	93.394	-	171,006	171,006
NIH	Cancer Biology Research	Infectious pressures on cell c				R21CA257984	93.396	-	224,175	224,175
NIH	Cancer Cause and Prevention Research	A novel algorithm to compute a				R21CA263704	93.393	-	164,722	164,722
NIH	Cancer Cause and Prevention Research	A Pilot Feasibility Trial of a				R21CA268945	93.393	-	69,614	69,614
NIH	Cancer Treatment Research	Target the Dusp1 in Jak2 depen				R21CA280723	93.395	-	51	51
NIH	Research Related to Deafness and Communic	Multimodal Neuroimaging Distin	University of Cincinnati		1R21DC017393	R21DC017393	93.173	-	44,315	44,315
NIH	Research Related to Deafness and Communic	Mobile technologies for delive	University of Pretoria			R21DC019598	93.173	9,303	107,324	116,627
NIH	Research Related to Deafness and Communic	Investigating the contribution	University of Illinois at Chicago			R21DC020242	93.173	7,916	151,711	171,153
			University of North Carolina-Chapel Hill					11,526	-	-
NIH	Oral Diseases and Disorders Research	Function and Regulation of Sem				R21DE030193	93.121	-	177,655	177,655
NIH	Oral Diseases and Disorders Research	Molecular Basis of SIX2-relate				R21DE032877	93.121	-	56,097	56,097
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Epigenetic and functional dete	Stanford University		52924141-254031	R21DK123691	93.847	-	39,300	39,300
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Individualized Structured Meal	University of Cincinnati		013507-00002	R21DK125033	93.847	-	84,441	84,441
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Pilot and Feasibility Clinical				R21DK128635	93.847	-	371,127	371,127
NIH	Environmental Health	Developing and Evaluating Nove				R21ES030092	93.113	8,393	13,689	22,082
NIH	Environmental Health	Innovative Personal Monitoring	RTI International		1-340-0217531-66041L	R21ES030142	93.113	-	21,704	21,704
NIH	Family Smoking Prevention and Tobacco Contr	Distinguishing Exposure to Sec	University of Cincinnati		013228-003	R21ES032161	93.077	-	9,911	9,911
NIH	Environmental Health	A Residential Dust Control Int	Brown University		00002114	R21ES034187	93.113	-	24,623	24,623
NIH	Biomedical Research and Research Training	Death-Seq, a Method for Genome				R21GM135634	93.859	-	87,820	87,820
NIH	Child Health and Human Development Extramu	ROR Plus: Randomized Trial of				R21HD102702	93.865	-	235,214	235,214
NIH	Child Health and Human Development Extramu	Brain organoid modeling of Gau				R21HD102788	93.865	-	31,810	31,810
NIH	Child Health and Human Development Extramu	Developmental Pharmacology of	Hasbro Children's Hospital		7137746	R21HD107675	93.865	-	73,128	73,128
NIH	Child Health and Human Development Extramu	Addressing Sleep in Adolescent				R21HD110653	93.865	-	50,595	50,595
NIH	Human Genome Research	Single-cell and single-molecul	The University of Chicago		AWD103412 (SUB000007	R21HG012423	93.172	-	33,415	33,415
NIH	Cardiovascular Diseases Research	Finding the contribution of th				R21HL162572	93.837	-	198,809	198,809
NIH	Nursing Research	Reducing Health Disparities th	University of Cincinnati		013513-002	R21NR019126	93.361	-	68,912	68,912
NIH	Extramural Research Programs in the Neurosci	Assessing the contribution of				R21NS121644	93.853	-	162,254	162,254
NIH	Extramural Research Programs in the Neurosci	A new human iPSC model of ALS:	University of Arizona			R21NS122169	93.853	44,640	147,309	191,949
NIH	Extramural Research Programs in the Neurosci	Distinguishing TLE and TLE us				R21NS123630	93.853	-	228,025	228,025
NIH	Extramural Research Programs in the Neurosci	Genetic approaches to address				R21NS123974	93.853	-	243,592	243,592
NIH	Extramural Research Programs in the Neurosci	Impact of Lztr1 mutations on o				R21NS125347	93.853	-	144,183	144,183
