

Form 990

Return of Organization Exempt From Income Tax

2012

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning 07/01, 2012, and ending 06/30, 2013

Form sections B through K: B Check if applicable; C Name of organization DAYTON CHILDREN'S HOSPITAL; D Employer identification number 31-0672132; E Telephone number (937) 641-3338; F Name and address of principal officer: DEBORAH FELDMAN; G Gross receipts \$ 343,242,166; H(a) Is this a group return for affiliates? Yes X No; H(b) Are all affiliates included? Yes; I Tax-exempt status: X 501(c)(3); J Website: WWW.CHILDRENSDAYTON.ORG; K Form of organization: X Corporation; L Year of formation: 1967; M State of legal domicile: OH

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Briefly describe the organization's mission... TO IMPROVE THE HEALTH STATUS OF ALL CHILDREN THROUGH SERVICE, EDUCATION, RESEARCH AND ADVOCACY.; 2-7a Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer DAVID T. MILLER, VP FINANCE & CFO, dated 05/13/14.

Paid Preparer Use Only: Print/Type preparer's name CHRISTOPHER B. BOGGS, Preparer's signature Christopher B. Boggs, Date 05/13/14, Check self-employed, PTIN P00032493, Firm's name ERNST & YOUNG U.S. LLP, Firm's EIN 34-6565596, Firm's address 111 MONUMENT CIRCLE, SUITE 4000 INDIANAPOLIS, IN 46204, Phone no. 317-681-7000.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes X No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III  Yes  No

**1** Briefly describe the organization's mission:

TO IMPROVE THE HEALTH STATUS OF ALL CHILDREN THROUGH SERVICE,  
EDUCATION, RESEARCH AND ADVOCACY.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 186,105,459. including grants of \$ 214,264.) (Revenue \$ 219,719,915.)  
SEE SCHEDULE O.

**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e Total program service expenses** ▶ 186,105,459.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .	X	
<b>24 a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i> . . . . .		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .	X	
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> . . . . .	X	
<b>35 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (19), 1b (13), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OH,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: DAVID T. MILLER ONE CHILDREN'S PLAZA DAYTON, OH 45404-1815 937-641-3338

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII  X

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EMILY CHAMBERS TRUSTEE	1.00 0	X					0	0	0	
(2) LESLIE BARNES CARSON TRUSTEE	1.00 0	X					0	0	0	
(3) JEFFREY CHRISTIAN, M.D. TRUSTEE	1.00 0	X					0	540,585.	59,770.	
(4) GREGORY EBERHART M.D. TRUSTEE	1.00 0	X					0	0	0	
(5) ELIZABETH EY, M.D. TRUSTEE	1.00 0	X					151,994.	0	0	
(6) ROSIE GOFORTH TRUSTEE	1.00 0	X					0	0	0	
(7) JEAN IRELAND TRUSTEE	1.00 0	X					0	0	0	
(8) SCOTT KELLY TRUSTEE	1.00 0	X					0	0	0	
(9) THERESE MCNEA-WILEY TRUSTEE	1.00 0	X					0	0	0	
(10) ROBERT P. MYERS, D.O. TRUSTEE	1.00 0	X					0	0	0	
(11) TIMOTHY PEPPER TRUSTEE	1.00 0	X					0	0	0	
(12) ARTHUR PICKOFF, M.D. TRUSTEE	1.00 0	X					108,599.	0	0	
(13) GREGORY SAMPLE TRUSTEE	1.00 0	X					0	0	0	
(14) MICHAEL SHANE TRUSTEE	1.00 0	X					0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) BEVERLY SHILLITO ----- TRUSTEE	1.00 ----- 0	X						0	0	0
( 16) MARLA VICHICH ----- TRUSTEE	1.00 ----- 0	X						0	0	0
( 17) JERAD BARNETT ----- 1ST VICE CHAIRMAN	1.00 ----- 0	X		X				0	0	0
( 18) LAURENCE KLABEN ----- SECRETARY/TREASURER	1.00 ----- 0	X		X				0	0	0
( 19) COLLEEN RYAN ----- ASST. SECRETARY/TREASURER	1.00 ----- 0	X		X				0	0	0
( 20) VISHAL SOIN ----- CHAIRMAN	1.00 ----- 0	X		X				0	0	0
( 21) DAVID KINSAUL ----- PRESIDENT AND CEO	40.00 ----- 0	X		X				2,079,326.	0	31,089.
( 22) DEBORAH FELDMAN ----- PRESIDENT AND CEO	40.00 ----- 0	X		X				172,721.	0	5,615.
( 23) THOMAS MURPHY, M.D. ----- VP MEDICAL AFFAIRS AND CMO	40.00 ----- 0	X		X				344,870.	0	197,665.
( 24) DAVID T. MILLER ----- VP FINANCE AND CFO	40.00 ----- 0			X				312,999.	0	108,097.
( 25) MATTHEW GRAYBILL ----- VP AND CHIEF OPERATING OFFICER	40.00 ----- 0			X				270,519.	0	113,062.
<b>1b Sub-total</b> . . . . .								260,593.	540,585.	59,770.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								4,753,442.	0	868,455.
<b>d Total (add lines 1b and 1c)</b> . . . . .								5,014,035.	540,585.	928,225.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 15

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 5



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) LISA COFFEY ----- VP CORPORATE SUPPORT SERVICES	40.00 0				X		191,273.	0	43,311.	
( 27) RENAE PHILLIPS ----- VP PATIENT CARE AND CNO	40.00 0				X		245,050.	0	108,638.	
( 28) GREGORY RAMEY ----- VP OUTPATIENT SERVICES	40.00 0				X		237,943.	0	116,161.	
( 29) VICKI GIAMBRONE ----- VP MKTG/EXTERNAL RELATIONS	40.00 0				X		245,698.	0	41,017.	
( 30) MARGARET HEMMEN ----- CR NURSE ANESTHETIST	40.00 0				X		189,656.	0	17,354.	
( 31) GREGORY HUFF ----- DIRECTOR PHARMACY	40.00 0				X		166,737.	0	38,417.	
( 32) ELIZABETH FREDETTE ----- DIRECTOR INFO SERVICES AND CIO	40.00 0				X		151,200.	0	36,040.	
( 33) BONNIE GORDON ----- CR NURSE ANESTHETIST	32.00 0				X		145,450.	0	11,989.	
-----										
-----										
-----										
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 15

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	44,402.					
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	60,720.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>						
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	685,798.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	11,584,689.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .		60,907.					
	<b>h Total.</b> Add lines 1a-1f . . . . .			12,375,609.				
	<b>Program Service Revenue</b>				<b>Business Code</b>			
<b>2a</b> PATIENT SERVICE REVENUE . . . . .			624100	132,506,182.	132,506,182.			
<b>b</b> MEDICARE/MEDICAID . . . . .			624100	82,951,024.	82,951,024.			
<b>c</b> SURGERY CENTER . . . . .			621400	8,440.		8,440.		
<b>d</b> . . . . .								
<b>e</b> . . . . .								
<b>f</b> All other program service revenue . . . . .								
<b>g Total.</b> Add lines 2a-2f . . . . .				215,465,646.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			12,779,616.			12,779,616.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0				
	<b>5</b> Royalties . . . . .			0				
	<b>6a</b> Gross rents . . . . .		(i) Real	299,662.				
		<b>b</b> Less: rental expenses . . . . .		874,190.				
		<b>c</b> Rental income or (loss) . . . . .		-574,528.				
		<b>d</b> Net rental income or (loss) . . . . .			-574,528.			-574,528.
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .		(i) Securities	96,698,641.				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .		94,249,808.	95,500.			
		<b>c</b> Gain or (loss) . . . . .		2,448,833.	88,515.			
		<b>d</b> Net gain or (loss) . . . . .			2,537,348.			2,537,348.
	<b>8a</b> Gross income from fundraising events (not including \$ 60,720. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>		855,956.				
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>	189,648.				
		<b>c</b> Net income or (loss) from fundraising events . . . . .			666,308.			666,308.
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less: direct expenses . . . . .		<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .				0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		611,177.					
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>	417,267.					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			193,910.	193,910.			
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11a</b> HITECH MEDICAL RECORDS . . . . .			900099	1,642,009.	1,642,009.			
	<b>b</b> CAFETERIA/KIDS CARE . . . . .		900099	1,465,522.	1,465,522.			
	<b>c</b> DAY CARE CENTER . . . . .		812930	673,545.	673,545.			
	<b>d</b> All other revenue . . . . .		624410	279,283.	279,283.			
	<b>e Total.</b> Add lines 11a-11d . . . . .			4,060,359.				
<b>12 Total revenue.</b> See instructions . . . . .			247,504,268.	219,711,475.	8,440.	15,408,744.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	58,500.	58,500.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	155,764.	155,764.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .	0			
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	2,719,660.		2,719,660.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7 Other salaries and wages . . . . .	81,974,888.	77,852,705.	3,628,611.	493,572.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	7,106,965.	6,749,585.	314,589.	42,791.
9 Other employee benefits . . . . .	12,138,684.	11,630,141.	434,811.	73,732.
10 Payroll taxes . . . . .	5,942,797.	5,643,958.	263,058.	35,781.
11 Fees for services (non-employees):				
a Management . . . . .	0			
b Legal . . . . .	281,244.		281,244.	
c Accounting . . . . .	248,122.		248,122.	
d Lobbying . . . . .	226,464.	226,464.		
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees . . . . .	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	16,833,731.	16,623,220.	210,511.	
12 Advertising and promotion . . . . .	883,344.	883,344.		
13 Office expenses . . . . .	11,666,381.	10,557,442.	933,327.	175,612.
14 Information technology . . . . .	4,323,042.	4,323,042.		
15 Royalties . . . . .	0			
16 Occupancy . . . . .	2,298,736.	2,189,371.	100,898.	8,467.
17 Travel . . . . .	768,385.	423,281.	319,897.	25,207.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings . . . . .	73,954.	73,954.		
20 Interest . . . . .	0			
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	14,777,628.	14,288,286.	444,045.	45,297.
23 Insurance . . . . .	761,955.	761,955.		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>MEDICAL SUPPLIES</u> . . . . .	23,993,764.	23,993,764.		
b <u>PURCHASED SERVICES</u> . . . . .	7,470,580.	5,622,837.	1,825,104.	22,639.
c <u>STATE HOSPITAL ASSESSMENT</u> . . . . .	4,091,364.	4,091,364.		
d <u>MISCELLANEOUS</u> . . . . .	-47,922.	-43,518.	-4,404.	
e All other expenses . . . . .				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	198,748,030.	186,105,459.	11,719,473.	923,098.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0			

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	15,010.	<b>1</b>	15,010.
	<b>2</b> Savings and temporary cash investments	44,977,390.	<b>2</b>	64,551,117.
	<b>3</b> Pledges and grants receivable, net	1,581,244.	<b>3</b>	782,280.
	<b>4</b> Accounts receivable, net	27,615,433.	<b>4</b>	31,715,810.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	39,836.	<b>7</b>	26,904.
	<b>8</b> Inventories for sale or use	1,755,147.	<b>8</b>	1,660,452.
	<b>9</b> Prepaid expenses and deferred charges	565,886.	<b>9</b>	366,730.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 190,219,399.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 92,044,259.	99,905,344.	<b>10c</b> 98,175,140.
	<b>11</b> Investments - publicly traded securities	221,218,098.	<b>11</b>	237,371,641.
	<b>12</b> Investments - other securities. See Part IV, line 11	24,091,921.	<b>12</b>	35,322,456.
	<b>13</b> Investments - program-related. See Part IV, line 11	2,223,611.	<b>13</b>	2,223,611.
	<b>14</b> Intangible assets	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11	4,530,784.	<b>15</b>	14,641,100.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	428,519,704.	<b>16</b>	486,852,251.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	30,218,758.	<b>17</b>	31,099,908.
	<b>18</b> Grants payable	0	<b>18</b>	0
	<b>19</b> Deferred revenue	1,415.	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	15,722,393.	<b>25</b>	14,243,674.
	<b>26 Total liabilities.</b> Add lines 17 through 25	45,942,566.	<b>26</b>	45,343,582.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	380,726,993.	<b>27</b>	438,462,873.
	<b>28</b> Temporarily restricted net assets	1,850,145.	<b>28</b>	3,045,796.
	<b>29</b> Permanently restricted net assets	0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	382,577,138.	<b>33</b>	441,508,669.	
<b>34</b> Total liabilities and net assets/fund balances	428,519,704.	<b>34</b>	486,852,251.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	247,504,268.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	198,748,030.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	48,756,238.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	382,577,138.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	8,736,602.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	1,438,691.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	441,508,669.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

<b>Name of the organization</b> DAYTON CHILDREN'S HOSPITAL	<b>Employer identification number</b> 31-0672132
---	---

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

- a  Type I    b  Type II    c  Type III-Functionally integrated    d  Type III-Non-functionally integrated

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 

	Yes	No
11g(i)		
- (ii) A family member of a person described in (i) above? 

	Yes	No
11g(ii)		
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

	Yes	No
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2012

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Percentage, %. Rows include: 14 Public support percentage for 2012; 15 Public support percentage from 2011 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2012; b 33 1/3% support test - 2011; 17a 10%-facts-and-circumstances test - 2012; b 10%-facts-and-circumstances test - 2011; 18 Private foundation.

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►



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**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

**2012**

<b>Name of the organization</b> DAYTON CHILDREN'S HOSPITAL	<b>Employer identification number</b> 31-0672132
---	---

**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization DAYTON CHILDREN'S HOSPITAL

Employer identification number  
31-0672132

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 15,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 20,195.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 5,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization DAYTON CHILDREN'S HOSPITAL

Employer identification number  
31-0672132

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 5,915.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	----- ----- -----	\$ 15,679.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	----- ----- -----	\$ 6,285.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	----- ----- -----	\$ 6,278.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	----- ----- -----	\$ 11,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization DAYTON CHILDREN'S HOSPITAL

Employer identification number  
31-0672132

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	----- ----- -----	\$ 5,375.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	----- ----- -----	\$ 16,417.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	----- ----- -----	\$ 7,981.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	----- ----- -----	\$ 13,464.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	----- ----- -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization DAYTON CHILDREN'S HOSPITAL

Employer identification number  
31-0672132

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	----- ----- -----	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	----- ----- -----	\$ 31,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	----- ----- -----	\$ 10,590.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	----- ----- -----	\$ 10,539.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Employer identification number  
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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	----- ----- -----	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	----- ----- -----	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	----- ----- -----	\$ 165,788.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	----- ----- -----	\$ 5,957.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Employer identification number

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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	----- ----- -----	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	----- ----- -----	\$ 14,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	----- ----- -----	\$ 18,582.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	----- ----- -----	\$ 6,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	----- ----- -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	----- ----- -----	\$ 10,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	----- ----- -----	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	----- ----- -----	\$ 5,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	----- ----- -----	\$ 6,191.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	----- ----- -----	\$ 9,093.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	----- ----- -----	\$ 6,525.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	----- ----- -----	\$ 7,201.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	----- ----- -----	\$ 10,120.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	----- ----- -----	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	----- ----- -----	\$ 34,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54	----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56	----- ----- -----	\$ 10,010.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57	----- ----- -----	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58	----- ----- -----	\$ 32,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59	----- ----- -----	\$ 36,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60	----- ----- -----	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Employer identification number  
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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62	----- ----- -----	\$ ----- 18,297.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63	----- ----- -----	\$ ----- 9,198.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65	----- ----- -----	\$ ----- 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Employer identification number  
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	----- ----- -----	\$ 8,535.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
68	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69	----- ----- -----	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
70	----- ----- -----	\$ 93,834.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
71	----- ----- -----	\$ 8,960.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
72	----- ----- -----	\$ 11,765.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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31-0672132

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
74	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
75	----- ----- -----	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
76	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
77	----- ----- -----	\$ 69,487.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
78	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Employer identification number  
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
80	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
81	----- ----- -----	\$ 194,848.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
82	----- ----- -----	\$ 6,034.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
83	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
84	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
86	----- ----- -----	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
87	----- ----- -----	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
88	----- ----- -----	\$ 23,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
89	----- ----- -----	\$ 50,843.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
90	----- ----- -----	\$ 6,599.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	----- ----- -----	\$ ----- 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
92	----- ----- -----	\$ ----- 174,451.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
93	----- ----- -----	\$ ----- 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
94	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
95	----- ----- -----	\$ ----- 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
96	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
98	----- ----- -----	\$ 6,563.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
99	----- ----- -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
100	----- ----- -----	\$ 247,426.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
101	----- ----- -----	\$ 27,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
102	----- ----- -----	\$ 9,540.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
104	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
105	----- ----- -----	\$ 13,765.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
106	----- ----- -----	\$ 67,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
107	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
108	----- ----- -----	\$ 67,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	----- ----- -----	\$ 25,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
110	----- ----- -----	\$ 6,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
111	----- ----- -----	\$ 168,632.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
112	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
113	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
114	----- ----- -----	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	----- ----- -----	\$ 7,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
116	----- ----- -----	\$ 7,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
117	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
118	----- ----- -----	\$ 40,483.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
119	----- ----- -----	\$ 24,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
120	----- ----- -----	\$ 5,207.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
122	----- ----- -----	\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
123	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
124	----- ----- -----	\$ 7,225.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
125	----- ----- -----	\$ 10,064.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
126	----- ----- -----	\$ 5,174.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	----- ----- -----	\$ 12,177.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
128	----- ----- -----	\$ 6,630.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
129	----- ----- -----	\$ 10,620.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
130	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
131	----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
132	----- ----- -----	\$ 6,976.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
134	----- ----- -----	\$ 6,948.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
135	----- ----- -----	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
136	----- ----- -----	\$ 15,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
137	----- ----- -----	\$ 8,951.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
138	----- ----- -----	\$ 8,052.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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31-0672132

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139	----- ----- -----	\$ 7,549.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
140	----- ----- -----	\$ 7,339.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
141	----- ----- -----	\$ 6,630.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
142	----- ----- -----	\$ 6,168.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
143	----- ----- -----	\$ 6,058.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
144	----- ----- -----	\$ 6,047.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization DAYTON CHILDREN'S HOSPITAL

Employer identification number

31-0672132

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145	----- ----- -----	\$ 5,937.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
146	----- ----- -----	\$ 5,902.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
147	----- ----- -----	\$ 5,859.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
148	----- ----- -----	\$ 5,794.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
149	----- ----- -----	\$ 5,758.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
150	----- ----- -----	\$ 5,576.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **DAYTON CHILDREN'S HOSPITAL**

