

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan CHILDRENS HOSPITAL MEDICAL CENTER EMPLOYER MATCHING PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">003</td> </tr> <tr> <td colspan="2">1c Effective date of plan 07/01/2002</td> </tr> </table>	1b Three-digit plan number (PN) ▶	003	1c Effective date of plan 07/01/2002	
1b Three-digit plan number (PN) ▶	003				
1c Effective date of plan 07/01/2002					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) CHILDRENS HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 31-0833936</td> </tr> <tr> <td>2c Sponsor's telephone number 513-636-4200</td> </tr> <tr> <td>2d Business code (see instructions) 622000</td> </tr> </table>	2b Employer Identification Number (EIN) 31-0833936	2c Sponsor's telephone number 513-636-4200	2d Business code (see instructions) 622000	
2b Employer Identification Number (EIN) 31-0833936					
2c Sponsor's telephone number 513-636-4200					
2d Business code (see instructions) 622000					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	07/30/2010	MARYBETH SCHUTTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/30/2010	SCOTT HAMLIN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") CHILDRENS HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229	3b Administrator's EIN 31-0833936 3c Administrator's telephone number 513-636-4200
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	10059
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	10514
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	498
d Subtotal. Add lines 6a , 6b , and 6c	6d	11012
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	11013
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	5138
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	51

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2G 2K 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☐ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan CHILDRENS HOSPITAL MEDICAL CENTER EMPLOYER MATCHING PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 CHILDRENS HOSPITAL MEDICAL CENTER	D Employer Identification Number (EIN) 31-0833936	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	302	302
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2303428	2582196
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	833532	1027401
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	5919511	10013742
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	9056773	13623641

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	9056773	13623641
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2582196	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2582196

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		17897
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		2050848
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4650941

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	84073	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		84073
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		84073

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4566868
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: DELOITTE & TOUCHE, LLP

(2) EIN: 13-3891517

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		9000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>CHILDRENS HOSPITAL MEDICAL CENTER EMPLOYER MATCHING PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CHILDRENS HOSPITAL MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>31-0833936</u>

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>75-3182674</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Children's Hospital Medical Center Employer Matching Plan

Financial Statements
As of and for the Years Ended
December 31, 2009 and 2008 and
Supplemental Schedule for the Year Ended
December 31, 2009 and Independent Auditors' Report

Children's Hospital Medical Center Employer Matching Plan

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SUPPLEMENTAL SCHEDULES OMITTED – All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

INDEPENDENT AUDITORS' REPORT

To the Participants and Administrator of
Children's Hospital Medical Center Employer Matching Plan

We were engaged to audit the financial statements and supplemental schedule of Children's Hospital Medical Center Employer Matching Plan (the "Plan") as of December 31, 2009 and 2008, and for the years then ended, listed in the Table of Contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by MG Trust Company, LLC, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee that the information as of and for the years ended December 31, 2009 and 2008 provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to express, and we do not express, an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Deloitte & Touche LLP

June 30, 2010

Children's Hospital Medical Center
Employer Matching Plan

Statements of Net Assets Available for Plan Benefits
As of December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
PARTICIPANT- DIRECTED CASH AND INVESTMENTS, at fair value	\$11,041,445	\$6,753,345
EMPLOYER CONTRIBUTION RECEIVABLE	<u>2,582,196</u>	<u>2,303,428</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS, at fair value	13,623,641	9,056,773
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>55,954</u>	<u>38,862</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u><u>\$13,679,595</u></u>	<u><u>\$9,095,635</u></u>

See accompanying notes to financial statements.