NIH	Extramural Research Programs in the Neurosci	Cell type-specific functions o				R21NS126740	93.853	-	232,661	232,661
NIH	Extramural Research Programs in the Neurosci	Ablating choroid plexus epithe	University of Cincinnati		014796-00002	R21NS127177	93.853	-	66,404	66,404
NIH	Research Infrastructure Programs	Establish a novel mouse model				R21OD031906	93.351	-	193,666	193,666
NIH	Research Infrastructure Programs	Development of a mouse model o				R21OD031907	93.351	-	244,251	244,251
NIH	Research Infrastructure Programs	A new mouse model to study GBA				R21OD033660	93.351	-	98,908	98,908
NIH	Allergy, Immunology and Transplantation Rese	USIDNET: A resource for clinic	Children's Hospital of Philadelphia		GRT-00002464	R24AI171055	93.855	-	27,747	27,747
NIH	Child Health and Human Development Extramu	Pediatric Injury: Modules to Man	University of Utah		1046978	R24HD096350	93.865	-	151,279	151,279
NIH	Environmental Health	Research Innovations using Sen				R25ES034592	93.113	26,871	51,128	77,999
NIH	Biomedical Research and Research Training	Growing Community Change Resea	University of Cincinnati		011577-004	R25GM129234	93.859	-	9,503	9,503
NIH	Biomedical Research and Research Training	WE ENGAGE via Data and Stories				R25GM129808	93.859	84,873	199,270	296,525
			University of Cincinnati					12,382	-	-
NIH	Biomedical Research and Research Training	#MyHealth: Training the Next G	University of Michigan			R25GM137361	93.859	-	49,516	49,516
NIH	Aging Research	Mechanisms in Lamin A function				R33AG054770	93.866	123,805	374,296	498,101
NIH	Aging Research	Sub to Tulane -Transfer from R	Tulane University		TUL-HSC-558537-20/21	R33AG057983	93.866	-	512,451	512,451
NIH	Arthritis, Musculoskeletal and Skin Diseases R	Improving delivery of therap				R33AR076771	93.846	-	359,633	359,633
NIH	Drug Abuse and Addiction Research Programs	Omics analysis of HIV during s	University of Cincinnati		014150-00002	R33DA048439	93.279	-	34,175	34,175
NIH	Child Health and Human Development Extramu	Evaluating Assessment and Medi	Univ of Calif.-Davis-Mmrrc			R33HD100934	93.865	135,174	319,229	454,403
NIH	National Center on Sleep Disorders Research	Positive airway pressure for t				R33HL151253	93.233	-	268,126	268,126
NIH	Extramural Research Programs in the Neurosci	Targeting complement 5a-medi	Children's Hospital of Philadelphia		GRT-00001521	R33NS112407	93.853	-	323,153	323,153
NIH	Research and Training in Complementary and	Feasibility and acceptability				R34AT011218	93.213	-	61,706	61,706
NIH	Lung Diseases Research	Pragmatic Research on Diuretic	The Research Instit at Nationwide		700266-0622-00	R34HL158586	93.838	29,857	38,526	68,383
NIH	Mental Health Research Grants	Emotion coaching skills as an				R34MH115897	93.242	7,547	64,022	86,564
			University of Georgia					14,995	-	-
NIH	Mental Health Research Grants	Improving Adherence in Adolesc	Case Western University		R34 MH117206-01A1	R34MH117206	93.242	-	8,012	8,012
NIH	Oral Diseases and Disorders Research	Harnessing the therapeutic potentia				R35DE027557	93.121	14,563	1,160,094	1,174,657
NIH	Environmental Health	Early Warning Systems for Chl	Icahn School of Medicine at Mount		0001147	R35ES030435	93.113	-	49,622	49,622
NIH	Biomedical Research and Research Training	Sepsis from Bedside to Bench to Bed	Children's Hospital Oakland			R35GM126943	93.859	4,500	547,121	595,001
			Indiana University					2,500	-	-
			McMaster University					23,760	-	-
			Stanford University..					500	-	-
			University of California					2,000	-	-
			University of Florida					500	-	-
			Vanderbilt University Medical Center					14,120	-	-
NIH	Biomedical Research and Research Training	Regulatory Mechanisms Governin				R35GM140805	93.859	-	524,093	524,093
NIH	Biomedical Research and Research Training	How CHAF1B maintains cell stat				R35GM142452	93.859	-	443,974	443,974