Employer identification number

31-0672132

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151	----- ----- -----	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
152	----- ----- -----	\$ 5,475.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
153	----- ----- -----	\$ 5,394.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
154	----- ----- -----	\$ 5,205.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
155	----- ----- -----	\$ 5,094.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
156	----- ----- -----	\$ 5,070.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **DAYTON CHILDREN'S HOSPITAL**

Employer identification number  
31-0672132

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157	----- ----- -----	\$ 5,030.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
158	----- ----- -----	\$ 6,358.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
159	----- ----- -----	\$ 37,284.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
160	----- ----- -----	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
161	----- ----- -----	\$ 6,330.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
162	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **DAYTON CHILDREN'S HOSPITAL**

Employer identification number

31-0672132

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
164	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
165	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
166	----- ----- -----	\$ 289,923.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
167	----- ----- -----	\$ 8,488.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
168	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization DAYTON CHILDREN'S HOSPITAL

Employer identification number  
31-0672132

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169	----- ----- -----	\$ 13,455.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
170	----- ----- -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
171	----- ----- -----	\$ 201,040.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
172	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
173	----- ----- -----	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
174	----- ----- -----	\$ 8,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization DAYTON CHILDREN'S HOSPITAL

Employer identification number

31-0672132

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175	----- ----- -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
176	----- ----- -----	\$ 15,954.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
177	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
178	----- ----- -----	\$ 230,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
179	----- ----- -----	\$ 10,869.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
180	----- ----- -----	\$ 11,719.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization DAYTON CHILDREN'S HOSPITAL

Employer identification number

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**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
182	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
183	----- ----- -----	\$ 24,311.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
184	----- ----- -----	\$ 8,447.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
185	----- ----- -----	\$ 6,467.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
186	----- ----- -----	\$ 15,443.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization DAYTON CHILDREN'S HOSPITAL

Employer identification number  
31-0672132

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187	----- ----- -----	\$ 8,245.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
188	----- ----- -----	\$ 9,497.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
189	----- ----- -----	\$ 8,530.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
190	----- ----- -----	\$ 12,685.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
191	----- ----- -----	\$ 8,735.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
192	----- ----- -----	\$ 8,243.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization DAYTON CHILDREN'S HOSPITAL

Employer identification number

31-0672132

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
193	----- ----- -----	\$ 8,684.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
194	----- ----- -----	\$ 14,972.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
195	----- ----- -----	\$ 9,021.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
196	----- ----- -----	\$ 14,132.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
197	----- ----- -----	\$ 6,692.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
198	----- ----- -----	\$ 6,828.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization DAYTON CHILDREN'S HOSPITAL

Employer identification number

31-0672132

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
199	----- ----- -----	\$ 23,875.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
200	----- ----- -----	\$ 16,934.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
201	----- ----- -----	\$ 6,644.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
202	----- ----- -----	\$ 13,088.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
203	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization DAYTON CHILDREN'S HOSPITAL

Employer identification number

31-0672132

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
89	STOCK ----- ----- -----	\$ 50,843.	-----
125	STOCK ----- ----- -----	\$ 10,064.	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

Name of organization DAYTON CHILDREN'S HOSPITAL

Employer identification number  
31-0672132

**Part III** *Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.* Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
-----		-----	
-----	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
-----		-----	
-----	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
-----		-----	
-----	-----	-----	-----
	-----	-----	-----
	-----	-----	-----
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
-----		-----	
-----		-----	
-----		-----	

**Political Campaign and Lobbying Activities**

**2012**

**Open to Public Inspection**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization DAYTON CHILDREN'S HOSPITAL	Employer identification number 31-0672132
--	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours . . . . . \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
<b>2 a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					



Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: Question, (a) Yes/No, and (b) Amount. Rows include questions about lobbying activities and their amounts.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows include questions about dues, non-deductible lobbying expenditures, and carryover.

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

**Part IV** Supplemental Information (continued)

## SCHEDULE C SUPPLEMENTAL INFORMATION

## SCHEDULE C, PART II-B

## LINE 1F:

OHIO HOSPITAL ASSOCIATION	\$2,793
OHIO CHILDREN'S HOSPITAL ASSOCIATION	\$143,933
NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS	\$21,362
TOTAL:	\$168,088

## LINE 1G:

MANAGEMENT TIME	\$8,688
NACH 2013 FAMILY ADVOCACY DAYS	\$4,491
TOTAL:	\$13,179

## LINE 1H:

CONSULTING EXPENSE	\$53,760
PRINTING AND SUPPLIES	\$25
TOTAL:	\$53,785

TOTAL LINE 1J:	\$235,052
----------------	-----------

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Name of the organization: DAYTON CHILDREN'S HOSPITAL; Employer identification number: 31-0672132

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for totals, 5-6 for questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Questions 1-9 regarding conservation easements, including a table for 'Held at the End of the Tax Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Questions 1a-1b and 2a-2b regarding art and historical treasures collections.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	127,667,969.	123,741,717.	97,132,791.	71,668,979.	87,947,632.
b Contributions	7,549,823.	7,937,991.	7,689,808.	19,617,386.	1,194,204.
c Net investment earnings, gains, and losses	14,908,772.	434,441.	22,325,672.	8,980,654.	-14,186,547.
d Grants or scholarships	4,542,192.	4,446,180.	3,402,441.	2,900,616.	3,254,832.
e Other expenditures for facilities and programs	33,551.		4,113.	233,612.	31,478.
f Administrative expenses					
g End of year balance	145,550,821.	127,667,969.	123,741,717.	97,132,791.	71,668,979.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  100.0000 %
- b Permanent endowment  %
- c Temporarily restricted endowment  %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,122,328.		4,122,328.
b Buildings		48,992,501.	22,042,215.	26,950,286.
c Leasehold improvements				
d Equipment		131,891,230.	68,363,941.	63,527,289.
e Other		5,213,340.	1,638,103.	3,575,237.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				98,175,140.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) HIRTLE CALLAGHAN - OFFSHORE	20,261,298.	FMV
(B) HIRTLE CALLAGHAN - COMMODITIES	15,061,158.	FMV
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	35,322,456.	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RESERVE FOR PROFESSIONAL LIABILITY	6,225,792.
(3) ESTIMATED REIMB/MEDICAID PROGRAMS	549,766.
(4) DEFERRED COMPENSATION PAYABLE	1,812,040.
(5) SERP PENSION ACCRUAL	2,967,547.
(6) REINSURANCE	2,688,529.
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	14,243,674.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

## SUPPLEMENTAL INFORMATION

SCHEDULE D, PART V, LINE 4

THE ENDOWMENTS ARE HELD BY DAYTON CHILDREN'S HOSPITAL FOUNDATION, A SUBSIDIARY OF DAYTON CHILDREN'S HOSPITAL. THE FUNDS ARE USED EXCLUSIVELY TO SUPPORT DAYTON CHILDREN'S HOSPITAL AND ITS SUBSIDIARIES. THE INTENDED USE OF THE FUNDS IS TO SUPPORT MEDICAL RESEARCH, THE CHILD LIFE PROGRAM AND THE MEDICAL CHAIRS OF SPECIFIC HOSPITAL DEPARTMENTS.

FIN 48 (ASC 740) FOOTNOTE

SCHEDULE D, PART X, LINE 2

ALL SUBSIDIARIES OF THE HOSPITAL EXCEPT CHILDREN'S CARE GROUP (CCG), CHILDREN'S ANESTHESIA GROUP (CAG), AND SELECTED JOINT VENTURE ENTITIES ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE WHOLLY OWNED FOR-PROFIT SUBSIDIARIES CCG AND CAG HAD NO TAXABLE INCOME IN 2013 OR 2012. THE PROVISION FOR INCOME TAXES FOR THE JOINT VENTURE ENTITIES IS NOT SIGNIFICANT TO THE HOSPITAL.

THE HOSPITAL COMPLETED AN ANALYSIS OF ITS TAX POSITIONS IN ACCORDANCE WITH APPLICABLE ACCOUNTING GUIDANCE, AND DETERMINED THAT NO AMOUNTS WERE REQUIRED TO BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS AT JUNE 30, 2013 OR 2012.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**

▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization

DAYTON CHILDREN'S HOSPITAL

Employer identification number

31-0672132

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN	1.	2.	INVESTMENTS		69,032,736.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .	1.	2.			69,032,736.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	1.	2.			69,032,736.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2012



**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . ▶ -----

3 Enter total number of other organizations or entities. . . . . ▶ -----

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . . . . .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* . . . . .  Yes  No

**Part V** **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

DAYTON CHILDREN'S HOSPITAL

Employer identification number

31-0672132

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |   |  |
|---|--|
| a <input type="checkbox"/> Mail solicitations               | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants     |
| c <input type="checkbox"/> Phone solicitations              | g <input type="checkbox"/> Special fundraising events            |
| d <input type="checkbox"/> In-person solicitations          |  |
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		DINNER/DANCE (event type)	GOLF OUTING (event type)	3. (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts . . . . .	520,580.	165,979.	230,117.	916,676.
	2	Less: Contributions . . . . .	41,600.	9,500.	9,620.	60,720.
	3	Gross income (line 1 minus line 2) . . . . .	478,980.	156,479.	220,497.	855,956.
Direct Expenses	4	Cash prizes . . . . .			1,933.	1,933.
	5	Noncash prizes . . . . .			917.	917.
	6	Rent/facility costs . . . . .	13,452.	24,085.	11,114.	48,651.
	7	Food and beverages . . . . .	37,167.	15,605.	27,109.	79,881.
	8	Entertainment . . . . .	1,800.		750.	2,550.
	9	Other direct expenses . . . . .	35,013.	4,293.	16,410.	55,716.
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				( 189,648.)
11	Net income summary. Combine line 3, column (d), and line 10 . . . . .				666,308.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue . . . . .			
Direct Expenses	2	Cash prizes . . . . .			
	3	Noncash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . .			( )
	8	Net gaming income summary. Combine line 1, column d, and line 7 . . . . .			

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.  
▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

<b>Name of the organization</b> DAYTON CHILDREN'S HOSPITAL	<b>Employer identification number</b> 31-0672132
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**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	X	
<b>1b</b> If "Yes," was it a written policy? . . . . .	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>150.0000</u> %	X	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>5b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	X	
<b>5c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .		X
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	X	
<b>6b</b> If "Yes," did the organization make it available to the public? . . . . .	X	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			302,939.		302,939.	.15
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			102,533,192.	82,594,018.	19,939,174.	10.03
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d</b> Total Financial Assistance and Means-Tested Government Programs . . . . .			102,836,131.	82,594,018.	20,242,113.	10.18
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			447,365.		447,365.	.23
<b>f</b> Health professions education (from Worksheet 5) . . . . .			4,116,073.	3,086,474.	1,029,599.	.52
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			14,734,526.	5,992,088.	8,742,438.	4.40
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			158,467.		158,467.	.08
<b>j</b> Total. Other Benefits . . . . .			19,456,431.	9,078,562.	10,377,869.	5.23
<b>k</b> Total. Add lines 7d and 7j. . . . .			122,292,562.	91,672,580.	30,619,982.	15.41



**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			550.		550.	
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members			6,996.		6,996.	
6 Coalition building			3,377.		3,377.	
7 Community health improvement advocacy			20,157.		20,157.	.01
8 Workforce development			25,772.		25,772.	.01
9 Other						
10 Total			56,852.		56,852.	.02

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .		X
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. . . . .		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) . . . . .	5	386,669.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	386,669.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

9a Did the organization have a written debt collection policy during the tax year? . . . . .	9a	X
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI . . . . .	9b	X

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians-see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

**Part V Facility Information**

**Section A. Hospital Facilities**

(list in order of size, from largest to smallest - see instructions)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, and primary website address

**1** DAYTON CHILDREN'S HOSPITAL  
 ONE CHILDRENS PLAZA  
 DAYTON OH 45404-1815  
 HTTP://WWW.CHILDRENSDAYTON.ORG/

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
X	X	X	X			X			

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group DAYTON CHILDREN'S HOSPITAL

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 1

		Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
<b>1</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply):	X	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Part VI)		
<b>2</b>	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>11</u>		
<b>3</b>	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted, . . . . .	X	
<b>4</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .		X
<b>5</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website		
<b>b</b>	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
<b>c</b>	<input checked="" type="checkbox"/> Other (describe in Part VI)		
<b>6</b>	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):		
<b>a</b>	<input type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
<b>b</b>	<input type="checkbox"/> Execution of the implementation strategy		
<b>c</b>	<input type="checkbox"/> Participation in the development of a community-wide plan		
<b>d</b>	<input type="checkbox"/> Participation in the execution of a community-wide plan		
<b>e</b>	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
<b>f</b>	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
<b>g</b>	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
<b>h</b>	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
<b>i</b>	<input checked="" type="checkbox"/> Other (describe in Part VI)		
<b>7</b>	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs . . .	X	
<b>8a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		X
<b>8b</b>	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information (continued)**

Financial Assistance Policy DAYTON CHILDREN'S HOSPITAL		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>9</b>	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? . . . . .	X	
<b>10</b>	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care: <u>1</u> <u>0</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
<b>11</b>	Used FPG to determine eligibility for providing <i>discounted</i> care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>1</u> <u>5</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
<b>12</b>	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
<b>a</b>	<input checked="" type="checkbox"/> Income level		
<b>b</b>	<input type="checkbox"/> Asset level		
<b>c</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>d</b>	<input checked="" type="checkbox"/> Insurance status		
<b>e</b>	<input type="checkbox"/> Uninsured discount		
<b>f</b>	<input type="checkbox"/> Medicaid/Medicare		
<b>g</b>	<input checked="" type="checkbox"/> State regulation		
<b>h</b>	<input type="checkbox"/> Other (describe in Part VI)		
<b>13</b>	Explained the method for applying for financial assistance? . . . . .	X	
<b>14</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
<b>a</b>	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
<b>b</b>	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
<b>c</b>	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
<b>d</b>	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
<b>e</b>	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
<b>f</b>	<input checked="" type="checkbox"/> The policy was available on request		
<b>g</b>	<input type="checkbox"/> Other (describe in Part VI)		

**Billing and Collections**

<b>15</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? . . . . .	X	
<b>16</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP:		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Part VI)		
<b>17</b>	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged:		X
<b>a</b>	<input type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Part VI)		

**Part V Facility Information (continued)** DAYTON CHILDREN'S HOSPITAL

**18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

- a  Notified individuals of the financial assistance policy on admission
- b  Notified individuals of the financial assistance policy prior to discharge
- c  Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d  Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e  Other (describe in Part VI)

**Policy Relating to Emergency Medical Care**

**19** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .  
If "No," indicate why:

- a  The hospital facility did not provide care for any emergency medical conditions
- b  The hospital facility's policy was not in writing
- c  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d  Other (describe in Part VI)

	Yes	No
<b>19</b>	X	

**Changes to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)**

**20** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a  The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b  The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c  The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d  Other (describe in Part VI)


**21** During the tax year, did the hospital facility charge any of its FAP- eligible individuals, to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Part VI.

<b>21</b>		X
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**22** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Part VI.

<b>22</b>		X
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**Part V Facility Information** *(continued)*

**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 9

Name and address	Type of Facility (describe)
<b>1</b> WARREN COUNTY SPECIALTY CARE CENTER 100 CAMPUS LOOP ROAD SUITE A FRANKLIN OH 45005	OUTPATIENT CARE CENTER AND OUTPATIENT DIAGNOSTIC CENTER
<b>2</b> SPRINGBORO URGENT CARE & OP CARE CENTER 3333 WEST TECH ROAD MIAMISBURG OH 45342	URGENT CARE CENTER AND OUTPATIENT DIAGNOSTIC CENTER
<b>3</b> DAYTON ORTHOPAEDICS - SOUTH 2350 MIAMI VALLEY DRIVE DAYTON OH 45459	OUTPATIENT CARE CENTER
<b>4</b> VANDALIA OUTPATIENT TESTING CENTER 810 FALLS CREEK DRIVE SUITE A VANDALIA OH 45377	OUTPATIENT DIAGNOSTIC CENTER
<b>5</b> BEAVERCREEK OUTPATIENT TESTING CENTER 3224 DAYTON-XENIA ROAD BEAVERCREEK OH 45431	OUTPATIENT DIAGNOSTIC CENTER
<b>6</b> SUGARCREEK OUTPATIENT TESTING CENTER 6116 WILMINGTON PIKE CENTERVILLE OH 45459	OUTPATIENT DIAGNOSTIC CENTER
<b>7</b> KETTERING OUTPATIENT TESTING CENTER 4475 FAR HILLS AVENUE KETTERING OH 45429	OUTPATIENT DIAGNOSTIC CENTER
<b>8</b> SPRINGFIELD SPECIALTY CARE CENTER 30 W. MCCREIGHT AVENUE SPRINGFIELD OH 45504	OUTPATIENT CARE CENTER
<b>9</b> DAYTON ORTHOPAEDICS - TROY 31 STANFIELD ROAD TROY OH 45473	OUTPATIENT CARE CENTER
<b>10</b>  	

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

SCHEDULE H PART VI

PART I, LINE 7G

DAYTON CHILDREN'S INCLUDED \$14,734,526 OF PHYSICIAN CLINIC COSTS IN THE  
SUBSIDIZED HEALTH SERVICES CATEGORY.

PART I. LINE 7

THE FOLLOWING COSTING METHODOLOGIES WERE USED IN PREPARATION OF SCHEDULE  
H PART I, LINE 7:

- CHARITY CARE AT COST WAS CALCULATED USING THE COST TO CHARGE RATIO.
- UNREIMBURSED MEDICAID WAS CALCULATED USING THE COST TO CHARGE RATIO.
- COMMUNITY HEALTH IMPROVEMENT SERVICES WERE VALUED AT THE ACTUAL CASH COSTS, INCLUDING DIRECTLY ASSIGNABLE PAYROLL COSTS, RELATED TO THESE ACTIVITIES. NO OVERHEAD ALLOCATION WAS CHARGED TO ANY AMOUNT INCLUDED IN THIS COMPUTATION.
- HEALTH PROFESSIONS EDUCATION COSTS WERE DETERMINED USING THE FACILITY'S MEDICARE COST REPORTED, SUPPLEMENTED BY THE ACTUAL CASH COSTS, INCLUDING DIRECTLY ASSIGNABLE PAYROLL COSTS, RELATED TO THESE ACTIVITIES.

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

-SUBSIDIZED HEALTH SERVICES COSTS WERE DETERMINED USING THE FACILITY'S INTERNAL COST ACCOUNTING SYSTEM. THE COST OF THESE SERVICES INCLUDES DIRECT COSTS ATTRIBUTABLE TO HEALTH SERVICES OPERATIONS, TOGETHER WITH AN ALLOCATION OF FACILITY DIRECT AND INDIRECT OVERHEAD USING A COST FINDING METHODOLOGY PATTERNED AFTER THE MEDICARE COST REPORT.