Children's Hospital Medical Center
Employer Matching Plan

Statements of Changes in Net Assets Available for Plan Benefits
For the Years Ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
EMPLOYER CONTRIBUTIONS, net of forfeitures	<u>\$ 2,582,196</u>	<u>\$2,303,428</u>
INVESTMENT INCOME:		
Dividend income	227,648	229,375
Net appreciation (depreciation) in fair value of investments	<u>1,858,189</u>	<u>(2,520,449)</u>
	<u>2,085,837</u>	<u>(2,291,074)</u>
DISTRIBUTIONS TO PARTICIPANTS	<u>(84,073)</u>	<u>(175,364)</u>
INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR PLAN BENEFITS	4,583,960	(163,010)
NET ASSETS AVAILABLE FOR PLAN BENEFITS, beginning of year	<u>9,095,635</u>	<u>9,258,645</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS, end of year	<u><u>\$13,679,595</u></u>	<u><u>\$9,095,635</u></u>

See accompanying notes to financial statements.

Children's Hospital Medical Center Employer Matching Plan

Notes to Financial Statements December 31, 2009 and 2008

(1) Plan Description and Contribution Policy-

The following brief description of the Children's Hospital Medical Center Employer Matching Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

Children's Hospital Medical Center (CHMC) established the Plan effective July 1, 2002. The Plan is a noncontributory defined contribution plan which matches up to 1% of salary deferral contributions made to the individual 403(b) plans per pay period by eligible employees of CHMC who have attained the age of twenty-one and qualify as an Employee (as defined in the Plan document). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Participants are fully vested in their benefits after three years of credited service.

CHMC contributes to the Plan on an annual basis. The Plan Administrator established and maintains an account for each participant.

The Plan provides for benefits to be paid upon retirement, disability, death or separation other than retirement as defined by the Plan document. Plan benefits will be primarily paid in a lump sum payment. Participant's benefits shall commence upon the latter of the participant's normal retirement date or date of termination. Nonvested portions of a separated participant's account are forfeited and used to offset CHMC contributions. There were no amounts payable to participants who have terminated, but were not paid as of December 31, 2009 and 2008. There were \$2,833 and \$774 of forfeitures during the 2009 and 2008 plan year, respectively, that will be used to offset employer contributions in future years. Benefit payments to participants are recorded upon distribution.

Although CHMC has not expressed an intent to do so, it has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the participants become 100% vested in their accounts.

The Plan is administered by CHMC management and MG Trust Company, LLC is the trustee. Certain administrative functions are performed by employees of CHMC at no cost to the Plan. In addition, certain administrative expenses of the Plan are paid by CHMC.

(2) Summary of Significant Accounting Policies-

- (a) Basis of Accounting—The accompanying financial statements are prepared on the accrual basis of accounting.
- (b) Investment Valuation and Income Recognition—The Plan's investments are stated at fair value as determined by quoted market prices. Shares of mutual funds and units of the common collective trust fund are valued at quoted market prices, which represent the net asset value of shares or units held by the Plan at year end.

Children's Hospital Medical Center Employer Matching Plan

Notes to Financial Statements December 31, 2009 and 2008

- (c) Management Fees—Management fees and operating expenses charged to the Plan for investments in the mutual funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such assets.
- (d) 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 net assets available for plan benefits as of the date of the financial statements and the reported amounts of changes in net assets available for plan benefits during the reporting period and accompanying notes to the financial statements. Actual results could differ from those estimates.
- (e) Risks and Uncertainties—The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.
- (f) Accounting for Investment Contracts—In accordance with Accounting Standards Codification 946-210 (ASC 946-210), Reporting of Fully Benefit-Responsive Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans, the Statements of Net Assets Available for Plan Benefits present an investment contract at fair value, as well as an additional line item showing an adjustment of the fully benefit-responsive contract from fair value to contract value. The Statements of Changes in Net Assets Available for Plan Benefit is presented on a contract value basis and is not affected by ASC 946-210. Fair value of the contract is calculated by discounting the related cash flows based on current yields of similar instruments with comparable durations.
- (g) Fair Value Measurements—In September 2006, the Financial Accounting Standards Board issued ASC 820, *Fair Value Measurements*, (ASC 820), which establishes a single authoritative definition of fair value, sets a framework for measuring fair value and requires additional disclosures about fair value measurement. CHMC adopted ASC 820 on January 1, 2008, which provides a definition of fair value, establishes a framework for measuring fair value, and requires expanded disclosures about fair value measurements. The standard applies when GAAP requires or allows assets or liabilities to be measured at fair value; therefore, it does not expand the use of fair value in any new circumstance. ASC 820 defines fair value as 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. ASC 820 establishes a three-level hierarchy to be used when measuring and disclosing fair value. The fair value hierarchy gives the highest priority to quoted prices available in active markets (i.e., observable inputs) and the lowest priority to data lacking transparency (i.e., unobservable inputs) as follows:

Level 1 - Observable inputs for identical instruments such as quoted market prices;

Children's Hospital Medical Center Employer Matching Plan

Notes to Financial Statements December 31, 2009 and 2008

Level 2 - Inputs include quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable for the asset or liability (i.e., interest rates, yield curves, etc.), and inputs that are derived principally from or corroborated by observable market data by correlation or other means (market corroborated inputs); and

Level 3 - Unobservable inputs that reflect management's determination of assumptions that market participants would use in pricing the asset or liability. These inputs are developed based on the best information available, including management's own data.

In 2009, FASB Staff Position 157-4 "Disclosures Determining Fair Value When the Volume and Level of Activity for the Asset or Liability Have Significantly Decreased and Identifying Transactions that are not Orderly, was issued and later codified into ASC 820, which expanded disclosures and required that major category for debt and equity securities in the fair value hierarchy table be determined on the basis of the nature and the risks of the investments. The table below includes the major categorization for debt and equity securities on the basis of the nature and risk of the investments at December 31, 2009.

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Cash	\$ 302	\$ -	\$ -
Equity Mutual Funds	2,165,655	-	-
International Equity Mutual Funds	3,451,528	-	-
Bond Mutual Funds	3,209,081	-	-
Balanced Mutual Funds	1,187,478	-	-
Stable value fund	-	1,027,401	-
	<u>\$10,014,044</u>	<u>\$1,027,401</u>	<u>\$ -</u>

At December 31, 2009, 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 on a recurring basis are as follows:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Mutual funds	\$10,013,742	\$ -	\$ -
Cash	302	-	-
Stable value fund	-	1,027,401	-

The valuation methods as described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan 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.

Children's Hospital Medical Center Employer Matching Plan

Notes to Financial Statements December 31, 2009 and 2008

In January 2010, the FASB issues ASU No. 2010-06 "Fair Value Measurements and Disclosures (ASU No. 2010-06), which amends ASC 820 adding new disclosure requirements for Levels 1 and 2 and separate disclosures of purchases, sales, issuances and settlements relating to Level 3 measurements and clarification of existing fair value disclosures. ASU No. 2010-06 is effective for periods beginning after December 15, 2009, except for the requirement to provide Level 3 activity of purchases, sales, issuances, and settlements on a gross basis, which will be effective for fiscal years beginning after December 15, 2010. The Plan is currently evaluating the impact ASU No. 2010-06 will have on the financial statements.

(h) Accounting Standards Codification—The Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) became effective on July 1, 2009. The ASC became FASB's official source of authoritative U.S. generally accepted accounting principals (GAAP) applicable to all public and nonpublic nongovernmental entities, superseding existing guidance issued by the FASB, the American Institute of Certified Public Accountants (AICPA), the Emerging Issues Task Force (EITF), and other related literature. The FASB also issues Accounting Standard Updates (ASU). An ASU communicates amendments to the ASC and provides information to help a user of GAAP understand how and why GAAP is changing and when the changes will be effective.

(3) Participant Accounts and Investment Options- Individual accounts are maintained for each Plan participant. Each participant's account is credited with the CHMC's matching contribution and an allocation of the Plan's earnings and losses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may elect to direct the investment of their account in one or all of the following investment options offered by the Plan:

American EuroPacific – The prospectus for this fund indicates that it invests at least 80% of net assets in securities of issuers located in Europe and the Pacific Basin that have the potential for growth. The fund seeks long-term growth of capital.