NIH	Biomedical Research and Research Training	Antibiotic Model-Informed Prec			R35GM146701	93.859	-	269,074	269,074
NIH	Biomedical Research and Research Training	Method Development for Single-			R35GM147283	93.859	-	110,187	110,187
NIH	Blood Diseases and Resources Research	Decoding Innate Immune Signaling			R35HL135783	93.839	-	441,608	441,608
NIH	Blood Diseases and Resources Research	Decoding Innate Immune Signaling			R35HL166430	93.839	-	485,479	485,479
NIH	Cancer Biology Research	Mechanisms coupling DEK to onc			R37CA218072	93.396	-	102,569	102,569
NIH	Cancer Biology Research	Pathogenic Role of Foxl1 Hepa			R37CA225807	93.396	-	364,804	364,804
NIH	Lung Diseases Research	Stimulating Access to Research	University of Cincinnati	013456-00002	R38HL155775	93.838	-	7,742	7,742
NIH	Human Genome Research	SciDAP: next generation platfo	Datirium LLC		R42HG011219	93.172	-	219,110	219,110
NIH	Cancer Biology Research	Therapeutic insights through p			R50CA211404	93.396	-	197,663	197,663
NIH	Aging Research	Regulation and function of imm			R56AG065327	93.866	-	82,188	82,188
NIH	Allergy, Immunology and Transplantation Rese	A Nanoparticle-Based Multivale	Virginia Tech		R56A1148426	93.855	46,750	160,609	207,359
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Cyst induction and growth in A			R56DK129238	93.847	-	59,896	59,896
NIH	Human Genome Research	Inferring 1D and 3D epigenomes	University of Pittsburgh		R56HG012360	93.172	50,364	147,959	198,323
NIH	Cardiovascular Diseases Research	Mechanisms of Eosinophil-Assoc	University of Cincinnati	013967-00002	R56HL147898	93.837	-	38,518	38,518
NIH	Cardiovascular Diseases Research	Chronomechanisms of Carionetaboli			R56HL158531	93.837	-	362,882	362,882
NIH	Mental Health Research Grants	Airway inflammation and fear-	University of Cincinnati	014685-00002	R56MH127043	93.242	-	66,503	66,503
NIH	Extramural Research Programs in the Neurosci	Disrupted Spatial and Temporal			R56NS128289	93.853	-	476,261	476,261
NIH	Arthritis, Musculoskeletal and Skin Diseases R	Electrical Coupling of Circula			R61AR078060	93.846	-	343,793	343,793
NIH	Research and Training in Complementary and	Integrative Training Program f	Emory University	A730969	R61AT012421	93.213	-	68,103	68,103
NIH	Diabetes, Digestive, and Kidney Diseases Extr	PAINED: Project Addressing INe	Children's National Medical Center	30007384-01	R61DK135406	93.847	-	22,596	22,596
NIH	Child Health and Human Development Extramu	Evaluating Assessment and Medi	Univ of Calif.-Davis-Mmrrc		R61HD100934	93.865	90,531	140,271	230,802
NIH	Trans-NIH Research Support	COVID-19 Network of Networks E	Rutgers	SUB000002507	COVID-19 R61HD105619	93.310	-	42,850	42,850
NIH	Blood Diseases and Resources Research	Mechanisms whereby IFN-gamma s	University of Pittsburgh	AWD00003978	R01HL153106	93.839	-	41,914	41,914
NIH	International Research and Research Training	An implementation toolkit for	Global Health Uganda	GHU-02-2021-01	R21TW011554	93.989	-	26,064	26,064
NIH	Lung Diseases Research	Commercial Translation of Biom			R61HL154105	93.838	-	80,151	80,151
NIH	Lung Diseases Research	Human gene transfer and macroph			R61HL156888	93.838	43,853	309,636	353,489
NIH	National Center on Sleep Disorders Research	Randomized Control Trial of ox			R61HL165366	93.233	224,459	628,348	1,089,283
							29,515	-	-
							47,661	-	-
							85,805	-	-
							37,798	-	-
							35,697	-	-
NIH	Cardiovascular Diseases Research	Intramuscular vs. Enteral Peni			R61HL166441	93.837	33,765	242,830	874,230
							587,951	-	-
							9,684	-	-