-CASH AND IN KIND CONTRIBUTIONS WERE VALUED AT THE ACTUAL CASH COSTS, INCLUDING DIRECTLY ASSIGNABLE PAYROLL COSTS, RELATED TO THESE ACTIVITIES. NO OVERHEAD ALLOCATION WAS CHARGED TO ANY AMOUNT INCLUDED IN THIS COMPUTATION.

PART III, LINE 4:

THE COSTING METHODOLOGY USED IN PREPARATION OF BAD DEBT ATTRIBUTABLE TO PATIENT ACCOUNTS IS THE COST TO CHARGE RATIO, RATIO OF PATIENT COST-TO-CHARGE. THE DAYTON CHILDREN'S AUDITED FINANCIAL STATEMENTS DO NOT INCLUDE A FOOTNOTE DISCUSSING BAD DEBT EXPENSE. A PROVISION FOR BAD DEBT EXPENSE IS SHOWN ON THE PROFIT AND LOSS STATEMENT. THE CALCULATION OF BAD DEBT EXPENSE IS IN CONFORMITY WITH ACCOUNTING PRINCIPLES GENERALLY



**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 20d, 21, and 22.

ACCEPTED IN THE UNITED STATES REQUIRING MANAGEMENT TO MAKE ESTIMATES AND ASSUMPTIONS BASED ON HISTORICAL DATA THAT AFFECT THE REPORTED AMOUNTS OF REVENUE AND EXPENSES DURING THE REPORTD PERIOD. LIKewise, AN ALLOWANCE FOR BAD DEBT IS SHOWN ON THE BALANCE SHEET UNDER THE SAME PRINCIPLE AFFECTING THE REPORTED AMOUNTS OF ASSETS AND LIABILITIES DURING THE REPORTED PERIOD.

PART III, LINE 8:

THE COSTS REPORTED FOR SERVICES PROVIDED TO MEDICARE PATIENTS COME FROM SCHEDULE E OF THE FACILITY'S COST REPORT AS FILED. SINCE DAYTON CHILDREN'S IS REIMBURSED FOR MEDICARE SERVICES UNDER A TEFRA METHODOLOGY, THERE IS NORMALLY NO SHORTFALL, AS ALLOWED COSTS AND PAYMENTS DUE IS EQUAL.

PART III, LINE 9B:

THE HOSPITAL'S POLICIES ON BILLING AND COLLECTIONS ARE POSTED ON OUR WEBSITE UNDER THE "FINANCIAL MATTERS" TAB. IT IS THE HOSPITAL'S POLICY

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
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THE HOSPITAL'S POLICIES ON BILLING AND COLLECTIONS SPECIFY WHEN COLLECTION ACTION MAY BE TAKEN AND MAKES IT CLEAR THAT THESE MEASURES WILL ONLY OCCUR AFTER DAYTON CHILDREN'S HAS MADE REASONABLE EFFORTS TO CONTACT A FAMILY ABOUT ITS BILL AND THE AVAILABILITY OF FINANCIAL ASSISTANCE PROGRAMS. THESE PRACTICES APPLY TO ALL PATIENTS IN GENERAL, NOT ONLY PATIENTS WHO MIGHT BE ELIGIBLE FOR FINANCIAL ASSISTANCE.

IN ADDITION, PATIENTS ARE INFORMED OF THE AVAILABILITY OF FINANCIAL ASSISTANCE PROGRAMS THROUGH SIGNS DISPLAYED IN REGISTRATION AREAS AND THROUGH MESSAGES APPEARING ON BILLING STATEMENTS MAILED BY THE HOSPITAL.

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PART V: SECTION B, LINE 20D

ALL PATIENTS ARE CHARGED THE SAME FOR SERVICES RECEIVED. HOWEVER, CHARGES BILLED TO ALL FAP ELIGIBLE PATIENTS ARE DISCOUNTED BASED ON THE HOSPITAL'S SLIDING FEE SCALE FOR DISCOUNTED CARE. THIS IS BASED ON CURRENT FEDERAL POVERTY LEVELS.

PART V:

DAYTON CHILDREN'S HAS 9 HEALTH CARE FACILITIES OTHER THAN THOSE REQUIRED TO BE LICENSED, REGISTERED, OR SIMILARLY RECOGNIZED AS A HEALTH CARE FACILITY UNDER STATE LAW. WE HAVE 5 TESTING CENTERS, 4 OFFSITE CLINICS,

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AND 1 URGENT CARE CENTER (50% OWNED).

#2: NEEDS ASSESSMENT. DESCRIBE HOW THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES.

IMPROVING THE HEALTH STATUS OF CHILDREN IS A KEY COMPONENT OF DAYTON CHILDREN'S HOSPITAL'S MISSION. TO HELP DEVELOP MEANINGFUL STRATEGIES IN THIS AREA, DAYTON CHILDREN'S EVALUATES THE STATUS OF OUR REGION'S PEDIATRIC HEALTH THROUGH A REGIONAL PEDIATRIC HEALTH ASSESSMENT CONDUCTED EVERY THREE YEARS. THE FIRST ASSESSMENT WAS CONDUCTED IN 2002, THE SECOND IN 2005, THIRD IN 2008. OUR FOURTH AND CURRENT ASSESSMENT WAS COMPLETED IN MARCH 2011.

WE WORKED WITH SCHWARTZ CONSULTING PARTNERS AND COMMUNITY HEALTH ADVOCATES, SUCH AS THE WRIGHT STATE BOONSHOFT SCHOOL OF MEDICINE, CARESOURCE, READYSETSOAR AND PUBLIC HEALTH DAYTON & MONTGOMERY COUNTY TO DEVELOP THE QUESTIONNAIRE. THE SURVEY WAS ADMINISTERED ONLINE AND VIA

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TELEPHONE TO 600 PARENTS WITH CHILDREN UNDER 14 YEARS OF AGE IN OUR

SERVICE AREA TO REPRESENT THE COMMUNITY SERVED BY THE HOSPITAL.

NOTE: PREVIOUS WAVES OF THE ASSESSMENT HAVE BEEN CONDUCTED EXCLUSIVELY

USING RANDOM TELEPHONE INTERVIEWING. HOWEVER IN RECENT YEARS THE

PROPORTION OF FAMILIES WHO RELY EXCLUSIVELY ON MOBILE PHONES HAS

INCREASED DRAMATICALLY, LEADING TO DECLINES IN TELEPHONE SURVEY

RESPONSES, ESPECIALLY AMONG PARENTS OF YOUNG CHILDREN. THIS HAS LED

HEALTH AND EPIDEMIOLOGICAL ORGANIZATIONS SUCH AS THE NATIONAL CENTER FOR

HEALTH STATISTICS TO RECOMMEND MIXED ONLINE AND TELEPHONE SAMPLING

METHODS. THE COMBINATION OF ONLINE AND TELEPHONE SAMPLING METHODS

COUPLED WITH DEMOGRAPHIC WEIGHTING ALLOWED THIS STUDY TO COME WITHIN ONE

OR TWO PERCENTAGE POINTS OF THE MOST RECENT CENSUS FIGURES FOR KEY

DEMOGRAPHIC STATISTICS FOR THE MIAMI VALLEY AREA (BASED ON 2009 U.S.

CENSUS RESULTS FOR 13 COUNTIES SERVED BY DAYTON CHILDREN'S ).

THE HOSPITAL USES THE INSIGHT FROM THE ASSESSMENT TO LEARN MORE ABOUT THE

HEALTH STATUS OF THE REGION'S CHILDREN, TO DETERMINE A COURSE OF ACTION

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TO MEET THEIR NEEDS AND IMPROVE CHILDREN'S QUALITY OF LIFE AND GIVE  
CHILDREN AND THEIR FAMILIES A VOICE REGARDING THEIR HEALTH AND SAFETY.

OUR 2011 STUDY REVEALS THREE AREAS REQUIRING GREATER ATTENTION:

1. MANAGING COLDS AND FLU
2. DEALING WITH DIET AND NUTRITION/CHILDHOOD OBESITY, AND
3. PREVENTING INJURIES AND IMPROVING SAFETY.

THESE AREAS SUGGEST A FOCUS FOR THE REGION'S PEDIATRIC HEALTH AGENDA FOR  
THE COMING YEARS, PARTICULARLY IN AREAS WHERE WE ARE ABLE TO PREVENT THE  
PREVENTABLE. THESE FINDINGS ARE USED TO PLAN MUCH OF OUR COMMUNITY HEALTH  
AND OUTREACH PROGRAMMING.

IN ADDITION, AFTER COMBINING THIS STUDY WITH INPUT FROM COMMUNITY  
PRACTITIONERS, WE IDENTIFIED THE NEED FOR GREATER MENTAL HEALTH  
SERVICES. DURING THE FISCAL YEAR, DAYTON CHILDREN'S STARTED MENTAL  
HEALTH RESOURCE CONNECTIONS TO HELP COMMUNITY PHYSICIANS CONNECT PATIENTS

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TO MUCH-NEEDED MENTAL HEALTH RESOURCES.

WHEN THIS STUDY WAS FIRST PUBLISHED IN 2011, WE HELD A PRESS CONFERENCE TO DISSEMINATE THE INFORMATION. IN ADDITION, WE CREATED A SUMMARY REPORT AND WHITE PAPERS OUTLINING THE NEXT STEPS FOR THE KEY ISSUES. FINALLY, OUR HEALTH ASSESSMENT WAS PUBLISHED ON OUR HOSPITAL WEBSITE AND AVAILABLE UPON REQUEST FOR ANY INVESTED PARTY. DAYTON CHILDREN'S ALSO WORKS WITH PARTNERS SUCH AS LOCAL HEALTH DEPARTMENTS AND CHILD-SERVING ORGANIZATIONS TO GAIN ADDITIONAL INFORMATION REGARDING THESE NEEDS IN ORDER TO CREATE COMPREHENSIVE ACTION PLANS. USING DATA FROM THE REGIONAL PEDIATRIC HEALTH ASSESSMENT, OUR INJURY DATABASE, INPUT FROM OUR PEDIATRIC EXPERTS, OTHER LOCAL AND NATIONAL STUDIES, DAYTON CHILDREN'S SETS A ROBUST AGENDA OF INJURY PREVENTION, HEALTH PROMOTION AND ADVOCACY TO ADDRESS THE HEALTH CARE NEEDS FACING OUR REGION'S CHILDREN.

THIS SURVEY IS VERY ROBUST AND ONE OF THE FEW ASSESSMENTS THAT DIRECTLY ADDRESSES CHILDREN'S HEALTH NEEDS AND PARENT PERCEPTIONS IN OUR

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COMMUNITY. DAYTON CHILDREN'S SHARES THE DATA WITH COMMUNITY LEADERS AND POTENTIAL PARTNERS SO THAT ADDITIONAL PROGRAMING CAN BE DEVELOPED THROUGHOUT OUR REGION. THE ASSESSMENT IS INTENDED TO PROVIDE COMMUNITY HEALTH ADVOCATES WITH A GUIDE TO THE HEALTH ISSUES IMPACTING THE REGION'S CHILDREN AND TO SUGGEST SOME AREAS OF FOCUS FOR FUTURE PROGRAMMING AND EDUCATION BEYOND THE WALLS OF DAYTON CHILDREN'S. DAYTON CHILDREN'S IS CURRENTLY IN THE PLANNING STAGES OF OUR 2014 COMMUNITY HEALTH NEEDS ASSESSMENT.

#3: PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE: THE HOSPITAL'S POLICIES ON BILING AND COLLECTIONS ARE POSTED ON OUR WEBSITE UNDER THE "FINANCIAL MATTERS" TAB. IT IS THE HOSPITAL'S POLICY TO PUBLICIZE THE AVAILABILITY OF FREE CARE, GOVERNMENT, AND OTHER FINANCIAL ASSISTANCE PROGRAMS BEFORE SERVICES ARE PROVIDED THROUGH MEANS SUCH AS ONSITE FINANCIAL COUNSELORS AND BROCHURES PROVIDED IN THE REGISTRATION AREAS. EACH OF THESE AVENUES OF COMMUNICATION INCLUDES DETAILED INSTRUCTIONS ON HOW PATIENTS AND FAMILIES MAY APPLY FOR ASSISTANCE.



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#4: COMMUNITY INFORMATION. DESCRIBE THE COMMUNITY THE ORGANIZATION SERVES, TAKING INTO ACCOUNT THE GEOGRAPHIC AREA AND DEMOGRAPHIC CONSTITUENTS IT SERVES.

DAYTON CHILDREN'S HOSPITAL IS LOCATED IN OLD NORTH DAYTON, NORTHEAST OF DOWNTOWN DAYTON AND THE URBAN CORE, IN MONTGOMERY COUNTY IN SOUTHWESTERN OHIO. THE HOSPITAL'S ROOTS CAN BE TRACED BACK TO 1919, WHEN PHILANTHROPIST AND ACTIVIST ANNA BARNEY GORMAN PLANNED A NORTH DAYTON COMMUNITY CENTER TO OFFER HEALTH SERVICES, EDUCATION AND RECREATION. THE BARNEY COMMUNITY CENTER LATER DEVELOPED INTO THE BARNEY CONVALESCENT HOSPITAL, WHICH CARED FOR POLIO VICTIMS. IN 1967 A FULL-SERVICE CHILDREN'S HOSPITAL, THE BARNEY CHILDREN'S MEDICAL CENTER, OPENED, AND IN 1970 THE NAME WAS CHANGED TO THE CHILDREN'S MEDICAL CENTER OF DAYTON. IN SPRING 2013, THE HOSPITAL CHANGED ITS NAME ONCE AGAIN TO DAYTON CHILDREN'S HOSPITAL.

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DAYTON CHILDREN'S NOW SERVES 20 OHIO COUNTIES, INCLUDING THE PRIMARY (CLARK, GREENE, MIAMI AND MONTGOMERY COUNTIES), THE NORTHERN (ALLEN, AUGLAIZE AND SHELBY COUNTIES), AND THE SOUTHERN (PARTS OF BUTLER AND WARREN COUNTIES) SERVICE AREAS AND OUR SECONDARY SERVICE AREA, WHICH INCLUDES PREBLE, DARKE, MERCER, VAN WERT, CLINTON, MADISON, HANCOCK, HARDIN, LOGAN, FAYETTE, CHAMPAIGN AND WAYNE COUNTY, INDIANA. OUR SERVICE AREA SPANS 9,000 SQUARE MILES WITH A 2.1 MILLION POPULATION THAT INCLUDES POOR URBAN AND RURAL AREAS.

WE ARE THE ONLY PEDIATRIC HEALTH CARE PROVIDER AND THE LARGEST PROVIDER OF MEDICAL CARE TO LOW-INCOME CHILDREN IN THE REGION. CURRENTLY, WE SERVE A DISPROPORTIONATE SHARE OF CHILDREN FROM LOW-INCOME FAMILIES. CURRENTLY 53% OF THE PATIENTS AT DAYTON CHILDREN'S ARE COVERED BY MEDICAID. IN ADDITION, DAYTON CHILDREN'S SERVES AS THE PEDIATRIC RESOURCE FOR MILITARY FAMILIES STATIONED AT NEARBY WRIGHT-PATTERSON AIR FORCE BASE. DAYTON CHILDREN'S HAS ALWAYS BELIEVED THAT INFANTS, CHILDREN AND TEENS NEED TO BE CARED FOR BY PEDIATRIC SPECIALISTS IN A PEDIATRIC

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FACILITY. WITH IMPROVED ACCESS TO PEDIATRIC SPECIALTY SERVICES, WE ARE ABLE TO PROVIDE EXPERT CARE TO ROUGHLY 285,000 CHILDREN IN OUR 20-COUNTY REGION, OUR OUTPATIENT AND ALTERNATIVE SERVICES, INCLUDING PEDIATRIC LABORATORY AND IMAGING, COMPLEMENT OUR INPATIENT SERVICES. MANY PROGRAMS HAVE RECEIVED CERTIFICATIONS AND ACCREDITATIONS FROM ORGANIZATIONS SETTING THE STANDARDS OF QUALITY CARE; OUR SCORES FROM THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS ARE CONSISTENTLY AMONG THE NATION'S HIGHEST.

IN FALL 2013, DAYTON CHILDREN'S HOSPITAL RECEIVED MAGNET DESIGNATION, MEANING THE HOSPITAL IS RECOGNIZED NATIONALLY AS THE GOLD STANDARD IN PATIENT CARE AND THE PROFESSIONAL PRACTICE OF NURSING BY THE AMERICAN NURSES CREDENTIALING CENTER (ANCC).

#5: PROMOTION OF COMMUNITY HEALTH. DESCRIBE HOW THE ORGANIZATION'S COMMUNITY- BUILDING ACTIVITIES, AS REPORTED IN PART II, PROMOTE THE HEALTH OF THE COMMUNITIES THE ORGANIZATION SERVES.

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THROUGH A VARIETY OF COMMUNITY- BUILDING ACTIVITIES, DAYTON CHILDREN'S STAFF AND SENIOR LEADERSHIP ARE WORKING BEYOND THE WALLS OF OUR HOSPITAL TO CREATE A HEALTHY COMMUNITY FOR ALL CHILDREN AND FAMILIES IN OUR REGION.

AT DAYTON CHILDREN'S WE KNOW THAT PARTNERSHIPS ARE A DRIVING FORCE FOR CHANGE IN OUR COMMUNITY. WE PARTNER WITH OTHER LOCAL ORGANIZATIONS THAT COMPLEMENT OR ENHANCE OUR MISSION: TO IMPROVE THE HEALTH STATUS OF ALL CHILDREN. WE BELIEVE THAT FAR MORE CAN BE ACCOMPLISHED BY WORKING TOGETHER AND THAT THE HEALTH OF CHILDREN AND FAMILIES IS LINKED TO THE HEALTH AND STRENGTH OF THE COMMUNITY.

AS THE ONLY CHILDREN'S HOSPITAL IN THE REGION, WE TAKE OUR PEDIATRIC EXPERTISE INTO THE COMMUNITY TO SOLVE PROBLEMS AND CREATE A HEALTHY COMMUNITY FOR OUR CHILDREN. OUR COMMUNITY RELATIONSHIPS DEMONSTRATE OUR COMMITMENT TO THE DAYTON AND SURROUNDING COMMUNITY - A COMMUNITY WE HAVE

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CALLED HOME FOR OVER 40 YEARS. DAYTON CHILDREN'S IS COMMITTED TO WORKING WITH OUR MANY VALUED PARTNERS TO HELP ENSURE DAYTON REMAINS A GREAT CITY TO LIVE, WORK AND PLAY.