Oppenheimer Global – The prospectus for this fund indicates that it invests primarily in common stocks of U.S. and foreign companies without limit in any country, including countries with developed or emerging markets. It currently emphasizes its investments in developed markets such as the United States, Western European countries and Japan. The fund seeks capital appreciation.

American Capital World Growth and Income – The prospectus for this fund indicates that it invests on a global basis, in common stocks that are denominated in U.S dollars or other currencies. The fund seeks long-term growth of capital while providing current income.

American Small Cap World – The prospectus for this fund indicates that it normally invests at least 80% of assets in equity securities of companies that are located around the world with small market capitalizations measured at the time of purchase. The fund's investment adviser currently defines "small market capitalization" companies to be companies with market capitalizations of \$3.5 billion or less. The fund seeks long-term growth of capital.

Children's Hospital Medical Center Employer Matching Plan

Notes to Financial Statements December 31, 2009 and 2008

AIM Small Cap Growth – The prospectus for this fund indicates that it normally invests at least 80% of assets in securities of small capitalization companies. The fund seeks long-term growth of capital.

Munder Small Cap Value – The prospectus for this fund indicates that it normally invests at least 80% of assets in equities of small capitalization companies defined as those companies with market capitalizations within the range of companies in the Russell 2000 Index. The fund seeks long-term capital appreciation.

AIM Mid Cap Core Equity – The prospectus for this fund indicates that it invests at least 80% of assets in equity securities, including convertible securities, of mid-capitalization companies. The fund seeks long-term capital growth.

Franklin Rising Dividends – The prospectus for this fund indicates that it normally invests at least 80% of assets in companies that have paid consistently rising dividends, which pay dividends on common stocks and have increased or maintained dividend rate during the last four consecutive years. The fund seeks long-term capital appreciation.

American Growth Fund – The prospectus for this fund indicates that it invests primarily in common stocks and seeks to invest in companies that appear to offer superior opportunities for growth of capital. The fund seeks capital growth.

Oppenheimer Capital Appreciation – The prospectus for this fund indicates that it invests primarily in common stocks of growth companies. These may be newer companies or established companies of any capitalization range that may appreciate in value over the long term. The fund seeks capital appreciation.

American Fundamental Investors – The prospectus for this fund indicates that it invests primarily in common stocks or securities convertible into common stocks and may invest significantly in securities of issuers domiciled outside of the U.S. and not included in the S&P 500 index. The fund seeks long-term growth of capital and income.

American Washington Mutual – The prospectus for this fund indicates that it invests primarily in common stocks of established companies that are listed on, or meet the financial listing requirements of, the New York Stock Exchange and have a strong record of earnings and dividends. The fund seeks income and opportunity for growth of principal consistent with sound common stock investing.

AIM Basic Value – The prospectus for this fund indicates that it invests at least 80% of assets in Equity securities of domestic and foreign issuers. It builds a portfolio of investments that have a higher level of risk than the S&P 500 index. The fund seeks long-term growth.

Children's Hospital Medical Center Employer Matching Plan

Notes to Financial Statements December 31, 2009 and 2008

AllianceBernstein Balanced Shares – The prospectus for this fund indicates that it invests primarily in a diversified portfolio of equity and fixed income securities. The fund seeks total return consistent with reasonable risks through a combination of income and long-term growth of capital.

American Income Fund – The prospectus for this fund indicates that it invests primarily in income producing securities. These include equity securities such as dividends paying common stocks, and debt securities such as interests paying bonds. It normally maintains 60% of assets in common stock and other equity-type securities. The fund seeks current income; capital appreciation is secondary.

American Bond Fund of America – The prospectus for this fund indicates that it invests primarily at least 80% of its assets in bonds and other debt securities. The fund seeks to provide as high a level of current income as is consistent with preservation of capital.

Franklin US Government Securities – The prospectus for this fund indicates that it invests at least 80% of net assets in U.S. government securities. It presently invests substantially all of its assets in Government National Mortgage Association obligations. The fund seeks income.