NIH	Extramural Research Programs in the Neurosci	SPRINT: Signature for Pain Rec	Stanford University Medical Cente	R61NS114926	R61NS114926	93.853	-	206,885	206,885
NIH	Extramural Research Programs in the Neurosci	Developing novel biomarkers of	Ann & Robert H Lurie Children's H	901654-CHMC	R61NS122094	93.853	-	203,975	203,975
NIH	Diabetes, Digestive, and Kidney Diseases Extr	A generalizable framework for	University of Pittsburgh		RC2DK122376	93.847	126,819	688,475	1,239,360
							424,066	-	-
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Systems Biology of Bone Marrow	Children's Hospital Boston	GENFD0001792995	RC2DK122533	93.847	-	9,761	9,761
NIH	Extramural Research Programs in the Neurosci	APRISE-Dementia (Assessing Pop	University of Cincinnati	1 RF1 NS117843-01	RF1NS117843	93.853	-	5,106	5,106
NIH	Child Health and Human Development Extramu	HEAL Initiative: Antenatal Opt	RTI International	5-312-0217179-035904	RL1HD104254	93.865	21,576	653,041	674,617
NIH	Allergy, Immunology and Transplantation Rese	Vaccinology Training Program	Emory University		T32AI165396	93.855	-	117,978	117,978
NIH	Arthritis, Musculoskeletal and Skin Diseases R	Cincinnati Training Program in			T32AR069512	93.846	-	143,322	143,322
NIH	Cancer Research Manpower	Training grant	University of Cincinnati	1017546	T32CA117846	93.398	-	66,055	66,055
NIH	Cancer Research Manpower	T32 Training grant	University of Cincinnati	1018511	T32CA236764	93.398	-	242,697	242,697
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Research Training in Pediatric			T32DK007695	93.847	-	123,264	123,264
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Pediatric Gastroenterology and			T32DK007727	93.847	-	470,911	470,911
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Research Training in Child Beh			T32DK063929	93.847	-	364,650	364,650
NIH	Environmental Health	Training grant	University of Cincinnati	1018504	T32ES007250	93.113	-	226,675	226,675
NIH	Biomedical Research and Research Training	T32 awarded to James Williams	University of Cincinnati	1018409	T32GM008478	93.859	-	51,247	51,247
NIH	Child Health and Human Development Extramu	T32 Cincinnati Pediatric Clini			T32HD069054	93.865	-	249,237	249,237
NIH	Lung Diseases Research	Pulmonary Development and Dise			T32HL007752	93.838	-	346,950	346,950
NIH	Cardiovascular Diseases Research	Understanding Cardiovascular D			T32HL125204	93.837	-	250,777	250,777
NIH	National Research Service Award in Primary C	General Pediatrics Research Fe			T32HP10027	93.186	-	510,886	510,886
NIH	Extramural Research Programs in the Neurosci	Cerebrovascular Fellowship Tra	University of Cincinnati	013104-002	T32NS047996	93.853	-	6,923	6,923
NIH	Lung Diseases Research	Cincinnati Children's Summer M			T35HL113229C	93.838	-	35,652	35,652
NIH	Occupational Safety and Health Program	Newman UC sub T42 ERC Renewal	University of Cincinnati	013704-00040	T42OH008432-16-00	93.262	-	17,552	17,552
NIH	Allergy, Immunology and Transplantation Rese	Gene therapy for SCID-X1 with	Children's Hospital Boston	GENFD0001819235	U01AI125051	93.855	-	8,572	8,572
NIH	Allergy, Immunology and Transplantation Rese	Controlling and Preventing Asthma	Children's Hospital Boston	GENFD0001867991	U01AI126614	93.855	-	384,284	384,284
NIH	Allergy, Immunology and Transplantation Rese	Gene Regulation as a Foundation			U01AI130830	93.855	107	986,671	1,175,160
							31,691	-	-
							156,691	-	-
NIH	Allergy, Immunology and Transplantation Rese	COVID-19 Exosomes and the Imm	Stanford University	62502353-128779	COVID-19 U01AI135950	93.855	-	69,699	69,699