DAYTON CHILDREN'S WORKS TO EDUCATE THE COMMUNITY ABOUT THE UNIQUENESS OF PEDIATRIC HEALTH CARE. OUR STAFF SERVES ON PROFESSIONAL ORGANIZATIONS AND HEALTHCARE ADVISORY BOARDS TO MAKE SURE CHILDREN'S HEALTH ISSUES ARE NOT FORGOTTEN AND TO EDUCATE FUTURE CLINICIANS ABOUT PEDIATRIC ISSUES. PROFESSIONAL ORGANIZATIONS AND ADVISORY BOARDS INCLUDE AMERICAN ORGANIZATIONS OF NURSE EXECUTIVES, DAYTON ORGANIZATION OF NURSING EXECUTIVES, OAKWOOD BOARD OF HEALTH, OHIO ACTION COALITION (THE FUTURE OF NURSING), OHIO ORGANIZATION OF NURSING EXECUTIVES, AND THE SOUTHWEST OHIO HEMOPHILIA FOUNDATION.

AS IT IS NATIONALLY, OBESITY CONTINUES TO BE A MAJOR PEDIATRIC HEALTH CONCERN FOR OUR REGION. ACCORDING TO OUR 2011 REGIONAL PEDIATRIC HEALTH ASSESSMENT, 37 PERCENT OF THE REGION'S CHILDREN ARE OVERWEIGHT OR OBESE.

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IN ADDITION, 34 PERCENT OF PARENTS IDENTIFIED NUTRITION AND DIET AS THE NUMBER-ONE COMMUNITY HEALTH ISSUE FACING CHILDREN YOUNGER THAN AGE 15. THROUGH COMMUNITY BUILDING ACTIVITIES WITH ORGANIZATIONS SUCH AS GET UP MONTGOMERY COUNTY, HEALTHY PEOPLE OUTCOMES COMMITTEE, YMCA HEALTHY KIDS DAYS, GIRLS ON THE RUN AND CHILDREN'S HUNGER ALLIANCE, WE HAVE WORKED WITH PARTNERS TO ADDRESS THIS COMMUNITY ISSUE. DAYTON CHILDREN'S PROVIDES UNIQUE PEDIATRIC EXPERTISE RELATING TO CHILDHOOD OBESITY AND ITS COMORBIDITIES IN ORDER TO GIVE PARENTS AND CHILDREN IN OUR COMMUNITY ACTIONABLE TIPS AND TOOLS TO REDUCE CHILDHOOD OBESITY IN OUR REGION. ANOTHER FINDING OF OUR REGIONAL PEDIATRIC HEALTH ASSESSMENT WAS THAT ALLERGIES AFFECT 10 PERCENT OF OUR PEDIATRIC POPULATION AND ASTHMA AFFECTS 9.2 PERCENT OF THE PEDIATRIC POPULATION. IN ADDITION, 7 PERCENT OF CHILDREN HAVE BEEN DIAGNOSED WITH DEVELOPMENTAL DELAYS/LEARNING DISABILITIES. IN ADDITION TO PROVIDING COMMUNITY HEALTH IMPROVEMENT SERVICES THAT ADDRESS THESE ISSUES, DAYTON CHILDREN'S WORKS WITH A VARIETY OF COMMUNITY PARTNERS SUCH AS THE GOODWILL/EASTER SEALS, SEIZURE EDUCATION CLASS AND SUPPORT GROUPS, AND THE EPILEPSY FOUNDATION OF

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WESTERN OHIO TO GIVE PARENTS AND CHILDREN IN OUR SERVICE AREA GREATER RESOURCES TO ADDRESS SPECIAL NEEDS ISSUES.

UNINTENTIONAL INJURY IS A LEADING CAUSE OF DEATH AND DISABILITY FOR CHILDREN ACROSS THE COUNTRY AND THE STATISTICS ARE VERY SIMILAR FOR OUR SERVICES AREA AS WELL. WE WORK WITH PARTNERS SUCH AS SAFE COMMUNITIES, OHIO INJURY PREVENTION PARTNERSHIP, OHIO OCCUPANT PROTECTION REGIONAL COORDINATOR PROGRAM, AND THE MONTGOMERY COUNTY CHILD FATALITY REVIEW BOARD TO ADDRESS SOME OF THE KEY UNINTENTIONAL INJURIES, SUCH AS MOTOR VEHICLE ACCIDENTS, PEDESTRIAN ACCIDENTS, AND UNSAFE SLEEP PRACTICES. WE ARE ALSO THE LEAD AGENCY OF SAFE KIDS GREATER DAYTON, WHICH IS OUR REGION'S LEADER IN CHILDHOOD INJURY PREVENTION PROGRAMMING. THE SAFE KIDS GREATER DAYTON COALITION ADDRESSES KEY PEDIATRIC SAFETY ISSUES WITH COMMUNITY PROGRAMMING, INCLUDING CHILD PASSENGER SAFETY, PEDESTRIAN SAFETY, HOME/FIRE SAFETY, MEDICATION POISONING PREVENTION, AND BICYCLE HELMET EDUCATION.



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DAYTON CHILDREN'S ALSO RECEIVES KOHL'S CARES GRANT FROM KOHL'S DEPARTMENT STORES WHICH WE USE TO PROVIDE PUBLIC EDUCATION ON KEY HEALTH AND SAFETY TOPICS. THIS YEAR OUR FOCUS WAS "SAFETY ON THE GO," OFFERING INFORMATION TO PARENTS ON CARPOOL SAFETY, HYPERTHERMIA PREVENTION, BIKE HELMET USAGE AND TEENAGE DISTRACTED DRIVING.

THIS YEAR DAYTON CHILDREN'S ALSO BEGAN EFFORTS TO CURB OHIO'S HIGH INFANT MORTALITY RATE BY PARTICIPATING IN AN INFANT MORTALITY SUMMIT AND BEGINNING WORK ON IMPORTANT INITIATIVES SUCH AS SAFE SLEEP EDUCATION PROGRAM.

BEYOND PARTICIPATION IN ORGANIZATIONS THAT DIRECTLY IMPACT CHILDREN AND CHILDREN'S HEALTH, DAYTON CHILDREN'S STAFF AND LEADERSHIP SERVE ON VARIOUS COALITIONS TO IMPROVE THE ECONOMIC AND SOCIAL HEALTH OF OUR COMMUNITY INCLUDING THE HUMAN SERVICES LEVY ALLOCATION COMMITTEE, MONTGOMERY COUNTY FAMILY AND CHILDREN'S FIRST, UNIVERSITY OF DAYTON CENTER FOR CATHOLIC EDUCATION URBAN DEVELOPMENT CENTER BOARD AND THE

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GREATER DAYTON HOSPITAL ASSOCIATION. THROUGH THESE ACTIVITIES, DAYTON CHILDREN'S STRIVES TO CREATE A COMMUNITY THAT IS A PLACE WHERE ALL CHILDREN AND FAMILIES GROW AND THRIVE.

PROVIDE ANY OTHER INFORMATION IMPORTANT TO DESCRIBING HOW THE ORGANIZATION'S HOSPITALS OR OTHER HEALTH CARE FACILITIES FURTHER ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY (E.G. OPEN MEDICAL STAFF, COMMUNITY BOARD, USE OF SURPLUS FUNDS, ETC.) DAYTON CHILDREN'S IS AN INDISPENSABLE RESOURCE TO OUR COMMUNITY BECAUSE WE:

-SERVE AS THE COMMUNITY'S SAFETY NET HOSPITAL BY CARING FOR ALL CHILDREN REGARDLESS OF THEIR ABILITY TO PAY, WHILE PROVIDING AND SUBSIDIZING HOSPITAL AND COMMUNITY-BASED SERVICES THAT ARE EITHER LIMITED OR UNAVAILABLE ELSEWHERE IN OUR COMMUNITY.

-SERVE AS A VOICE FOR CHILDREN THROUGH PUBLIC POLICY ADVOCACY TO CHANGE LAWS, POLICIES OR SYSTEMS LEADING TO THE IMPROVEMENT OF HEALTH AND SAFETY FOR CHILDREN AND FAMILIES.

-JOIN WITH COMMUNITY PARTNERS AND LEND SUPPORT THROUGHOUT OUR REGION TO

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IMPROVE THE LIVES OF CHILDREN AND THEIR FAMILIES.

-TRAIN FUTURE DOCTORS AND HEALTH CARE PROVIDERS TO BECOME THE NEXT  
GENERATION OF HIGH QUALITY, PROFESSIONAL PEDIATRIC EXPERTS, OFTEN AT A  
FINANCIAL LOSS TO THE HOSPITAL.

AT DAYTON CHILDREN'S WE ARE COMMITTED TO LIVING OUR MISSION TO IMPROVE  
THE HEALTH STATUS OF ALL CHILDREN. OUR COMMUNITY BENEFIT ACTIVITIES  
DEMONSTRATE THIS COMMITMENT TO OUR COMMUNITY'S CHILDREN.

AS A NOT-FOR-PROFIT HOSPITAL, WE RECOGNIZE THAT WE MUST ALWAYS DO WHAT IS  
IN THE BEST INTEREST OF THE PATIENTS AND THE COMMUNITY-THAT OUR MISSION  
TRUMPS PROFIT. AT DAYTON CHILDREN'S, WE SERVE A DISPROPORTIONATE SHARE  
OF CHILDREN FROM LOW-INCOME FAMILIES. CURRENTLY 50 PERCENT OF THE  
PATIENTS AT DAYTON CHILDREN'S ARE COVERED BY MEDICAID.

DAYTON CHILDREN'S IS A LEADER IN IMPROVING ACCESS TO HEALTH INSURANCE FOR  
CHILDREN AND FAMILIES THROUGH ITS ADVOCACY EFFORTS. WE HAVE WORKED TO

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EXPAND CHILDREN'S COVERAGE STATEWIDE AND NATIONALLY. THE HOSPITAL HAS PROVIDED CRITICAL RESOURCES AND SUPPORT TO EFFORTS TO ENSURE THAT THESE GAINS ARE TRANSLATED INTO ACTUAL COVERAGE BY ENROLLING UNINSURED CHILDREN ON-SITE.

DAYTON CHILDREN'S HEALTH CLINIC IS A PRIMARY CARE PROVIDER FOR MANY OF THE REGION'S INFANTS, CHILDREN AND TEENS. NOT ONLY IS CHILDREN'S HEALTH CLINIC A "SAFETY NET" FOR MANY FAMILIES WITH OVER 18,000 VISITS EACH YEAR, IT IS ALSO A RICH TRAINING SETTING FOR FUTURE PEDIATRICIANS.

AS A TEACHING HOSPITAL, DAYTON CHILDREN'S IS DEDICATED TO TRAINING THE NEXT GENERATION OF PEDIATRICIANS AND PEDIATRIC SPECIALISTS. EACH YEAR, DAYTON CHILDREN'S HOSTS 50 MEDICAL RESIDENTS FROM THE WRIGHT STATE UNIVERSITY BOONSHOFT SCHOOL OF MEDICINE. IN ADDITION, DAYTON CHILDREN'S HOUSES THIS COUNTRY'S ONLY CIVILIAN/MILITARY INTEGRATED PEDIATRIC RESIDENCY PROGRAM WITH WRIGHT PATTERSON AIR FORCE BASE. PHYSICIANS TRAINED AT DAYTON CHILDREN'S ARE SAVING LIVES THROUGHOUT THE WORLD.

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TRAINING RESIDENT PHYSICIANS INVOLVES SIGNIFICANT COSTS FAR BEYOND THOSE USUALLY ASSOCIATED WITH PATIENT CARE - HOWEVER, WE RECOGNIZE TRAINING THE NEXT GENERATION OF PEDIATRIC PROVIDERS IS ESSENTIAL TO THE OVERALL HEALTH OF OUR COMMUNITY.

AT DAYTON CHILDREN'S, 100 PERCENT OF OUR ACTIVE STAFF PHYSICIANS ARE BOARD CERTIFIED OR BOARD ELIGIBLE IN AT LEAST ONE KEY PEDIATRIC SPECIALTY AREA. THESE PEDIATRIC SPECIALISTS ARE THE CORE OF OUR CENTERS OF EXCELLENCE.

-THERE ARE 10 PEDIATRIC CANCER CARE PROGRAMS IN THE NATION ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER HOUSED IN FREE-STANDING CHILDREN'S HOSPITAL - DAYTON CHILDREN'S COMPREHENSIVE CARE CENTER OF CANCER AND BLOOD DISORDERS IS ONE OF THEM. THIS MEANS WE SHARE THE LATEST PROTOCOLS, RESEARCH AND CLINICAL TRIALS SO A CHILD WITH CANCER IN DAYTON GETS THE SAME CARE AS THEY WOULD AT ANY OTHER TOP CENTER IN THE COUNTRY. IN JULY 2013, DAYTON CHILDREN'S HOSPITAL WAS AWARDED A

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THREE-YEAR NATIONAL RE-ACCREDITATION WITH COMMENDATION TO THE CANCER

PROGRAM BY THE COMMISSION ON CANCER OF THE AMERICAN COLLEGE OF SURGEONS.

-OUR DESIGNATED LEVEL III NICU PROVIDES A STATE-OF-THE-ART,

DEVELOPMENTALLY-CENTERED UNIT OFFERS A FULL RANGE OF NEWBORN CARE

INCLUDING EMERGENCY AND CONTINUING CARE FOR PREMATURE AND CRITICALLY ILL

NEWBORNS.

-DAYTON CHILDREN'S HOUSES THE REGIONAL CENTERS FOR CYSTIC FIBROSIS,

HEMOPHILIA AND SICKLE CELL.

-THE SOIN PEDIATRIC TRAUMA AND EMERGENCY CENTER IS THE REGION'S ONLY

LEVEL II PEDIATRIC TRAUMA CENTER.

-DAYTON CHILDREN'S PERFORMS THE MAJORITY OF SPINAL SURGERIES IN OUR

REGION.

WE DO EVERYTHING WE CAN TO CREATE A HIGH-QUALITY, SAFE ENVIRONMENT FOR

OUR YOUNG PATIENTS. IN ADDITION TO PROVIDING CHILD-LIFE SPECIALISTS,

TRAINED IN DISTRACTION TECHNIQUES, WE "KID-SIZE" OUR CARE. OUR MEDICAL

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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IMAGING DEPARTMENT HAS STATE-OF-THE-ART EQUIPMENT DESIGNED TO PERFORM  
 DIAGNOSTIC EXAMINATIONS WITH A MINIMUM OF RADIATION EXPOSURE TO PATIENTS,  
 REDUCING LONG-TERM EFFECTS LATER IN LIFE.

CHILDREN COME TO OUR TRAUMA CENTER TO RECEIVE TREATMENT FOR COMMON,  
 EVERYDAY EMERGENCIES - BREATHING DIFFICULTIES AND ASTHMA, SEIZURES AND  
 DEHYDRATION - AS WELL AS TRAUMA CONDITIONS RESULTING FROM MOTOR VEHICLE  
 CRASHES, BURNS, NEAR DROWNING, PLAYGROUND AND SPORTS-RELATED ACCIDENTS,  
 FRACTURES AND CHILD ABUSE. THESE CHILDREN NEED CARE FROM STAFF TRAINED  
 TO USE CHILD-SIZED MEDICAL EQUIPMENT, PEDIATRIC PROTOCOLS THAT LIMIT  
 RADIATION EXPOSURE AND WEIGHT-BASED MEDICATION DOSAGES. EMERGENCY ROOMS  
 AT ADULT HOSPITALS ARE NOT WELL EQUIPPED OR STAFFED TO CARE FOR SERIOUSLY  
 ILL CHILDREN. THESE FACILITIES MAY PROVIDE INITIAL, STABILIZING  
 TREATMENT, BUT OFTEN THE NEXT STEP IS CONTACTING DAYTON CHILDREN'S TO  
 PROVIDE A HIGHER LEVEL OF CARE. OUR EMERGENCY AND TRAUMA SERVICES CAN  
 MAKE THE DIFFERENCE BETWEEN LIFE AND DEATH SINCE STUDIES SHOW THAT  
 CHILDREN HAVE A HIGHER SURVIVAL RATE AT PEDIATRIC TRAUMA CENTERS THAN AT

**Part VI Supplemental Information**

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ADULT TRAUMA CENTERS. HOSPITAL WIDE, OVER 50 PERCENT OF PATIENTS ARE ON MEDICAID, WHILE MORE THAN 60 PERCENT OF OUR EMERGENCY AND TRAUMA PATIENTS RELY ON MEDICAID, WHICH IS REIMBURSED AT 10 PERCENT OF THE COST OF CARE; AN ADDITIONAL 4 PERCENT OF EMERGENCY PATIENTS HAVE NO INSURANCE AT ALL. NEVERTHELESS, DAYTON CHILDREN'S IS COMMITTED TO TREATING ALL CHILDREN AND SUBSIDIZES THE CARE OF UNINSURED OR UNDERINSURED CHILDREN. THAT'S WHY WE ARE KNOWN THROUGHOUT THE REGION AS A SAFETY NET FOR LOW-INCOME AND UNEMPLOYED FAMILIES. DURING THIS FISCAL YEAR, MORE THAN 74,000 VISITED THE SOIN PEDIATRIC TRAUMA AND PEDIATRIC CENTER - A RECORD-BREAKING YEAR. TO PROVIDE THE BEST CARE FOR CHILDREN, DAYTON CHILDREN'S OFFERS MANY CLINICAL PROGRAMS DESPITE FINANCIAL LOSS BECAUSE THEY MEET AN IDENTIFIED COMMUNITY HEALTH NEED. THESE SPECIALTY PROGRAMS INCLUDE PEDIATRIC PULMONARY, ENDOCRINOLOGY, HEMATOLOGY/ONCOLOGY, GASTROENTEROLOGY, PSYCHIATRY, NEPHROLOGY, UROLOGY, SURGERY, CHILD ABUSE, NEUROLOGY, DEVELOPMENTAL PEDIATRICS, OUR SPECIALTY CLINIC AND OUR CHILDREN'S HEALTH CLINIC.



**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
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DAYTON CHILDREN'S JOINS WITH OTHER CHILDREN'S HOSPITALS ACROSS THE COUNTRY TO ADDRESS ISSUES UNIQUE TO THE POPULATION THAT WE SERVE. WE WORK WITH THE CHILDREN'S HOSPITAL ASSOCIATION, THE OHIO CHILDREN'S HOSPITAL ASSOCIATION (OCHA), AND THE OHIO HOSPITAL ASSOCIATION (OHA) TO ENSURE CHILDREN HAVE A VOICE IN POLICY MATTERS. IN THE HEALTH CARE REFORM CONVERSATION WE MAKE SURE THAT CHILDREN'S ISSUES SUCH AS ACCESS TO APPROPRIATE CARE ARE NOT FORGOTTEN.