Union Bond & Trust Stable Value Fund (formerly Gartmore Stable Value Fund) – The prospectus for this fund indicates that it is a collective investment fund consisting of a diversified portfolio of high-quality stable value investment contracts issued by life insurance companies, banks and other financial institutions. The Fund is managed to earn a high level of return, consistent with, and providing for, preservation of capital, high credit quality, liquidity to pay plan benefits and reasonable tracking of interest rates.

American Beacon Large Cap Value Fund – The prospectus for this fund indicates that it invests at least 80% of assets in equity securities of large market capitalization U.S. companies. These companies generally have market capitalizations similar to the market capitalization of the companies in the Russell 1000 index at the time of investment. The fund seeks long-term capital appreciation and current income.

Columbia Mid Cap Value Fund – The prospectus for this fund indicates that it invests at least 80% of net assets in equity securities of companies that have a market capitalization in the range of companies in the Russell Midcap Value index at the time of purchase, that the Advisor believes are undervalued and have potential for long-term growth. The fund seeks long-term growth of capital.

Munder Mid-Cap Core Growth Fund – The prospectus for this fund indicates that it invests at least 80% of assets in equity securities of mid-capitalization companies. The fund seeks long-term capital appreciation.

**Children's Hospital Medical Center
Employer Matching Plan**

**Notes to Financial Statements
December 31, 2009 and 2008**

(4) Investments-

Accounting principles generally accepted in the United States of America require that investments in excess of 5% of net assets available for plan benefits be disclosed.

The following investments represent 5% or more of the Plan's net assets available for plan benefits as of December 31, 2009 and 2008:

	<u>2009</u>	<u>2008</u>
American Bond Fund of America	\$1,989,727	\$1,318,384
American Capital World Growth Income Fund	1,009,464	564,333
Alliance/Bernstein Balanced Shares	1,034,629	632,122
Franklin U.S. Government Securities	1,219,354	923,875
Union Bond and Trust Company Stable Value Fund	1,027,401	833,532
American Fundamental Investors	1,641,808	863,004
American Growth Fund	973,366	517,597

Children's Hospital Medical Center Employer Matching Plan

Notes to Financial Statements December 31, 2009 and 2008

During fiscal 2009 and 2008, the Plan's investments (including investments bought, sold and held during the year) appreciated/(depreciated) in value as follows:

	2009	2008
AIM Basic Value Fund	\$ -	\$ (42,358)
AIM Small Cap Growth Fund	34,544	(39,083)
AIM Mid Cap Core Equity Fund	-	(1,330)
Alliance/Bernstein Balanced Shares	158,290	(262,152)
American Bond Fund of America	182,669	(262,919)
American Capital World Growth Income Fund	238,447	(360,946)
American EuroPacific	128,687	(175,122)
Franklin US Government Securities	2,126	15,560
American Fundamental Investors	408,786	(563,140)
Union Bond & Trust Company Stable Value Fund (Formerly Gartmore Stable Value Fund)	18,333	27,467
American Growth Fund	248,133	(326,157)
American Income Fund	25,734	(42,742)
American Beacon Large Cap Value Fund	10,205	(13,968)
Columbia Mid Cap Value Fund	85,098	(104,796)
Munder Mid Cap Core Growth Fund	133,573	(181,276)
Munder Small Cap Value Fund	45,678	(75,741)
Oppenheimer Capital Appreciation Fund	3,617	(4,232)
Oppenheimer Global Fund	11,308	(13,633)
American SmallCap World Fund	105,869	(128,766)
American Washington Mutual Investors	-	(1,449)
Franklin Rising Dividends	-	(2,528)
	<u>\$1,841,097</u>	<u>\$(2,559,311)</u>

(5) Tax Status-

The Internal Revenue Service has determined and informed CHMC by a letter dated August 23, 2004 that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). The Plan has been amended to comply with certain administrative changes subsequent to receiving its determination letter. In January 2010, CHMC applied for a new determination letter from the Internal Revenue Service related to the plan amendments made to comply with recent changes in federal pension law. The Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Children's Hospital Medical Center **Employer Matching Plan**

Notes to Financial Statements December 31, 2009 and 2008

- (6) Information Certified by the Trustee- The following is a summary of the unaudited information regarding the Plan as of December 31, 2009 and 2008 and for the years then ended, included in the Plan's financial statements and supplemental schedule, that was prepared by or derived from information prepared by MG Trust Company, LLC, the trustee of the Plan, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the trustee that such information is complete and accurate.