NIH	Allergy, Immunology and Transplantation Rese	Impact of the Initial Influenz			U01AI144673	93.855	-	3,784,329	5,635,224
							799,184	-	-
							592,221	-	-
							459,490	-	-
							375,245	-	-
NIH	Allergy, Immunology and Transplantation Rese	COVID-19 Epidemiology and Immu			COVID-19 U01AI144673	93.855	-	1,423,734	1,798,979
NIH	Allergy, Immunology and Transplantation Rese	Dynamic regulatory network mod	Icahn School of Medicine at Mount	0255-E053-4609	U01AI150748	93.855	-	109,658	109,658
NIH	Allergy, Immunology and Transplantation Rese	Atopic dermatitis: mechanisms			U01AI152034	93.855	-	309,085	309,085
NIH	Allergy, Immunology and Transplantation Rese	Genomics of Nephrotic Syndrome	Duke University	265416 / A034556	U01AI152585	93.855	-	111	111
NIH	Allergy, Immunology and Transplantation Rese	Randomized trial of viral spec			U01AI157620	93.855	-	902,598	902,598
NIH	Allergy, Immunology and Transplantation Rese	Multi-omics of the Frequent Ex			U01AI159087	93.855	-	479,849	479,849
NIH	Allergy, Immunology and Transplantation Rese	Advancing Transplantation Outc	Harvard Medical School	GENFD0002098919/U01	U01AI163072	93.855	-	15,940	15,940
NIH	Allergy, Immunology and Transplantation Rese	Itacitinib to reduce lung infl	Duke University	A03-5348/1U01AI163099-	U01AI163099	93.855	-	10,533	10,533
NIH	Allergy, Immunology and Transplantation Rese	HIPC-III ImmuneSignatures IOF	La Jolla Institute for Immunology	20012-01-156-284	U01AI167892	93.855	-	88,322	88,322
NIH	Diabetes, Digestive, and Kidney Diseases Extr	IMPACCT: Infrastructure for Mu	Lurie Children's Hospital of Chicag	901634-CHMC	U01AR079113	93.847	-	2,656	2,656
NIH	Research and Training in Complementary and	Mind Body Balance for Pediatri			U01AT010132	93.213	154,793	523,547	681,952
							3,612	-	-
NIH	Cancer Treatment Research	The Pediatric Brain Tumor Cons	St Jude's Children's Hospital	110068210-7947557	U01CA081457	93.395	-	93,335	93,335
NIH	Cancer Treatment Research	Radiomics-based risk stratifi	Case Western University	RES600932	U01CA248226	93.395	-	36,645	36,645
NIH	Drug Abuse and Addiction Research Programs	4/6 HBDC Prenatal Experiences			U01DA055342	93.279	106,063	709,972	816,035
NIH	Oral Diseases and Disorders Research	Velopharyngeal insufficiency f	Phoenix Children's Hospital	SITZMAN-20-03	U01DE029750	93.121	-	81,671	81,671
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Non Alcoholic Steatohepatitis	Cleveland Clin Lerner Col of Med	1324-SUB	U01DK061732	93.847	-	147,773	147,773
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Clinical Center for Cholestasi			U01DK062497	93.847	-	772,204	772,204
NIH	Diabetes, Digestive, and Kidney Diseases Extr	CKID IV (patient care and sala	Children's Mercy Hospital	18-0007	U01DK066143	93.847	-	68,084	68,084
NIH	Diabetes, Digestive, and Kidney Diseases Extr	CUREGN 2.0 - Midwest Pediatric	Nationwide Children's Hospital	700198-0620-00	U01DK100866	93.847	-	17,937	17,937
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Defining the intestinal stem c			U01DK103117	93.847	71,325	343,661	414,986
NIH	Diabetes, Digestive, and Kidney Diseases Extr	INSPIRE: A Longitudinal Cohor	University of Iowa	S02042-03	U01DK108334	93.847	-	129,801	129,801
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Phosphate binder therapy and c	UCLA School of Public Health	1652 G YA029	U01DK122013	93.847	-	21,706	21,706
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Pediatric Acute Liver Failure	Lurie Children's Hospital of Chicag	901628-CCH	U01DK127995	93.847	-	16,998	16,998