DAYTON CHILDREN'S COMMITMENT TO CARING FOR CHILDREN BEYOND OUR WALLS AND THE COMMUNITY IS A KEY PART OF OUR MISSION. OUR COMMUNITY HEALTH IMPROVEMENT SERVICES ALLOW US TO PREVENT INJURIES, IMPROVE HEALTH LITERACY AND ENGAGE THE COMMUNITY ON IMPORTANT HEALTH INITIATIVES. DAYTON CHILDREN'S FURTHER SUPPORTS COMMUNITY EFFORTS TO IMPROVE THE HEALTH AND SAFETY OF CHILDREN THROUGHOUT THE REGION THROUGH DONATIONS AND SPONSORSHIPS MADE TO PROGRAMS THAT SUPPORT, HELP AND IMPROVE THE HEALTH STATUS OF CHILDREN AND IMPROVE THE QUALITY OF LIFE FOR CHILDREN AND THEIR FAMILIES. DAYTON CHILDREN'S HAS ASSISTED THE FOLLOWING ORGANIZATIONS: A

**Part VI Supplemental Information**

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SPECIAL WISH, AMERICAN CANCER SOCIETY, AMERICAN RED CROSS, CLOTHES THAT WORK, CRAYONS TO CLASSROOMS, CYSTIC FIBROSIS FOUNDATION, EPILEPSY FOUNDATION OF WESTERN OHIO, FAMILY SERVICES, FOR THE LOVE OF CHILDREN, JUVENILE DIABETES RESEARCH FOUNDATION, MARCH OF DIMES, NATIONAL CONFERENCE FOR COMMUNITY AND JUSTICE (NCCJ), REACH OUT MONTGOMERY COUNTY, AIDS RESOURCE CENTER OHIO, AND UNITED REHABILITATION SERVICES. IN ADDITION, WE HAVE SUPPORTED COMMUNITY YOUTH SPORTS TEAMS.

KEY INITIATIVES IN 2012-2013

DESTINATION 2020

THIS PAST YEAR, DAYTON CHILDREN'S REACHED A KEY MILESTONE AS WE FINALIZED OUR STRATEGIC ROADMAP, DESTINATION 2020. DESTINATION 2020 OUTLINES THE MILESTONES WE NEED TO REACH TO SUCCESSFULLY MEET OUR MISSION AND DELIVER THE VERY BEST PEDIATRIC CARE TO ALL CHILDREN IN OUR REGION, REGARDLESS OF ABILITY TO PAY. THIS PLAN WAS DEVELOPED WITH INPUT FROM PHYSICIANS AND EMPLOYEES, AS WELL AS PARTNERS AND LEADERS IN THE COMMUNITY. EVERYONE SHARES THE SAME GOAL: TO HELP DAYTON CHILDREN'S REMAIN AN INDEPENDENT

**Part VI Supplemental Information**

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LOCALLY-GOVERNED CHILDREN'S HOSPITAL. THERE ARE FOUR FOCUS AREAS OF  
 DESTINATION 2020 -PATIENT EXPERIENCE, RIGHT SERVICES, PHYSICIAN  
 INTEGRATION AND STRONG CARE ALLIANCES. IN FISCAL YEAR 2012-2013 WE  
 ALREADY BEGAN EXECUTING ON THIS BOLD PLAN.

WE FOCUSED ON THE PATIENT EXPERIENCE AND ACHIEVED AN ORGANIZATION-WIDE  
 RECORD HIGH PATIENT SATISFACTION SCORE OF 91.8 PERCENT. WE ALSO IMPROVED  
 CARE WITH PERSONAL FOLLOW-UP BY HAVING REGISTERED NURSES CALLING 27,842  
 PATIENTS PERCEIVED TO BE HIGH RISK THROUGH THE EMERGENCY DEPARTMENT  
 OUTREACH PROGRAM, IMPROVING QUALITY OF CARE. WE ALSO KICKED OFF OUR  
 HEALTHY HOSPITAL INITIATIVE BY RENOVATING OUR DINING AREA TO OFFER MORE  
 HEALTHY OPTIONS, SETTING A POSITIVE EXAMPLE FOR THE CHILDREN AND THEIR  
 FAMILIES AND MAKING HEALTHY CHOICES THE OBVIOUS CHOICE.

DAYTON CHILDREN'S WANTS TO ENSURE WE DELIVER THE RIGHT SERVICES TO  
 CHILDREN IN OUR REGION. WE EXPANDED SERVICES TO CENTERVILLE WITH A NEW  
 OUTPATIENT TESTING CENTER AND BROUGHT ORTHOPAEDIC SERVICES TO OUR

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MIDDLETOWN LOCATION, BRINGING NEEDED SERVICES AS CLOSE TO HOME AS POSSIBLE FOR PATIENTS AND FAMILIES.

WE FOCUSED ON PHYSICIAN INTEGRATION BY IMPLEMENTING THE PHYSICIAN CONNECTION PROGRAM, A QUICK, EFFICIENT WAY TO COMMUNITY PHYSICIANS TO CONSULT DIRECTLY WITH PEDIATRIC SPECIALISTS, RESULTING IN IMMEDIATE CONSULTATIONS AND IMPROVED COMMUNICATION. FINALLY, WE ESTABLISHED A CARE ALLIANCE WITH MIAMI VALLEY HOSPITAL TO ELEVATE THE QUALITY OF CARE AND STRENGTHEN THE HEALTH CARE DELIVERY SYSTEM FOR MOTHERS AND BABIES BY DRAWING ON THE EXPERTISE OF THE TWO REGIONAL HIGH-RISK CENTERS.

SPECIAL NEEDS RESOURCE CENTER DURING 2012-2013 FISCAL YEAR, DAYTON CHILDREN'S HOSPITAL LAUNCHED OUR ONLINE SPECIAL NEEDS RESOURCE CENTER. THIS ONLINE DIRECTORY, WHICH IS PART OF OUR HOSPITAL WEBSITE, HAS NEARLY 800 RESOURCES FOR CHILDREN WITH SPECIAL NEEDS WITHIN OUR 20-COUNTY SERVICE AREA. THIS GUIDE IS ORGANIZED TO HELP PARENTS FIND THE INFORMATION THEY NEED INCLUDING SUMMER CAMPS,

**Part VI Supplemental Information**

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SUPPORT GROUPS, RESPITE SERVICES, FINANCIAL AND EDUCATIONAL RESOURCES.

AFTER PREVIOUS NEEDS ASSESSMENT INDICATED THE NEED FOR SUPPORTIVE

RESOURCES FOR PARENTS, WE CREATED THIS DIRECTORY FOR PARENTS TO EASILY

FIND THE RESOURCES THEY ARE LOOKING FOR.

SCOLIOSIS SCREENINGS

AS AN ADVOCATE FOR THE COMMUNITY, DAYTON CHILDREN'S RECOGNIZES THE NEED FOR SCOLIOSIS SCREENING IN AREA SCHOOLS. DUE TO BUDGET CUTS IN MANY OF OUR LOCAL SCHOOLS, THE NURSES MUST FOREGO SCOLIOSIS SCREENING TO FOCUS ON IMMEDIATE MEDICAL NEEDS OF THE STUDENTS. REALIZING THE IMPORTANCE OF SCOLIOSIS SCREENING, DAYTON CHILDREN'S HAS PARTNERED WITH THE SCHOOLS IN THE COUNTIES WE SERVE TO PROVIDE THIS VITAL SERVICE. IN THE THREE YEARS SINCE THE PROGRAM HAS BEGUN WE HAVE SCREENED 29,786 CHILDREN, 1,270 SCREENED POSITIVE, AND SEVEN OF THESE CHILDREN REQUIRED SURGERY DUE TO SEVERE SCOLIOSIS. OUR OUTREACH NURSE WORKS CLOSELY WITH THE STAFF TO PROVIDE THE SCREENING IN A WAY THAT THE CHILD MISSES AS LITTLE VALUABLE CLASS TIME AS POSSIBLE. THE SCHOOL NURSES ARE SO THANKFUL FOR THE

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ASSISTANCE THAT DAYTON CHILDREN'S HAS PROVIDED.

CARE HOUSE

TOGETHER WITH OUR PARTNERS AT THE MONTGOMERY COUNTY PROSECUTOR'S OFFICE,  
SHERIFF'S DEPARTMENT, CHILDREN SERVICES, THE DAYTON POLICE DEPARTMENT,  
AND HUNDREDS OF GENEROUS SUPPORTERS, WE BROKE GROUND ON THE NEW CARE  
HOUSE FACILITY, WHICH WILL STRENGTHEN OUR COMMUNITY'S RESPONSE TO CHILD  
ABUSE VICTIMS. CARE HOUSE, MONTGOMERY COUNTY'S CHILD ADVOCACY CENTER,  
PROVIDES A TEAM RESPONSE TO CHILD ABUSE THROUGH PREVENTION, INTERVENTION  
AND ADVOCACY. THIS NEW BUILDING AND INVESTMENT WILL HELP MEMBERS OF THE  
CARE HOUSE TEAM BETTER RESPOND TO THE NEEDS OF CHILDREN AFFECTED BY ABUSE  
AND NEGLECT.

#7: STATE FILING OF COMMUNITY BENEFIT REPORT.

OHIO.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

DAYTON CHILDREN'S HOSPITAL

Employer identification number

31-0672132

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CITYWIDE DEVELOPMENT CORP. 8 N. MAIN ST. DAYTON, OH 45402	31-0821189	501(C)(4)	6,000.				DAVINCI PREDEVELOPMENT
(2)	CURESEARCH WALK FOR CC 8630 FENTON ST. SILVER SPRING, MD 20910	95-4132414	501(C)(3)	10,000.				WALK-CHILDRENS CANCER
(3)	DAYTON DEVELOPMENT COAL 900 KETTERING TOWER DAYTON, OH 45423	31-1423890	501(C)(6)	10,000.				CORP. SPONSORSHIP
(4)	RONALD MCDONALD HOUSE 555 VALLEY ST DAYTON, OH 45404	31-0964793	501(C)(3)	7,500.				RADIOTHON DONATION
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2.

3 Enter total number of other organizations listed in the line 1 table 2.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 PHARMACY	290.	43,261.			
2 MEALS/FOOD	1,065.	33,644.			
3 TRANSPORTATION	1,530.	42,284.			
4 RENT/UTILITIES	53.	28,232.			
5 SPECIAL EQUIPMENT	19.	2,968.			
6 OTHER	10.	5,375.			
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SUPPLEMENTAL INFORMATION

SCHEDULE I, PART I, LINE 2

THE FINANCE COMMITTEE AND COMMUNITY RELATIONS MANAGER APPROVE ALL GRANTS

AND CHARITABLE DONATIONS.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization

DAYTON CHILDREN'S HOSPITAL

Employer identification number

31-0672132

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions          | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2012

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JEFFREY CHRISTIAN, M.D. TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	515,749.	300.	24,536.	37,223.	22,547.	600,355.	0
2 ELIZABETH EY, M.D. TRUSTEE	(i)	151,994.	0	0	0	0	151,994.	0
	(ii)	0	0	0	0	0	0	0
3 DAVID KINSAUL PRESIDENT AND CEO	(i)	183,277.	66,000.	1,830,049.	9,897.	21,192.	2,110,415.	1,522,009.
	(ii)	0	0	0	0	0	0	0
4 DEBORAH FELDMAN PRESIDENT AND CEO	(i)	159,583.	0	13,138.	5,615.	0	178,336.	0
	(ii)	0	0	0	0	0	0	0
5 THOMAS MURPHY, M.D. VP MEDICAL AFFAIRS AND CMO	(i)	236,505.	53,723.	54,642.	181,255.	16,410.	542,535.	0
	(ii)	0	0	0	0	0	0	0
6 DAVID T. MILLER VP FINANCE AND CFO	(i)	210,879.	50,389.	51,731.	86,720.	21,377.	421,096.	0
	(ii)	0	0	0	0	0	0	0
7 MATTHEW GRAYBILL VP AND CHIEF OPERATING OFFICER	(i)	203,747.	43,736.	23,036.	89,822.	23,240.	383,581.	0
	(ii)	0	0	0	0	0	0	0
8 LISA COFFEY VP CORPORATE SUPPORT SERVICES	(i)	146,589.	31,993.	12,691.	22,508.	20,803.	234,584.	0
	(ii)	0	0	0	0	0	0	0
9 RENAE PHILLIPS VP PATIENT CARE AND CNO	(i)	184,581.	39,875.	20,594.	90,289.	18,349.	353,688.	0
	(ii)	0	0	0	0	0	0	0
10 GREGORY RAMEY VP OUTPATIENT SERVICES	(i)	161,458.	44,996.	31,489.	92,863.	23,298.	354,104.	0
	(ii)	0	0	0	0	0	0	0
11 VICKI GIAMBRONE VP MKTG/EXTERNAL RELATIONS	(i)	166,951.	39,760.	38,987.	31,014.	10,003.	286,715.	0
	(ii)	0	0	0	0	0	0	0
12 MARGARET HEMMEN CR NURSE ANESTHETIST	(i)	178,680.	300.	10,676.	16,625.	729.	207,010.	0
	(ii)	0	0	0	0	0	0	0
13 GREGORY HUFF DIRECTOR PHARMACY	(i)	139,406.	8,289.	19,042.	14,907.	23,510.	205,154.	0
	(ii)	0	0	0	0	0	0	0
14 ELIZABETH FREDETTE DIRECTOR INFO SERVICES AND CIO	(i)	127,717.	8,056.	15,427.	13,781.	22,259.	187,240.	0
	(ii)	0	0	0	0	0	0	0
15 BONNIE GORDON CR NURSE ANESTHETIST	(i)	139,425.	200.	5,825.	11,277.	712.	157,439.	0
	(ii)	0	0	0	0	0	0	0
16	(i)							
	(ii)							

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

## SUPPLEMENTAL INFORMATION

SCHEDULE J, PART I, LINE 4A

DAVID KINSAUL - 191,539

SCHEDULE J, PART I, LINE 4B

A) PARTICIPANTS IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN AND THE

INCREASE IN ACTUARIAL VALUE:

DEBORAH FELDMAN - 0

DAVID T. MILLER - 76,720

THOMAS MURPHY - 171,255

GREGORY RAMEY - 85,253

VICKI GIAMBRONE - 23,868

MATTHEW GRAYBILL - 80,946

RENAE PHILLIPS - 82,150

LISA COFFEY - 16,263

B) RECEIVED PAYMENT FROM A NONQUALIFIED RETIREMENT PLAN:

DAVID KINSAUL - 1,522,009

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

**2012**

**Open To Public Inspection**

Name of the organization

DAYTON CHILDREN'S HOSPITAL

Employer identification number

31-0672132

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b> . . . . . ▶ \$ _____												

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2012

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CARRELL PICKOFF	SPOUSE OF TRUSTEE	16,997.	EMPLOYMENT		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**

OMB No. 1545-0047

**2012**

**Open To Public  
Inspection**

Name of the organization <b>DAYTON CHILDREN'S HOSPITAL</b>	Employer identification number <b>31-0672132</b>
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**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	2.	60,907.	SELLING PRICE
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .	<b>29</b>
---	-----------

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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SUPPLEMENTAL INFORMATION

ALL STOCK DONATIONS ARE TRANSFERRED TO EITHER MORGAN STANLEY/SMITH BARNEY  
OR DAYTON CHILDREN'S HOSPITAL KEY BANK TRUST ACCOUNT TO SELL STOCK.  
MORGAN STANLEY/SMITH BARNEY SENDS CHECK FOR CASH RECEIVED TO CHILDREN'S.  
KEY BANK DIRECTLY DEPOSITS PROCEEDS INTO CHILDREN'S CHECKING ACCOUNT.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

DAYTON CHILDREN'S HOSPITAL

**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Employer identification number

31-0672132

SUPPLEMENTAL INFORMATION

FORM 990, PART III, LINE 4A

DAYTON CHILDREN'S HOSPITAL IS A PEDIATRIC HOSPITAL LOCATED IN DOWNTOWN DAYTON, OHIO. THE HOSPITAL AND ITS STAFF ARE COMMITTED TO SERVING AS AN ADVOCATE FOR THE CHILDREN AND THEIR FAMILIES IN THE MIAMI VALLEY THROUGH A VARIETY OF DIFFERENT PROGRAMS. IT OFFERS INPATIENT, OUTPATIENT AND ANCILLARY SERVICES TO THE CHILDREN IN THE SURROUNDING 20 COUNTIES. SERVICES ARE PROVIDED TO PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY.

FOR THE FISCAL YEAR ENDING JUNE 30, 2013, THE HOSPITAL'S MIX OF PATIENTS WAS 53.4% MEDICAID, 39.3% COMMERCIAL, 6.2% OTHER GOVERNMENT PROGRAMS AND 1.1% SELF PAY. THE HOSPITAL PROVIDES A LEVEL III NEONATAL NURSERY FOR PREMATURE NEWBORNS AS WELL AS CRITICAL CARE AND GENERAL PEDIATRIC INPATIENT BEDS. A 24 HOUR EMERGENCY DEPARTMENT IS AVAILABLE TO ALL CHILDREN IN THE AREA. SOME OF THE SPECIALTIES OFFERED AT THE HOSPITAL ARE NEUROSURGERY, HEMATOLOGY/ONCOLOGY, PULMONARY, GASTROENTEROLOGY, NEUROLOGY, UROLOGY, DEVELOPMENTAL DISORDERS, PSYCHOLOGY, ENDOCRINOLOGY, GENETICS, CARDIOLOGY, AND GENERAL SURGERY. WITHOUT DAYTON CHILDREN'S HOSPITAL, MANY CHILDREN IN THE AREA WOULD HAVE TO TRAVEL A GOOD DISTANCE TO RECEIVE THESE SERVICES. THE HOSPITAL ALSO OFFERS A PEDIATRIC RESIDENCY PROGRAM THAT TRAINS NEW PEDIATRICIANS WHO WILL CARE FOR THE NEXT GENERATION OF CHILDREN. DAYTON CHILDREN'S ALSO SPONSORS MANY COMMUNITY EVENTS WHERE CHILDREN'S HEALTH AND SAFETY ARE PROMOTED. SOME STATISTICS FOR THE FISCAL YEAR ENDING JUNE 30, 2013 ARE AS FOLLOWS:

# OF BEDS: 155, INPATIENT DAYS: 29,193, ADMISSIONS: 7,300 AVERAGE LENGTH



Name of the organization DAYTON CHILDREN'S HOSPITAL	Employer identification number 31-0672132
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OF STAY: 4.12 DAYS. AVERAGE DAILY CENSUS: 80, OCCUPANCY RATE: 52%,  
 SURGERIES PERFORMED: 10,642, X-RAY STUDIES: 65,661, LAB TEST: 862,735,  
 RESPIRATORY THERAPY PROCEDURES: 94,512, PHARMACY DOSES DISPENSED:  
 3,234,153, CARDIOLOGY PROCEDURES: 36,725, NEUROLOGY PROCEDURES: 4,420,  
 URGENT CARE VISITS: 14,762, EMERGENCY DEPARTMENT VISITS: 73,681,  
 OUTPATIENT CLINICS: 60,996.