	<u>2009</u>	<u>2008</u>
Statements of Net Assets Available for Plan Benefits—		
Participant-Directed Cash and Investments at fair value	\$11,041,445	\$ 6,753,345
Statements of Changes in Net Assets Available for		
Plan Benefits—		
Investment income:		
Dividend income	227,648	229,375
Net appreciation (depreciation) in fair value of investments	1,841,097	(2,559,311)

Supplemental schedule: All investment balances and information included in the supplemental schedule of assets (held at end of year).

Notes 3 and 4: All investment balances and investment information in the notes.

- (7) Investment Contract with Insurance Company-

The Plan has a fully benefit-responsive investment contract as a part of the Union Bond & Trust Company Stable Value Fund. The issuer maintains the contributions in a general account, which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at fair value and then adjusted to contract value as reported to the Plan by the issuers. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. Plan management believes that the occurrence of events that would cause the plan to transact at less than contract value is not probable. The issuers may not terminate the contract at any amount less than contract value.

Children's Hospital Medical Center Employer Matching Plan

Notes to Financial Statements December 31, 2009 and 2008

The issuers are contractually obligated to pay the principal and specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 0%. Such interest rates are reviewed on a quarterly basis for resetting. The crediting rate of the contract will track current market yields on a trailing basis.

	<u>2009</u>	<u>2008</u>
Average yields:		
Based on annualized earnings (1)	2.67%	4.28%
Based on interest rate credited to participants (2)	2.52%	3.68%

(1) Computed by dividing the annualized one-day actual earnings of the contract on the last day of the plan year by the fair value of the investments on the same date.

(2) Computed by dividing the annualized one-day earnings credited to participants on the last day of the plan year by the fair value of the investments on the same date.

(8) Subsequent Events-

Plan management reviewed subsequent events through June 30, 2010 noting no changes were required to the financial statements or footnotes contained herein.

**Children's Hospital Medical Center
Employer Matching Plan**

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
as of December 31, 2009

Shares/ Par Value	Identity of Issuer/Description of Investment	Current Value
	Cash	\$ 302
	<u>Mutual Funds and Common Collective Trust Funds</u>	
5,605.95	AIM Small Cap Growth Fund	126,919
76,752.89	Alliance/Bernstein Balanced Shares	1,034,629
168,620.94	American Bond Fund of America	1,989,727
29,620.41	American Capital World Growth Income Fund	1,009,464
12,064.07	American EuroPacific	462,536
183,637.64	Franklin US Government Securities	1,219,354
50,162.19	American Fundamental Investors	1,641,808
47,079.90	Union Bond & Trust Company Stable Value Fund (Formerly Gartmore Stable Value Fund)	1,027,401
35,615.28	American Growth Fund	973,366
9,867.57	American Income Fund	152,849
10,403.34	Munder Small Cap Value Fund	172,382
306.86	Oppenheimer Capital Appreciation Fund	11,974
743.82	Oppenheimer Global Fund	39,296
9,464.78	American SmallCap World Fund	298,424
2,720.36	American Beacon Large Cap Value Fund	44,668
29,221.06	Columbia Mid Cap Value Fund	323,476
23,019.28	Munder Mid Cap Core Growth Fund	512,870
	Total Cash and Investments	<u>\$11,041,445</u>

Plan Name	CHILDRENS HOSPITAL MED CENTER ER MATCHING PLAN
Plan Sponsor's Name	CHILDRENS HOSPITAL MEDICAL CENTER

[illegible]