NIH	Diabetes, Digestive, and Kidney Diseases Extr	Cincinnati Children's Clinical			U01DK134976	93.847	-	15,139	15,139
NIH	Environmental Health	Prenatal inflammatory exposures		Univ of Calif.-Davis-Mmrrc	U01ES029234	93.113	144,871	149,742	294,613
NIH	Human Genome Research	Polygenic Risk Scores for Heal		Children's Hospital Boston	U01HG011172	93.172	56,048	1,241,724	1,469,379
				University of Cincinnati			171,607	-	-
NIH	Lung Diseases Research	ORBEX: Primary Prevention of Asth	University of Arizona	PO 438886	U01HL130045	93.838	-	229,794	229,794
NIH	Cardiovascular Diseases Research	Administrative Coordinating Ce		Children's Hospital Boston	U01HL131003	93.837	155,527	3,883,808	4,319,522
				Children's Hospital Los Angeles			50,000	-	-
				Columbia University			96,039	-	-
				Mount Sinai School of Medicine			58,306	-	-
				University of Pittsburgh			5,242	-	-
				University of Utah			7,696	-	-
				Yale University			62,904	-	-
NIH	Blood Diseases and Resources Research	Realizing Effectiveness Across		Baylor College of Medicine.	U01HL133883	93.839	10,370	1,058,798	1,448,954
				CEFA/Centre Hospitalier Monkole			68,427	-	-
				Hospital Pediatrico David Bernardino			107,308	-	-
				Mbale Regional Referral Hospital			126,730	-	-
				University of Oxford			44,539	-	-
				The Feinstein Institute Medical Research			23,345	-	-
				University Health Network			9,437	-	-
NIH	Lung Diseases Research	Editing Alveolar Progenitor Cells		Battelle Memorial Institute	U01HL134745	93.838	35,864	338,811	1,317,255
				Boston University			510,018	-	-
				Johns Hopkins University			8,915	-	-
				National Jewish Health			12,178	-	-
				Univ of Pennsylvania			372,121	-	-
				Washington University			39,348	-	-
NIH	Lung Diseases Research	LungMap Phase II - Building a		Cedars-Sinai Medical Center	U01HL148856	93.838	15,722	896,722	1,091,624
				Massachusetts General Hospital.			179,180	-	-
NIH	Cardiovascular Diseases Research	Lung Map submission with UC Sa	University of California San Diego	125063615	U01HL148867	93.837	-	39,374	39,374
NIH	Blood Diseases and Resources Research	Sickle Cell Improvement: ENhan	Medical College of Wisconsin	U01HL159850	U01HL159850	93.839	-	38,093	38,093
NIH	Lung Diseases Research	Eliminating Monitor Overuse (E	Children's Hospital of Philadelphia	GRT-00001474	U01HL159880	93.838	-	48,806	48,806
NIH	Extramural Research Programs in the Neurosci	Preventing Epilepsy Using Vigabatrin	University of Alabama-Birmingham	000510297-SC001	U01NS092595	93.853	-	46,321	46,321
NIH	Extramural Research Programs in the Neurosci	Perinatal Arterial Stroke: A M	University of Cincinnati	011961-136901	U01NS106655	93.853	-	33,431	33,431
NIH	Extramural Research Programs in the Neurosci	Pediatric Dose Optimization fo	Baylor College of Medicine	0001625	U01NS114042	93.853	-	41,431	41,431
NIH	National Center for Advancing Translational Sc	Precision Medicine in the Diag	Tufts Medical Center	5016131-SERV	U01TR002271	93.350	-	136,039	136,039
NIH	National Center for Advancing Translational Sc	Instrumenting the Delivery Sys	Children's Hospital Boston	GENFD0001706578	U01TR002623	93.350	-	258,954	258,954
NIH	Cancer Treatment Research	COG NCTN Network Group Operati	Children's Hospital of Philadelphia	20198325	U10CA180886	93.395	-	16,015	16,015
NIH	Cancer Treatment Research	COG NCTN Network Group Operati	Public Health Institute	AR10426	U10CA180886	93.395	-	10,803	10,803
NIH	Cancer Treatment Research	COMMITTEE LEADERSHIP: NIH Nat	Public Health Institute	AR10925	U10CA180886	93.395	-	22,472	22,472
NIH	Cancer Treatment Research	O'Brien PHI-COG Study Chair AA	Public Health Institute	AR13039	U10CA180886	93.395	-	24,422	24,422
NIH	Cancer Treatment Research	Norris PHI-COG Associate Medic	Public Health Institute	AR65326	U10CA180886	93.395	-	53,676	53,676
NIH	Cancer Treatment Research	Study Chair	Public Health Institute	AR13044	U10CA180886	93.395	-	7,487	7,487
NIH	Cancer Treatment Research	Study Chair AREN 1721 2021	Public Health Institute	AR13043	U10CA180886	93.395	-	8,140	8,140
NIH	Cancer Treatment Research	AHEP 1531 (PHI managed)	Public Health Institute	AR61854	U10CA180886	93.395	-	23,983	23,983
NIH	Cancer Treatment Research	Biomarker, Imaging and Quality	Public Health Institute	AR65340	U10CA180886	93.395	-	10,842	10,842
NIH	Cancer Treatment Research	COG Renal Tumor Committee Lead	Public Health Institute	AR65365	U10CA180886	93.395	-	23,745	23,745
NIH	Cancer Treatment Research	ACNS1821, A Phase 1/2 Trial of	Children's Oncology Group	AR59607	U10CA180886	93.395	-	15,778	15,778
NIH	Cancer Treatment Research	COG NCTN Network Group Operati	Public Health Institute	AR61617	U10CA180886	93.395	-	6,873	6,873