FORM 990, PART VI, LINE 11B

THE CFO REVIEWS KEY DISCLOSURES WITH APPROPRIATE COMMITTEES OF THE BOARD  
 OF TRUSTEES. THEN PRIOR TO FILING, THE FORM 990 IS ELECTRONICALLY LOADED  
 TO A SECURE WEBSITE FOR THE ENTIRE BOARD OF TRUSTEES TO REVIEW. AN EMAIL  
 IS SENT TO ALL MEMBERS NOTIFYING THEM THAT THE FORM IS AVAILABLE FOR  
 THEIR REVIEW AND THAT IT WILL BE FILED ON OR BEFORE 05/15/14.

FORM 990, PART VI, LINE 12C - MONITORING CONFLICT OF INTEREST

AT THE BEGINNING OF EACH MEETING, THE CHAIRMAN OF THE BOARD ASKS EACH  
 MEMBER TO IDENTIFY AND DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST BASED  
 ON THE AGENDA OR ANY CHANGES IN THEIR BUSINESS PRACTICE THAT MIGHT BE  
 RELEVANT. IF THERE ARE ANY CONFLICTS, THE MEMBER(S) RECUSE THEMSELVES  
 AND DO NOT PARTICIPATE IN THE DISCUSSION AND DO NOT VOTE ON THE ITEM.  
 THIS THEN IS NOTED IN THE MINUTES OF THAT MEETING.

BOARD MEMBERS ANNUALLY AGREE TO ABIDE BY WRITTEN CONFLICT OF INTEREST AND  
 CONFIDENTIALITY POLICIES. BOARD MEMBERS ALSO WORK TO REPRESENT AND  
 BALANCE THE INTERESTS OF DAYTON CHILDREN'S HOSPITAL'S MANY CONSTITUENTS.  
 THE BOARD ANNUALLY EVALUATES ITS OWN PERFORMANCE.

Name of the organization DAYTON CHILDREN'S HOSPITAL	Employer identification number 31-0672132
--	--

FORM 990, PART VI, LINES 15A & 15B

COMPENSATION FOR THE HOSPITAL'S CHIEF EXECUTIVE OFFICER (CEO) IS SET BY AN EXECUTIVE COMPENSATION COMMITTEE (THE COMMITTEE) MADE UP OF THREE INDEPENDENT TRUSTEES WHO ARE ALSO OFFICERS OF THE BOARD. THIS COMMITTEE ALSO APPROVES COMPENSATION LEVELS, INCENTIVE PLAN PAYOUTS AND EXECUTIVE BENEFITS FOR EACH EXECUTIVE EMPLOYED BY THE HOSPITAL. THE COMMITTEE OPERATES UNDER A FORMAL CHARTER AND KEEPS CONTEMPORANEOUS MINUTES OF ITS PROCEEDINGS. THE COMMITTEE USES A TOTAL COMPENSATION PHILOSOPHY TO GUIDE ALL DECISIONS RELATED TO EXECUTIVE COMPENSATION AT DAYTON CHILDREN'S HOSPITAL (DCH), AND AS SUCH DETERMINES AND APPROVES ALL ASPECTS OF THE CEO'S TOTAL COMPENSATION PACKAGE, INCLUDING BENEFITS AND EXPENSE ALLOWANCES. THESE ARE DETAILED IN A WRITTEN EMPLOYMENT AGREEMENT FOR THE CEO. THE COMMITTEE USES AN OUTSIDE CONSULTANT TO CONDUCT PERIODIC REVIEWS OF THE EXECUTIVE COMPENSATION LEVELS OF THE ORGANIZATION VERSUS THOSE OF SIMILARLY SIZED AND SITUATED ORGANIZATIONS USING PUBLISHED SURVEYS. THESE SURVEY RESULTS ARE USED BY THE COMMITTEE IN SETTING EXECUTIVE LEVELS AND THE CEO'S COMPENSATION IN PARTICULAR. THE COMMITTEE FOLLOWS A FORMAL CALENDAR OF MEETINGS AND THE CHAIRMAN OF THE COMMITTEE REPORTS TO THE BOARD OF TRUSTEES AT LEAST ANNUALLY ON THE COMMITTEE'S ACTIVITIES AND ON DETAILS OF THE CEO'S COMPENSATION AND BENEFITS PACKAGE. THE COMMITTEE ALSO REVIEWS AND APPROVES DISCLOSURES RELATED TO EXECUTIVE COMPENSATION MADE AS PART OF IRS FORM 990.

AVAILABILITY OF FINANCIAL STATEMENTS, CONFLICT OF INTEREST, ORGANIZING DOCUMENTS

FORM 990, PART VI, LINE 19

Name of the organization DAYTON CHILDREN'S HOSPITAL	Employer identification number 31-0672132
--	--

DAYTON CHILDREN'S HOSPITAL'S CONFLICT OF INTEREST POLICY IS MADE AVAILABLE ON OUR WEBSITE. THE FINANCIAL STATEMENTS AND THE ORGANIZING DOCUMENTS ARE MADE AVAILABLE AS REQUIRED BY THE EXTENT OF THE LAW.

FORM 990, PART VII

-JEFFREY CHRISTIAN MD WORKS 40 HOURS PER WEEK FOR THE SUBSIDIARY, CHILDREN'S CARE GROUP.

-ELIZABETH EY MD IS EMPLOYED BY DAYTON PEDIATRIC IMAGING. DAYTON CHILDREN'S HOSPITAL CONTRACTS WITH DAYTON PEDIATRIC IMAGING FOR DR. EY TO PROVIDE SERVICES AT DAYTON CHILDREN'S HOSPITAL AS THE MEDICAL DIRECTOR OF RADIOLOGY. DR. EY IS ALSO PAID TO BE CHAIRPERSON OF OUR MEDICAL STAFF.

-ARTHUR PICKOFF MD IS EMPLOYED BY WRIGHT STATE UNIVERSITY. DAYTON CHILDREN'S HOSPITAL CONTRACTS WITH WRIGHT STATE UNIVERSITY FOR DR. PICKOFF TO PROVIDE SERVICES AT DAYTON CHILDREN'S HOSPITAL AS THE CHAIRMAN OF THE DEPARTMENT OF PEDIATRICS.

FORM 990, PART XI

TRANSFER TO DAYTON CHILDREN'S HOSPITAL FOUNDATION	(7,347,331)
RESTRICTED NET ASSETS USED FOR PURCHASE OF PP&E	183,572
TEMPORARILY RESTRICTED NET ASSETS	(2,171,516)
CHANGE IN PENSION BENEFIT OBLIGATION AND PLAN ASSETS	10,773,966
TOTAL ADJUSTMENT	1,438,691

Name of the organization DAYTON CHILDREN'S HOSPITAL	Employer identification number 31-0672132
--	--

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CHILDREN'S CARE GROUP 1 CHILDREN'S PLAZA DAYTON, OH 45404	PHYSICIAN SERVICES	11,419,992.
WRIGHT STATE PHYSICIANS PO BOX 1144 DAYTON, OH 45401	PHYSICIAN SERVICES	1,813,488.
DAYTON CHILDREN'S CARDIOLOGY 1 CHILDREN'S PLAZA DAYTON, OH 45404	PHYSICIAN SERVICES	1,716,612.
WRIGHT STATE UNIVERSITY PO BOX 927 DAYTON, OH 45401	PHYSICIAN SERVICES	1,302,399.
ORTHOPAEDIC CENTER FOR SPINAL & PED CARE 1 CHILDREN'S PLAZA DAYTON, OH 45404	PHYSICIAN SERVICES	409,178.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization

DAYTON CHILDREN'S HOSPITAL

Employer identification number

31-0672132

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CHILDREN'S HOME CARE OF DAYTON 31-1356037 ONE CHILDREN'S PLAZA DAYTON, OH 45404	HOME CARE	OH	501(C)(3)	9	DCH	X	
(2) DAYTON CHILDREN'S HOSPITAL FOUNDATION 31-1045247 ONE CHILDREN'S PLAZA DAYTON, OH 45404	SUPPORT	OH	501(C)(3)	11A	DCH	X	
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2012

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MIDDLETOWN SURGERY CENTER, LLC 5950 INNOVATION DRIVE	SURGERY CTR	OH	N/A	RELATED	8,440.	0		X	0		X	10.0000
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHILDREN'S CARE GROUP ----- 31-1411364 ONE CHILDREN'S PLAZA DAYTON, OH 45404	SPEC PHYS GROUP	OH	DCH	C-CORP	14,876,418.	8,065,022.	100.0000	X	
(2) CHILDREN'S ANESTHESIA GROUP ----- 26-0887231 ONE CHILDREN'S PLAZA DAYTON, OH 45404	ANESTHESIA SVCS	OH	DCH	C-CORP	3,897,787.	2,171,743.	100.0000	X	
(3) PEDIATRIC ASSURANCE COMPANY, LTD. ----- 98-0478183 BUTTERFIELD BANK BLDG, 6TH FLOOR HM12 HAMILTON, BERMUDA B	SELF-INSURANCE	BD	DCH	N/A	2,040,465.	43,627,029.	100.0000	X	
(4) DAYTON CHILDREN'S ORTHOPAEDIC ----- 45-3934418 ONE CHILDREN'S PLAZA DAYTON, OH 45404	ORTHO SERVICES	OH	DCH	C-CORP	5,821,180.	287,229.	100.0000	X	
(5) -----									
(6) -----									
(7) -----									

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s)	X	
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses	X	
<b>r</b> Other transfer of cash or property to related organization(s)	X	
<b>s</b> Other transfer of cash or property from related organization(s)	X	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DAYTON CHILDREN'S HOSPITAL FOUNDATION	B	7,347,381.	FMV
(2) DAYTON CHILDREN'S HOSPITAL FOUNDATION	C	4,581,743.	CASH
(3) DAYTON ORTHOPAEDICS	J	139,841.	CASH
(4) CHILDREN'S HOME CARE OF DAYTON	M	420,829.	CASH
(5) DAYTON CHILDREN'S HOSPITAL FOUNDATION	M	73,700.	CASH
(6) CHILDREN'S CARE GROUP	M	11,735,478.	CASH

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s)	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s)	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s)	<b>1e</b>	
<b>f</b> Dividends from related organization(s)	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s)	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s)	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s)	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s)	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s)	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s)	<b>1s</b>	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHILDREN'S ANESTHESIA GROUP	M	3,894,777.	CASH
(2) CHILDREN'S CARE GROUP	O	176,120.	FMV
(3) CHILDREN'S ANESTHESIA GROUP	O	642,547.	FMV
(4) CHILDREN'S HOME CARE OF DAYTON	Q	10,173,208.	CASH
(5) CHILDREN'S CARE GROUP	Q	2,323,880.	CASH
(6) DAYTON ORTHOPAEDICS	Q	730,000.	CASH



**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s)	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s)	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s)	<b>1e</b>	
<b>f</b> Dividends from related organization(s)	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s)	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s)	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s)	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s)	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s)	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s)	<b>1s</b>	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHILDREN'S ANESTHESIA GROUP	R	150,000.	FMV
(2) CHILDREN'S HOME CARE OF DAYTON	R	116,854.	FMV
(3) DAYTON ORTHOPAEDICS	R	445,150.	FMV
(4) CHILDREN'S HOME CARE OF DAYTON	S	1,500,000.	CASH
(5)			
(6)			

**Part VI** Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
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(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

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**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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CONSOLIDATED FINANCIAL STATEMENTS  
AND SUPPLEMENTARY INFORMATION

Dayton Children's Hospital and Subsidiaries  
Years Ended June 30, 2013 and 2012  
With Report of Independent Auditors

Ernst & Young LLP

 **ERNST & YOUNG**

Dayton Children’s Hospital and Subsidiaries

Consolidated Financial Statements and  
Supplementary Information

Years Ended June 30, 2013 and 2012

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## Report of Independent Auditors

The Board of Trustees  
Dayton Children's Hospital

We have audited the accompanying consolidated financial statements of Dayton Children's Hospital and Subsidiaries, which comprise the consolidated balance sheets as of June 30, 2013 and 2012, 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 financial statements.

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

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

### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

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

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

## Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Dayton Children's Hospital and Subsidiaries at June 30, 2013 and 2012, and the results of its operations and changes in net assets and its cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

*Ernst + Young LLP*

September 16, 2013

# Dayton Children's Hospital and Subsidiaries

## Consolidated Balance Sheets

	<b>June 30</b>	
	<b>2013</b>	<b>2012</b>
<b>Assets</b>		
Current assets:		
Cash and cash equivalents	<b>\$ 67,446,415</b>	\$ 47,865,081
Accounts receivable, net of allowances for doubtful accounts of (\$12,808,000 in 2013 and \$14,273,000 in 2012)	<b>18,418,590</b>	17,960,058
Pledges receivable from donors	<b>429,115</b>	823,608
Inventories	<b>1,767,719</b>	2,030,672
Prepaid expenses and other assets	<b>366,730</b>	570,444
Total current assets	<b>88,428,569</b>	69,249,863
Investments and assets whose use is limited:		
Investments	<b>13,278,673</b>	157,024,275
By board for self-insurance and additions to property, plant, and equipment	<b>259,415,424</b>	88,285,743
By board and donors for endowments and research	<b>215,211,929</b>	190,289,379
Pledges receivable from donors, net	<b>353,165</b>	757,636
	<b>488,259,191</b>	436,357,033
Prepaid pension	<b>10,128,533</b>	–
Other assets	<b>13,137,366</b>	11,579,103
Property, plant, and equipment:		
Land and land improvements	<b>7,463,786</b>	7,355,968
Buildings	<b>48,992,501</b>	49,032,544
Equipment	<b>132,783,233</b>	127,601,273
Construction-in-progress	<b>1,871,882</b>	2,274,664
Accumulated depreciation	<b>(92,737,619)</b>	(86,335,077)
	<b>98,373,783</b>	99,929,372
Total assets	<b>\$ 698,327,442</b>	\$ 617,115,371



	<b>June 30</b>	
	<b>2013</b>	<b>2012</b>
<b>Liabilities and net assets</b>		
Current liabilities:		
Accounts payable and accrued expenses	\$ 7,551,545	\$ 8,191,157
Salaries, wages, and withholdings	6,249,305	5,917,519
Accrued compensated absences	12,582,661	12,274,448
Estimated reimbursement due to Medicare and Medicaid programs	549,766	251,075
Total current liabilities	<u>26,933,277</u>	26,634,199
Reserve for professional liability	8,914,321	8,500,057
Pension liability	–	1,345,904
Other liabilities	12,826,127	12,145,001
Total liabilities	<u>48,673,725</u>	48,625,161
Net assets:		
Unrestricted	645,075,620	565,202,533
Temporarily restricted	4,578,097	3,287,677
Total net assets	<u>649,653,717</u>	568,490,210

Total liabilities and net assets	<u><u>\$ 698,327,442</u></u>	<u><u>\$ 617,115,371</u></u>
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*See accompanying notes.*

Dayton Children's Hospital and Subsidiaries

Consolidated Statements of Operations  
and Changes in Net Assets

	<b>Year Ended June 30</b>	
	<b>2013</b>	<b>2012</b>
Unrestricted revenue and other support:		
Net patient service revenue (net of contractual allowance)	<b>\$ 244,707,890</b>	\$ 227,339,269
Provision for bad debts	<b>(5,402,842)</b>	(7,480,555)
Net patient service revenue less provision for bad debts	<b>\$ 239,305,048</b>	\$ 219,858,714
Other operating revenue	<b>5,410,640</b>	7,472,920
Unrestricted contributions and net assets released from restrictions used for operations	<b>5,704,184</b>	5,740,705
Total unrestricted revenue and other support	<b>250,419,872</b>	233,072,339
Expenses:		
Salaries and benefits	<b>136,972,537</b>	125,890,123
Depreciation	<b>14,808,919</b>	15,046,826
Professional fees	<b>4,981,329</b>	5,552,564
Drugs	<b>22,075,255</b>	18,982,310
General supplies	<b>6,324,710</b>	5,780,395
Utilities	<b>2,435,708</b>	2,752,846
Equipment repair and rentals	<b>7,864,049</b>	7,024,149
Medical supplies	<b>10,515,905</b>	8,821,716
Purchased services	<b>12,202,442</b>	10,028,941
State assessment	<b>4,091,364</b>	3,854,932
Other expenses	<b>5,826,854</b>	6,068,895
Total expenses	<b>228,099,072</b>	209,803,697
Excess of unrestricted revenue and other support over expenses before investment income	<b>22,320,800</b>	23,268,642
Investment income	<b>46,594,749</b>	1,820,891
Excess of unrestricted revenue and other support over expenses	<b>68,915,549</b>	25,089,533

*Continued on next page.*

Dayton Children's Hospital and Subsidiaries

Consolidated Statements of Operations  
and Changes in Net Assets (continued)

	<b>Year Ended June 30</b>	
	<b>2013</b>	<b>2012</b>
<b>Unrestricted net assets</b>		
Excess of unrestricted revenue and other support over expenses	\$ 68,915,549	\$ 25,089,533
Change in pension plan obligation and plan assets	10,773,966	(16,917,478)
Net assets released from restrictions used for purchase of property and equipment	<u>183,572</u>	824,045
Increase in unrestricted net assets	<b>79,873,087</b>	8,996,100
<b>Temporarily restricted net assets</b>		
Contributions	3,367,167	3,488,174
Net assets released from restrictions	(2,171,516)	(2,892,891)
Change in market value of investments held	<u>94,769</u>	(72,298)
Increase in temporarily restricted net assets	<b>1,290,420</b>	522,985
Increase in net assets	<b>81,163,507</b>	9,519,085
Net assets at beginning of year	<b>568,490,210</b>	558,971,125
Net assets at end of year	<b><u>\$ 649,653,717</u></b>	<b><u>\$ 568,490,210</u></b>

*See accompanying notes.*

Dayton Children's Hospital and Subsidiaries

Consolidated Statements of Cash Flows

	<b>Year Ended June 30</b>	
	<b>2013</b>	<b>2012</b>
<b>Operating activities</b>		
Change in net assets	\$ 81,163,507	\$ 9,519,085
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	14,808,919	15,046,826
Provisions for bad debt	5,402,842	7,480,555
Change in market value of investments	(17,070,995)	20,160,273
Change in pension plan obligation and plan assets	(10,773,966)	16,917,478
Changes in assets and liabilities:		
Accounts receivable	(5,861,374)	(8,265,866)
Pledges receivable	798,964	157,397
Assets whose use is limited and investments	(35,235,633)	(29,728,048)
Inventories and other current assets	466,667	(211,296)
Other assets	(1,558,263)	47,030
Estimated reimbursement due/from Medicare and Medicaid programs	298,691	1,717,083
Accounts payable and other current liabilities	386	1,244,651
Other liabilities	394,919	(5,390,507)
Net cash provided by operating activities	<b>32,834,664</b>	28,694,661
<b>Investing activities</b>		
Additions to property, plant, and equipment, net of nominal disposals	<b>(13,253,330)</b>	(12,525,966)
Increase in cash and cash equivalents	19,581,334	16,168,695
Cash and cash equivalents at beginning of year	47,865,081	31,696,386
Cash and cash equivalents at end of year	<b>\$ 67,446,415</b>	<b>\$ 47,865,081</b>

*See accompanying notes.*

# Dayton Children's Hospital and Subsidiaries

## Notes to Consolidated Financial Statements

Years Ended June 30, 2013 and 2012

### **1. Accounting Policies**

#### **Consolidation**

The consolidated financial statements include the accounts of Dayton Children's Hospital (previously called The Children's Medical Center, Dayton, Ohio), The Children's Medical Center Foundation, Pediatric Assurance Company, Ltd., Children's Care Group, Children's Anesthesia Group and Children's Home Care of Dayton, Ohio. These entities (collectively, the Hospital) provide service to patients who reside primarily in the local geographic region. All significant intercompany accounts and transactions have been eliminated.

#### **Use of Estimates**

The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements. Estimates also affect the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

#### **Fair Value Measurements**

The Hospital follows the provisions of Financial Accounting Standards Board (FASB) Accounting Standard Codification (ASC) 820 (ASC 820), which defines fair value as the price that would be reached to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date and establishes a framework for measuring fair value. ASC 820 defines a three-level hierarchy for fair value measurements based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date.

ASC 820 emphasizes that fair value is a market-based measurement, not an entity specific measurement. Therefore, a fair value measurement should be determined based on the assumptions that market participants would use in pricing an asset or liability. As a basis for considering market participant assumption in fair value measurements, and as noted above, ASC 820 defines a three-level fair value hierarchy that distinguishes between market participant assumptions based on market data obtained from sources independent of the reporting entity and the reporting entity's own assumptions about market participants. The fair value hierarchy is based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date.

# Dayton Children's Hospital and Subsidiaries

## Notes to Consolidated Financial Statements (continued)

### 1. Accounting Policies (continued)

The three levels are defined as follows:

- Level 1 – inputs utilize quoted market prices in active markets for identical assets or liabilities that the Hospital has the ability to access.
- Level 2 – inputs may include quoted prices for similar assets and liabilities in active markets, as well as inputs that are observable for the asset and liability (other than quoted prices), such as interest rates, foreign exchange rates and yield curves that are observable at commonly quoted intervals.
- Level 3 – inputs are unobservable inputs for the asset or liability, which is typically based on an entity's own assumptions, as there is little, if any, related market activity.

In instances where the determination of the fair value measurement is based on inputs from different levels of the fair value hierarchy, the level in the fair value hierarchy within which the entire fair value measurement falls is based on the lowest level input that is significant to the fair value measurement in its entirety. The Hospital's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the asset or liability.

In order to meet requirements of ASC 820, the Hospital utilizes three basic valuation approaches to determine the fair value of its assets and liabilities required to be recorded at fair value. The first approach is the cost approach. The cost approach is generally the value a market participant would expect to replace the respective asset or liability. The second approach is the market approach. The market approach looks at what a market participant would consider an exact or similar asset or liability to that of the Hospital, including those traded on exchanges, to be valued at. The third approach is the income approach. The income approach uses estimation techniques to determine the estimated future cash flows of the Hospital's respective asset or liability expected by a market participant and discounts those cash flows back to present value (more typically referred to as a discounted cash flow approach).

# Dayton Children's Hospital and Subsidiaries

## Notes to Consolidated Financial Statements (continued)

### **1. Accounting Policies (continued)**

Any changes to the valuation methodology are reviewed by management to confirm the changes are justified. The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Hospital 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 a different estimate of fair value at the reporting date.

### **Cash and Cash Equivalents**

For purposes of the statement of cash flows, cash and cash equivalents consist of deposits with financial institutions and short-term liquid investments with minimal risk of change in value, such as certificates of deposit, banker's acceptances, and money market funds, which are held for use in operations and have original maturities of 90 days or less. The carrying amounts reported in the balance sheet for cash and cash equivalents approximate its fair value.

### **Investments**

Investments in equity securities and debt securities have been measured at fair value in the consolidated balance sheets. The Hospital accounts for alternative investments (equity and fixed income hedge funds and private equity fund) held in operating investments using the equity method of accounting based on the net asset value (NAV) provided by the administrators. Amounts recorded represent the percentage ownership in the NAV of the respective alternative investment. The components of the individual investments within these funds are not readily determinable and are accounted for under the equity method. The estimated fair value is based on valuations provided by the administrator of the alternative investments. Hospital management believes the carrying amount of these financial instruments, approximately \$38,477,000 and \$21,737,000 at June 30, 2013 and 2012, respectively, is a reasonable estimate of fair value, based on the fact that the funds are audited and accounted for at fair value by the administrator of the funds. Because these investments are not readily marketable, their estimated value is subject to uncertainty and, therefore, may differ from the value that would have been used had a ready market for such investments existed. Such differences could be material.

Investment income or loss (including realized gains and losses on investments, changes in market value of investments, interest and dividends) is included in excess of unrestricted revenue and other support over expenses unless the income or loss is restricted by donor or by law.

# Dayton Children's Hospital and Subsidiaries

## Notes to Consolidated Financial Statements (continued)

### **1. Accounting Policies (continued)**

#### **Net Patient Accounts Receivable**

Net patient accounts receivable and net patient service revenue less the provision for bad debts are recorded at estimated amounts expected to be collected. These estimated amounts are subject to further adjustments upon review by third-party payors.

The provision for bad debts is based upon management's assessment of historical and expected net collections considering historical business and economic conditions, trends in health care coverage and other collection indicators. Periodically throughout the year, management assesses the adequacy of the allowance for uncollectible accounts based upon historical write-off experience of self-pay accounts receivable including those balances after insurance payments and not covered by insurance. The results of this review are then used to make any modifications to the provision for bad debts to establish an appropriate allowance for uncollectible accounts. There have been no significant changes in the current year to the underlying assumptions used by the Hospital to estimate the allowance for doubtful accounts.

After satisfaction of amounts due from insurance and reasonable efforts to collect from the patients themselves have been exhausted, the Hospital may place certain past-due patient balances with collection agencies, subject to the terms of certain restrictions on collect efforts as determined by the Hospital. Patient accounts receivable are written off after collection efforts have been followed in accordance with the Hospital's policies. The total write-offs for charity care and for uncollectible accounts and allowances on self-pay patient accounts, as a percentage of net patient services revenue for the fiscal year ended June 30, 2013, are consistent with prior years' results.

#### **Inventories**

Inventories are stated at the lower of cost (first-in, first-out method) or market.

#### **Assets Whose Use Is Limited**

Assets limited as to use primarily represent funds designated for a specific purpose by the Board of Trustees over which the Board retains control and may at its discretion subsequently use for other purposes. The Hospital's Board has established several of those funds which represent designations for future capital improvements, self-insurance and research. Other designated funds are also used to provide annual income to support educational activities as well as the



# Dayton Children's Hospital and Subsidiaries

## Notes to Consolidated Financial Statements (continued)

### 1. Accounting Policies (continued)

salaries of certain subspecialty physicians who serve in key roles or whom meet critical community needs. These funds are invested using guidelines similar to those described in Note 6, and pay out income to the Hospital annually of between 3.5% and 5% of the average market value of the fund assets.

### Property, Plant, and Equipment

Property, plant, and equipment is stated at cost. Dayton Children's provides for depreciation using the straight-line method over the following estimated useful lives:

Buildings	15–40 years
Equipment	3–25 years

The Hospital removes property, plant, and equipment and the associated accumulated depreciation from its books in the year after the assets become fully depreciated. Maintenance and repairs are charged to expense as incurred.

### Net Assets

Unrestricted net assets are those assets whose use has not been restricted by donors or for which restrictions have expired. Temporarily restricted net assets are those whose use by the Hospital has been limited by donors to a specific time period or purpose.

Temporarily restricted net assets are available for the following purposes:

	June 30	
	2013	2012
Purchase of equipment and other capital	\$ 1,997,809	\$ 1,097,259
Health care services and research	2,580,288	2,190,418
	<u>\$ 4,578,097</u>	<u>\$ 3,287,677</u>

# Dayton Children's Hospital and Subsidiaries

## Notes to Consolidated Financial Statements (continued)

### **1. Accounting Policies (continued)**

#### **Net Patient Service Revenue**

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, and discounted charges. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors.

Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

The Hospital qualifies for the Children's Hospitals Graduate Medical Education Payment Program and is entitled to grant awards to reimburse the cost of operating a pediatric graduate medical education (residency) program. The grants are made annually through a process administered by the Health Resources and Services Administration (HRSA) according to rules and regulations established by that agency. The Hospital must re-qualify for its grant annually. The Hospital includes grant funds in net patient service revenue as grant proceeds are received.

#### **Uncompensated Care**

The Hospital has a policy of treating certain patients regardless of their ability to pay. Patients are classified as charity patients based on their ability to pay as defined by established policies of the Hospital. Charity care amounts are not included in net patient service revenue. The cost to the Hospital to provide charity care was approximately \$1,284,000 and \$1,980,000 for the years ended June 30, 2013 and 2012, respectively. The cost to the Hospital to provide charity care was determined through the application of the ratio of patient cost to charges, consistent with Schedule H of Form 990 filed with the Internal Revenue Service, to current-year charity care write-offs.

#### **Excess of Unrestricted Revenue and Other Support over Expenses**

The consolidated statement of operations includes the excess of unrestricted revenue and other support over expenses. Changes in unrestricted net assets for contributions of long-lived assets or donations for this purpose, as well as changes in pension plan obligations and plan assets for the Hospital's defined benefit plan, are excluded from the excess of unrestricted revenue and other support over expenses.

# Dayton Children's Hospital and Subsidiaries

## Notes to Consolidated Financial Statements (continued)

### 1. Accounting Policies (continued)

#### Pledges Receivable From Donor

Pledges receivable include bequests and charitable remainder annuity trust agreements whereby the Hospital is a beneficiary. Amounts pledged pursuant to certain charitable remainder annuity trust agreements are reported at amounts, which approximate the present value of future cash flows and are included as assets whose use is limited by donor in the balance sheet. The Hospital believes that all amounts pledged will be fully collected and, therefore, does not consider an allowance for uncollectible pledges necessary.

#### Other Operating Revenue

The American Recovery and Reimbursement Act of 2009 established incentive payments under the Medicaid program for certain professionals and hospitals that meaningfully use certified electronic health record technology. Payments under the Medicaid program are calculated based upon estimated discharges, charity care and other input data and are predicated upon the Hospital's attainment of program and attestation criteria and are subject to regulatory audit. The Hospital has opted to follow a gain contingency accounting method, under ASC 450, *Contingencies*, which provides for recognition once attainment of program and attestation criteria has been achieved and amounts can be reasonably estimated. As a result, management estimated and recognized revenue of \$1,642,000 and \$3,061,000 within other revenue for the years ended June 30, 2013 and 2012, respectively. Amounts recognized are subject to change, with such changes impacting operations in the period in which they occur.

#### Tax-Exempt Status

All subsidiaries of the Hospital except Children's Care Group (CCG), Children's Anesthesia Group (CAG), and selected joint venture entities are exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. The wholly owned for-profit subsidiaries CCG and CAG had no taxable income in 2013 or 2012. The provision for income taxes for the joint venture entities is not significant to the Hospital.

The Hospital completed an analysis of its tax positions in accordance with applicable accounting guidance, and determined that no amounts were required to be recognized in the consolidated financial statements at June 30, 2013 or 2012.

# Dayton Children's Hospital and Subsidiaries

## Notes to Consolidated Financial Statements (continued)

### 1. Accounting Policies (continued)

#### Reclassification

Certain reclassifications were made to the 2013 consolidated financial statement presentation to conform to the 2012 presentation.

#### Recent Accounting Pronouncements

The FASB has issued ASU No. 2011-04, *Fair Value Measurements* (Topic 820), *Amendments to Achieve Common Fair Value Measurement and Disclosures Requirements in GAAP and IFRSs* (ASU 2011-04). The amendments in ASU 2011-04 change the wording used to describe many of the requirements in GAAP for measuring fair value and for disclosing information about fair value measurements. The ASU is effective for fiscal years, and interim periods within those fiscal years, beginning after December 15, 2011. The Company is currently evaluating the impact of adoption and will make all required disclosures upon adoption.

### 2. Net Patient Service Revenue

Revenue from Medicaid and Medicare programs accounted for approximately 53% and 1%, respectively, of the Hospital's gross patient service revenue for the years ended June 30, 2013 and June 30, 2012.

Net patient service revenue includes amounts estimated by management to be reimbursable by the Ohio Department of Job and Family Services (ODJFS) under the Medicaid program. Final determination of revenue earned is subject to audit by the fiscal intermediary. ODJFS reports have been audited and settled through 2007. In the opinion of management, adequate provision has been made in the financial statements for any adjustments, which might result from the respective intermediary audits. The Hospital settled prior year's Medicare and Medicaid cost

## Dayton Children's Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### **2. Net Patient Service Revenue (continued)**

reports for amounts different than previously estimated. The effect of these settlements was to increase net patient service revenue by approximately \$146,400 in fiscal year 2013 and decrease net patient service revenue by approximately \$81,900 in fiscal 2012.

Reimbursement for the majority of state Medicaid inpatient services is based on a prospectively determined fixed price, which varies based on the illness or diagnostic related group (DRG). The Hospital also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Hospital under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined rates.

The ODJFS administers a program (Hospital Care Assurance Program) which subsidizes hospitals in proportion to the amount of Medicaid and other indigent care they provide.

The Hospital qualifies as a disproportionate share provider in accordance with the State of Ohio's Medicaid regulations, and as such is entitled to additional payments under the Hospital Care Assurance Program. The Medicaid disproportionate share regulations are established by the ODJFS and are subject to review and approval by the Center for Medicare and Medicaid Services (CMS). The continuation of the present Hospital Care Assurance Program methodology is subject to change by ODJFS and/or CMS in the future.

The Hospital has included approximately \$3,310,000 for Hospital Care Assurance Program in net patient service revenue for the year ended June 30, 2013 (\$3,754,000 in 2012).

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. Compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including, fines, penalties, and exclusion from the Medicare and Medicaid programs. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near future.

The Hospital believes that it is in compliance with all applicable laws and regulations. In the opinion of management, adequate provision has been made in the financial statements for any adjustments that may result from the respective intermediary reviews.

## Dayton Children's Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 2. Net Patient Service Revenue (continued)

Net patient service revenue for the years ended are summarized as follows:

	<b>Year Ended June 30</b>	
	<b>2013</b>	<b>2012</b>
Inpatient revenue	\$ 173,548,251	\$ 154,292,388
Outpatient revenue	<u>227,262,272</u>	<u>208,580,479</u>
Patient service revenue at established rates	<b>400,810,523</b>	362,872,867
Net deductions from revenue:		
Third-party allowances	(158,603,500)	(138,154,109)
Children's Hospitals Graduate Medical Education grant	1,568,869	2,466,895
Charity care at established rates	(2,377,707)	(3,600,558)
Hospital Care Assurance Program	<u>3,309,705</u>	<u>3,754,174</u>
Net deductions from revenue	<b>(156,102,633)</b>	<b>(135,533,598)</b>
Net patient service revenue (net of contractual allowances)	<b><u>\$ 244,707,890</u></b>	<b><u>\$ 227,339,269</u></b>

Net patient service revenue is derived from services provided to patients who are directly responsible for payment or are covered by various commercial insurance or other programs. The Hospital receives payments from state governments for Medicaid and other state-sponsored programs, from certain private insurance companies, and from patients themselves. A summary of payment arrangements with major third-party payors as follows:

*Medicaid and Medicaid related plans* – Inpatient services rendered to Medicaid program beneficiaries are primarily paid under the traditional Medicaid plan and are paid at prospectively determined rates per discharge. Certain outpatient services are reimbursed primarily based on fee schedules.

*Anthem, Commercial, and other* – The Hospital has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Hospital under these agreements includes discounts from established charges, and fee schedules for professional services.

## Dayton Children's Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 2. Net Patient Service Revenue (continued)

The Hospital's Medicaid and other payors (including managed care and self-pay) net patient service revenue, is summarized as follows for the years ended June 30:

	<u>2013</u>	<u>2012</u>
Medicaid and Medicaid related plans	\$ <b>81,487,727</b>	\$ 80,932,779
Anthem	<b>69,007,625</b>	62,518,299
Self-pay	<b>978,832</b>	909,358
Commercial and other	<b>93,233,706</b>	82,978,833
Net patient service revenue	<u><b>\$ 244,707,890</b></u>	<u>\$ 227,339,269</u>

The Hospital classifies its net patient service revenue based on the primary payor at the time a patient presents for services. As a result, commercial and other include certain amounts that were ultimately directly billed to the patient after the primary insurance payment (self-pay after insurance).