NIH	Cancer Treatment Research	COG NCTN Network Group Operati	Public Health Institute	AR61618	U10CA180886	93.395	-	12,428	12,428
NIH	Cancer Treatment Research	COG NCTN Network Group Operati	Public Health Institute	AR61616	U10CA180886	93.395	-	6,409	6,409
NIH	Cancer Treatment Research	COG NCTN Network Group Operati	Public Health Institute	AR13042	U10CA180886	93.395	-	16,277	16,277
NIH	Cancer Treatment Research	COG NCTN Network Group Operati	Public Health Institute	AR13040	U10CA180886	93.395	-	24,925	24,925
NIH	Cancer Treatment Research	COG NCTN Network Group Operati	Children's Hospital of Philadelphia	U10CA180886	U10CA180886	93.395	-	1,308	1,308
NIH	Cancer Treatment Research	PHI-COG NCTN Work Order 2021	Public Health Institute	U10CA180886	U10CA180886	93.395	-	43,342	43,342
NIH	Vision Research	Phase 1 Trial of Bevacizumab Treat	Jab Center for Health Res Fdn., Inc.	U10EY011751	U10EY011751	93.867	-	43,394	43,394
NIH	Allergy, Immunology and Transplantation Rese	Epithelial Genes in Allergic I			U19AI072035	93.855	-	1,459,793	1,459,793
NIH	Allergy, Immunology and Transplantation Rese	Systems biological assessment	Stanford University Medical Cente	62927133-229950	U19AI167903	93.855	-	103,794	103,794
NIH	Cancer Treatment Research	Childhood Cancer Survivor Stud	St Jude's Children's Hospital	RFA-CA-20-052	U24CA055727	93.395	-	278,171	278,171
NIH	Drug Abuse and Addiction Research Programs	HEALTHy Brain and Child Develo	University of California San Diego	KR 705046	U24DA055325	93.279	-	44,776	44,776
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Investigating the role of VPS4	University of Utah	10055841-25	U24DK126127	93.847	-	38,545	38,545
NIH	Child Health and Human Development Extramu	NICHD - Schibler Capitation Act	RTI International	NRN: 0216392	U24HD095254	93.865	-	488,114	488,114
NIH	Child Health and Human Development Extramu	dGTEX BPC Participation	The Nat'l Disease Research Interc	141143/1U24HD106537-0	U24HD106537	93.865	-	55,782	55,782
NIH	Cardiovascular Diseases Research	Translating gene/pulmonary mac	University of Maryland (Baltimore)	1701192 Request: 4648	U24HL134763	93.837	-	202,686	202,686
NIH	Cardiovascular Diseases Research	PHN COVID/MUSIC Study Subcontr	New England Research Institutes	U24HL135691	COVID-19 U24HL135691	93.837	-	90,454	90,454
NIH	Cardiovascular Diseases Research	Single Institutional Review Bo	New England Research Institutes	U24HL135691	U24HL135691	93.837	-	222,211	222,211
NIH	Cardiovascular Diseases Research	Impact of Race and Ethnicity o	New England Research Institutes	U24HL135691	U24HL135691	93.837	-	360	360
NIH	Cardiovascular Diseases Research	Vascular Core for Dyslipidemia	New England Research Institutes	U24HL135691	U24HL135691	93.837	-	14,419	14,419
NIH	Cardiovascular Diseases Research	Dyslipidemia of Obesity Intervene	New England Research Institutes	U24HL135691	U24HL135691	93.837	-	2,030	2,030
NIH	Cardiovascular Diseases Research	Use of Oxandrolone to Promote	New England Research Institutes	U24HL135691	U24HL135691	93.837	-	1,731	1,731
NIH	Lung Diseases Research	The LungMAP Data Coordination		Battelle Memorial Institute	U24HL148865	93.838	50,000	1,065,485	1,727,297
				Massachusetts General Hospital.			100,000	-	-
				Research Triangle Institute			103,960	-	-
				The Broad Institute Inc.			161,436	-	-
				University of California Santa Cruz			196,416	-	-
				University of California, San Diego			50,000	-	-
				University of Pennsylvania			50,000	-	-
NIH	Extramural Research Programs in the Neurosci	Cincinnati Neuroscience Clinic	University of Cincinnati	CinciNEXT Renewal	U24NS107200	93.853	-	49,239	49,239
NIH	National Center for Advancing Translational Sc	Data Management and Coordinati			U2CTR002818	93.350	-	6,794,233	6,794,233
NIH	Diabetes, Digestive, and Kidney Diseases Extr	Clinical, Imaging, and Mucosal	Connecticut Children's Medical Ce	21-181065-02	U34DK126638	93.847	-	1,645	1,645
NIH	National Biodefense Hospital Preparedness P	Eastern Great Lakes Pediatric	University Hospital of Cleveland	USREP190615	U3REP190615	93.889	-	136,342	136,342
NIH	Allergy, Immunology and Transplantation Rese	Consortium of Eosinophilic Gas		Arkansas Children's Hospital	U54AI117804	93.855	14,020	305,674	1,074,067
				Baylor College of Medicine.			51,795	-	-
				Children's Hospital of Philadelphia			79,017	-	-
				Indiana University			64,824	-	-
				Mount Sinai School of Medicine			48,908	-	-
				Northwestern University			64,762	-	-
				University of California			25,687	-	-
				University of Colorado			66,460	-	-
				University of North Carolina-Chapel Hill			166,158	-	-
				University of Pennsylvania			92,895	-	-
				University of Utah			81,844	-	-
				Vanderbilt University Medical Center			12,023	-	-



## CHILDREN'S HOSPITAL MEDICAL CENTER AND AFFILIATES

### NOTES TO SUPPLEMENTARY SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS FOR THE YEAR ENDED JUNE 30, 2023

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#### 1. SCOPE OF AUDIT

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

#### 2. DE MINIMIS COST RATE

Cincinnati Children's did not elect to use the 10% de minimis indirect cost rate as allowed under the Uniform Guidance.

#### 3. SUMMARY OF SIGNIFICANT ACCOUNTING PRONOUNCEMENTS

**Basis of Presentation** — The accompanying Supplemental Schedule of Expenditures of Federal Awards (the "Schedule") includes the federal grant activity of Cincinnati Children's under programs of the federal government for the year ended June 30, 2023 and is presented on the accrual basis of accounting. This is consistent with the basis of accounting used in the preparation of the basic consolidated financial statements. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, Uniform Guidance. Because the Schedule presents only a selected portion of the operations of Cincinnati Children's, it is not intended to and does not present the financial position, changes in net assets or cash flows of Cincinnati Children's.

**Negative Balances** — Negative amounts represent grants with deficit balances which were closed during fiscal 2023.

#### 4. PROVIDER RELIEF FUND TAX IDENTIFICATION NUMBER

Cincinnati Children's received COVID-19 Provider Relief funds under the 31-0833936 tax identification number only.

## 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 AUDITOR'S 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 ("*Government Auditing Standards*"), the consolidated financial statements of Children's Hospital Medical Center and Affiliates (the "Company"), which comprise the Company's consolidated balance sheet as of June 30, 2023, and the related consolidated statements of operations and changes in net assets, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated September 29, 2023.

### Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Company's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control. Accordingly, we do not express an opinion on the effectiveness of the Company'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 Company'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 or significant deficiencies may exist that were not identified.

## Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Company's 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 financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

## Purpose of This Report

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

*Deloitte + Touche LLP*

September 29, 2023



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

### INDEPENDENT AUDITOR'S REPORT

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

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

##### Opinion on Each Major Federal Program

We have audited Children's Hospital Medical Center and Affiliates (the "Company's") compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on each of the Company's major federal programs for the year ended June 30, 2023. The Company's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Company complied, in all material respects, with the 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, 2023.

##### Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*); and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the Company and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of the Company's compliance with the compliance requirements referred to above.

## **Responsibilities of Management for Compliance**

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules and provisions of contracts or grant agreements applicable to the Company's federal programs.

## **Auditor's Responsibilities for the Audit of Compliance**

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the Company's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Company's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the Company's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the Company's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

## **Report on 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 a 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 Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

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

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

We have audited the financial statements of the Company as of and for the year ended June 30, 2023, and have issued our report thereon dated September 29, 2023, which contained an unmodified opinion on those financial statements. Our audit was performed for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by the Uniform Guidance and is not a required part of the 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 financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the 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 financial statements as a whole.

*Deloitte + Touche LLP*

December 1, 2023

# CHILDREN'S HOSPITAL MEDICAL CENTER AND AFFILIATES

## SCHEDULE OF FINDINGS AND QUESTIONED COSTS FOR THE YEAR ENDED JUNE 30, 2023

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

#### Financial Statements:

Type of auditor's report issued: Unmodified

Internal control over financial reporting:

Material weakness(es) identified?        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) identified?        Yes     X     No

Significant deficiency(ies) identified?        Yes     X     None reported

Type of auditor's report issued on compliance for major programs: Unmodified

Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?        Yes     X     No

#### Identification of Major Programs:

ALN Number	Name of Federal Program or Cluster
Various	Research and Development*
93.498	COVID-19-Provider Relief Fund And American Rescue Plan (ARP) Rural Distribution

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

Dollar threshold used to distinguish between Type A and Type B programs? \$ 3,000,000

# CHILDREN'S HOSPITAL MEDICAL CENTER AND AFFILIATES

## SCHEDULE OF FINDINGS AND QUESTIONED COSTS FOR THE YEAR ENDED JUNE 30, 2023

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Research and Development program tested as a single Type A program

Auditee qualified as low-risk auditee?

  X   Yes

       No

### PART II. FINANCIAL STATEMENT FINDINGS

None

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

None