## Dayton Children's Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 3. Fair Value Measurements

The following table presents the investments and assets limited as to use carried at fair value as of June 30, 2013 and 2012, by ASC 820 valuation hierarchy defined above:

	June 30, 2013			Total Fair Value
	Level 1	Level 2	Level 3	
Cash and cash equivalents	\$ 27,110,429	\$ -	\$ -	\$ 27,110,429
Equity mutual funds:				
US stocks-large cap value fund	50,627,300	-	-	50,627,300
US stocks-large cap growth fund	57,106,793	-	-	57,106,793
US stocks-small cap fund	9,584,637	-	-	9,584,637
Foreign stocks-developed markets fund	112,639,200	-	-	112,639,200
Foreign stocks- emerging markets fund	30,878,237	-	-	30,878,237
Commodities fund	28,718,343	-	-	28,718,343
Real estate fund	5,950	-	-	5,950
Bond mutual funds:				
Fixed income opportunity fund	-	29,036,163	-	29,036,163
Treasury inflation protected securities fund	-	25,000,011	-	25,000,011
Corporate bonds	-	18,534,092	-	18,534,092
U.S. government securities	-	37,459,069	-	37,459,069
Mortgage-backed securities:				
Governmental agencies	-	13,753,726	-	13,753,726
Private issuers	-	8,975,324	-	8,975,324
Total assets at fair value	\$ 316,670,889	\$ 132,758,385	\$ -	\$ 449,429,274



Dayton Children's Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

**3. Fair Value Measurements (continued)**

	June 30, 2012			Total Fair Value
	Level 1	Level 2	Level 3	
Cash and cash equivalents	\$ 16,681,546	\$ —	\$ —	\$ 16,681,546
Equity mutual funds:				
US stocks-large cap value fund	51,122,712	—	—	51,122,712
US stocks-large cap growth fund	55,499,062	—	—	55,499,062
US stocks-small cap fund	9,499,670	—	—	9,499,670
Foreign stocks-developed markets fund	96,912,482	—	—	96,912,482
Foreign stocks-emerging markets fund	30,172,336	—	—	30,172,336
Commodities fund	20,087,738	—	—	20,087,738
Real estate fund	2,805,271	—	—	2,805,271
Bond mutual funds:				
Fixed income opportunity fund	—	26,458,081	—	26,458,081
Treasury inflation protected securities fund	—	26,328,232	—	26,328,232
Real estate fund	1,507,747	—	—	1,507,747
Corporate bonds	—	19,468,514	—	19,468,514
U.S. government securities	—	30,805,214	—	30,805,214
Mortgage-backed securities:				
Governmental agencies	—	14,265,882	—	14,265,882
Private issuers	—	12,248,116	—	12,248,116
Total assets at fair value	<u>\$ 284,288,564</u>	<u>\$ 129,574,039</u>	<u>\$ —</u>	<u>\$ 413,862,603</u>

# Dayton Children's Hospital and Subsidiaries

## Notes to Consolidated Financial Statements (continued)

### 3. Fair Value Measurements (continued)

The Hospital's cash and cash equivalents, and investments are generally classified within Level 1 or Level 2 of the fair value hierarchy because they are valued using quoted market prices, broker or dealer quotations or alternative pricing sources with reasonable levels of price transparency. The types of financial instruments based on quoted market prices in active markets include mutual funds and cash equivalents (money market securities). Such instruments are generally classified within Level 1 of the fair value hierarchy. The Hospital does not adjust the quoted market price for such financial instruments.

The types of financial instruments valued based on quoted market prices in markets that are not active, broker or dealer quotations or alternative pricing sources with reasonable levels of price transparency include corporate, and other marketable debt securities. Such financial instruments are generally classified within Level 2 for the fair market value hierarchy. Primarily all of the Hospital's marketable debt securities are actively traded and the recorded fair value reflects current market conditions. However, due to the inherent volatility in the investment market there is at least a possibility that recorded investment values may change by a material amount in the near term.

Following is the summary of the inputs and valuation techniques as of June 30, 2013 and 2012 used for valuing Level 2 securities in the portfolio:

<u>Securities</u>	<u>Input</u>	<u>Valuation Technique</u>
Corporate bonds	Broker/Dealer	Market
U.S. government securities	Broker/Dealer	Market
Mortgage-backed securities	Broker/Dealer	Market

The methods described above may produce a fair value that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Hospital 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 a different estimate of fair value at the consolidated balance sheet date.

Dayton Children's Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

**4. Investments and Assets Whose Use is Limited (AWUIL)**

Investments and AWUIL at June 30 are summarized as follows:

	<u>2013</u>	<u>2012</u>
Investments	\$ 13,278,673	\$ 157,024,275
Assets whose use is limited:		
By board for self-insurance and additions to property, plant, and equipment	259,415,424	88,285,743
By board for endowments and research	210,633,832	187,001,702
By donors for endowments and research	4,578,097	3,287,677
	<u>\$ 487,906,026</u>	<u>\$ 435,599,397</u>
Cash and cash equivalents	\$ 27,110,429	\$ 16,681,546
Equity mutual funds:		
US stocks-large cap value fund	50,627,300	51,122,712
US stocks-large cap growth fund	57,106,793	55,499,062
US stocks-small cap fund	9,584,637	9,499,670
Foreign stocks-developed markets fund	112,639,200	96,912,482
Foreign stocks-emerging markets fund	30,878,237	30,172,336
Commodities fund	28,718,343	20,087,738
Real estate fund	5,950	2,805,271
Bond mutual funds:		
Fixed income opportunity fund	29,036,163	26,458,081
Treasury inflation protected securities fund	25,000,011	26,328,232
Real estate fund	-	1,507,747
Corporate bonds	18,534,092	19,468,514
U.S. government securities	37,459,069	30,805,214
Mortgage-backed securities:		
Governmental agencies	13,753,726	14,265,882
Private issuers	8,975,324	12,248,116
Alternative investments:		
Equity hedge	22,673,306	14,405,480
Fixed income hedge	10,175,754	4,649,279
Private equity	5,627,692	2,682,035
	<u>\$ 487,906,026</u>	<u>\$ 435,599,397</u>

## Dayton Children's Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 4. Investments and Assets Whose Use is Limited (AWUIL) (continued)

Total investment income from securities, cash and equivalents, and other investments is comprised of the following:

	<b>June 30</b>	
	<b>2013</b>	<b>2012</b>
Interest and dividend income	<b>\$ 17,787,941</b>	\$ 13,138,839
Net realized gains on sales of securities	<b>11,830,582</b>	8,770,027
Investment gain (loss) from the change in market value of trading securities	<b>16,976,226</b>	(20,087,975)
Total investment gain	<b><u>\$ 46,594,749</u></b>	<b><u>\$ 1,820,891</u></b>

At June 30, 2013, the Hospital has committed capital yet to be called of approximately \$21,750,000 to private equity funds over the next one to six years.

#### 5. Leases

The Hospital leases office equipment, medical equipment, and office space under operating leases.

Future minimum payments of the Hospital's non-cancelable operating leases as of June 30, 2013 are as follows:

2014	\$ 1,400,688
2015	1,178,693
2016	928,766
2017	788,259
2018	514,384
Subsequent years	1,998,594
Total minimum lease payments	<b><u>\$ 6,809,384</u></b>

Rent expense was approximately \$1,576,000 for the year ended June 30, 2013 (\$1,535,000 in 2012).

## Dayton Children's Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 6. Pension Plan

The Hospital has a defined benefit pension plan (the Plan) covering the majority of all employees. Participants' benefits are calculated based upon a percentage of each participant's eligible earnings. The Hospital's funding policy is to contribute amounts to the Plan sufficient to meet the minimum funding requirements set forth in the Employee Retirement Income Security Act of 1974.

The net loss and prior service credit recognized in unrestricted net assets for the year ended June 30, 2013, were \$17,510,108 and \$12,080,760, respectively, (\$29,271,971 net loss and \$13,363,218 prior service credit, in 2012). Included in unrestricted net assets at June 30, 2013 are the following amounts that have not yet been recognized in the net periodic benefit cost: unrecognized actuarial gain of \$9,016,041, prior service credit of \$1,298,954, and \$2,335,304 amortization of net actuarial gain (unrecognized actuarial loss of \$17,399,912, prior service credit of \$1,353,939, and \$1,128,037 amortization of net actuarial gain in 2012). The actuarial loss and prior service credit expected to be recognized during the year ended June 30, 2014, are \$1,528,049 and \$1,282,458, respectively.

The following chart summarizes the benefit obligations, plan assets, and funded status associated with the plan as of June 30:

	<b>2013</b>	<b>2012</b>
<b>Projected benefit obligations</b>		
Benefit obligation at beginning of year	\$ (70,343,041)	\$ (53,577,826)
Service cost	(4,616,595)	(3,848,278)
Interest cost	(3,312,681)	(3,084,174)
Actuarial gain (loss)	6,393,093	(12,379,292)
Benefits paid	2,544,519	2,546,529
Benefit obligation at end of year	(69,334,705)	(70,343,041)
<b>Fair value of plan assets</b>		
Fair value of plan assets at beginning of year	68,997,137	61,607,263
Actual return on plan assets	8,010,620	(63,597)
Employer contributions	5,000,000	10,000,000
Benefits paid	(2,544,519)	(2,546,529)
Fair value of plan assets at end of year	79,463,238	68,997,137
Funded status of the plan	\$ 10,128,533	\$ (1,345,904)

Dayton Children's Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

**6. Pension Plan (continued)**

The accumulated benefit obligation was \$68,175,199 and \$69,681,056 at June 30, 2013 and 2012, respectively.

Net periodic pension cost includes the following components for the year ended June 30:

	<u>2013</u>	<u>2012</u>
Service cost	\$ 4,616,595	\$ 3,848,278
Interest cost	3,312,681	3,084,174
Expected return on plan assets	(4,977,154)	(4,306,929)
Amortization of prior service cost	(1,282,458)	(1,282,458)
Recognized net actuarial gain	2,335,304	1,128,037
Benefit cost included in employee benefit expense	<u>\$ 4,004,968</u>	<u>\$ 2,471,102</u>

Actuarial assumptions at June 30 were as follows:

	<u>2013</u>	<u>2012</u>
Weighted-average assumptions used to determine benefit obligations at year end:		
Discount rate	5.36%	4.85%
Rate of compensation increases	3.50%	3.50%
Expected long-term return on plan assets	7.80%	7.80%
Weighted-average assumptions used to determine net periodic pension cost:		
Discount rate	4.85%	5.92%
Rate of compensation increase	3.50%	3.50%
Expected long-term return on plan assets	7.80%	7.80%

Dayton Children's Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

**6. Pension Plan (continued)**

The Plan assets are allocated as follows:

Asset category:	Allowable Allocation Range	Percentage of Plan Assets at June 30	
		2013	2012
Equity securities	50–70%	68%	60%
Debt securities	30–50%	32	40
Total		<b>100%</b>	100%

The fair values of the Pension Plan's assets by asset category are as follows:

	June 30, 2013			Total Fair Value
	Level 1	Level 2	Level 3	
Cash and cash equivalents	\$ 7,511,862	\$ –	\$ –	\$ 7,511,862
Equity mutual funds:				
US stocks-large cap value fund	8,874,979	–	–	8,874,979
US stocks-large cap growth fund	10,073,572	–	–	10,073,572
US stocks-small cap fund	1,589,491	–	–	1,589,491
Foreign stocks-developed markets fund	19,485,591	–	–	19,485,591
Foreign stocks- emerging markets fund	5,378,635	–	–	5,378,635
Commodities fund	4,875,472	–	–	4,875,472
Bond mutual funds:				
Fixed income opportunity fund	–	5,117,422	–	5,117,422
Corporate bonds	–	5,963,400	–	5,963,400
U.S. government securities	–	1,665,156	–	1,665,156
Mortgage-backed securities:				
Governmental agencies	–	2,837,914	–	2,837,914
Private issuers	–	2,371,327	–	2,371,327
Equity hedge	–	3,718,417	–	3,718,417
Total assets at fair value	\$ 57,789,602	\$ 21,673,636	\$ –	\$ 79,463,238

Dayton Children's Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

**6. Pension Plan (continued)**

	June 30, 2012			Total Fair Value
	Level 1	Level 2	Level 3	
Cash and cash equivalents	\$ 12,763,260	\$ —	\$ —	\$ 12,763,260
Equity mutual funds:				
US stocks-large cap value fund	7,595,496	—	—	7,595,496
US stocks-large cap growth fund	8,237,991	—	—	8,237,991
US stocks-small cap fund	1,392,139	—	—	1,392,139
Foreign stocks-developed markets fund	14,403,574	—	—	14,403,574
Foreign stocks- emerging markets fund	4,384,990	—	—	4,384,990
Commodities fund	2,942,659	—	—	2,942,659
Real estate fund	409,808	—	—	409,808
Bond mutual funds:				
Fixed income opportunity fund	—	3,928,608	—	3,928,608
Real estate fund	220,666	—	—	220,666
Corporate bonds	—	4,962,232	—	4,962,232
U.S. government securities	—	967,706	—	967,706
Mortgage-backed securities:				
Governmental agencies	—	1,560,640	—	1,560,640
Private issuers	—	3,045,998	—	3,045,998
Equity hedge	—	2,181,370	—	2,181,370
Total assets at fair value	<u>\$ 52,350,583</u>	<u>\$ 16,646,554</u>	<u>\$ —</u>	<u>\$ 68,997,137</u>

Fair value methodologies for cash and cash equivalents, marketable debt securities, marketable equity securities, and mutual funds sections included in Level 1 and Level 2 are consistent with the inputs described in Note 3.



## Dayton Children's Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 6. Pension Plan (continued)

Following is the summary of the inputs and valuation techniques used for valuing Level 2 securities in the portfolio:

Securities	Input	Valuation Technique
Bond mutual funds	Broker/Dealer	Market
Corporate bonds	Broker/Dealer	Market
U.S. government securities	Broker/Dealer	Market
Mortgage-backed securities	Broker/Dealer	Market
Equity hedge	NAV	Market/Income

The Hospital's equity hedge is not necessarily readily marketable, however, management has determined that the net asset value (NAV) is an appropriate estimate of the fair value of this investment at June 30, 2013 and 2012, based on the fact that the equity hedge is audited and accounted for at fair value by the administrator of the equity hedge. Since the Hospital has the ability to redeem its investment in the equity hedge at NAV with no significant restrictions on the redemption at the consolidated balance sheet date, the Hospital has categorized the equity hedge as a Level 2 measurement in the fair value hierarchy.

The investment objective with regard to the plan assets is one of long-term growth and current income. This balanced approach is expected to earn long-term total returns comprised of capital appreciation and current income that are commensurate with the expected rates of return used by the Plan.

The investment policy, as established by the Investment Committee, is to invest assets per the target allocations stated above. The assets will be reallocated periodically to meet the above target allocations. The investment policy will be reviewed periodically, under the advisement of a certified investment advisor, to determine if the policy should be changed.

The Committee's focus regarding fund assets combines both preservation of capital and moderate risk taking. The Committee recognizes that risk, volatility, and the potential of loss is inherent to some degree in all types of investment vehicles. While high levels of risk are to be avoided, the assumption of a moderate level of risk is warranted and encouraged in order to allow the investment manager the opportunity to achieve satisfactory results consistent with the stated objectives and long-term nature of the fund.

# Dayton Children's Hospital and Subsidiaries

## Notes to Consolidated Financial Statements (continued)

### 6. Pension Plan (continued)

Prohibited investments include, but are not limited to, securities on margin, naked call options, short sale transactions, lettered stock, private placements, direct placements, and direct holdings of commodities.

The Hospital does not expect to make contributions to the plan in 2014.

The estimated future benefit payments reflecting expected future service for the future fiscal years are expected to be paid:

2014	\$ 3,962,981
2015	4,141,234
2016	4,362,798
2017	4,842,536
2018	5,029,365
2019 – 2023	29,609,091

The Hospital had a defined contribution thrift (401a) plan covering substantially all employees. The Hospital's contributions to the Plan were based on each participant's salary together with certain voluntary contributions made by participants. Pension expense related to this plan was \$0 and \$674,000 in 2013 and 2012, respectively.

In January, 2012, the Hospital merged the defined contribution thrift (401a) plan into a new 401(k) plan. All assets in the defined contribution plan were transferred over to the 401(k) plan. The Hospital's contributions to the 401(k) plan are based on each participant's salary together with certain voluntary contributions made by participants. The 401(k) plan covers substantially all employees. Pension expense related to this plan was \$2,876,111 in 2013 and \$1,349,600 in 2012.

### 7. Commitments and Contingencies

The Hospital is subject to legal proceedings and claims which arise in the ordinary course of providing medical services. In the opinion of management, the amount of ultimate liability, if any, with respect to these legal proceedings and claims will not materially affect the financial position of the Hospital.

## Dayton Children's Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 8. Professional Liability Self-Insurance

Prior to July 30, 1992, the Hospital maintained a combination of claims-made and occurrence-based coverage for professional and general liability claims through a commercial insurance carrier. Effective July 30, 1992, the Hospital self-insured its professional and general liability risks for certain claims asserted after July 30, 1988.

The reserve for professional liability claims reflect the estimated liability (undiscounted) for such claims based on an actuarial assessment of the data. Management believes that the self-insurance reserve, \$8,914,321 and \$8,500,057 at June 30, 2013 and 2012, respectively, including a receivable estimated for reinsurance recoveries of \$2,688,529 and \$2,841,461 respectively, is adequate to settle claims currently filed against the Hospital and claims which may be asserted based on the occurrence of events which are not known to management or legal counsel at this time. In accordance with applicable accounting guidance, the Hospital has recorded the reserve for professional liability without consideration of insurance recoveries.

#### 9. Functional Expenses

The Hospital provides general health care services to residents within its geographic location. Expenses related to providing these services at June 30 are as follows:

	2013	2012
Health care services:		
Direct patient care	\$ 142,263,633	\$ 128,109,451
Support services	<b>50,521,765</b>	45,913,505
	<b>192,785,398</b>	174,022,956
Fiscal and administration	<b>16,960,670</b>	17,426,087
Education and research	<b>2,897,605</b>	2,540,314
Fund raising	<b>646,480</b>	767,514
Depreciation	<b>14,808,919</b>	15,046,826
	<b>\$ 228,099,072</b>	\$ 209,803,697

## Dayton Children's Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

#### 10. Concentrations of Credit Risk

The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under third-party agreements. The mix of receivables from patients and third-party payors as of June 30 was as follows:

	<u>2013</u>	<u>2012</u>
Medicaid and Medicaid related plans	35%	44%
Anthem	25	20
Commercial	38	33
Self-pay	–	–
Other federal	2	3
	<u>100%</u>	<u>100%</u>

#### 11. Subsequent Events

The Hospital has evaluated and disclosed subsequent events through September 16, 2013, which is the date the consolidated financial statements were issued and made available. No recognized or non recognized subsequent events were identified for recognition or disclosure in the consolidated financial statements.

# Supplementary Information

## Report of Independent Auditors on Supplementary Information

The Board of Trustees  
Dayton Children's Hospital

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying consolidated balance sheet and consolidated statements of operations and changes in net assets are presented for purposes of additional analysis 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 audits 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. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

*Ernst & Young LLP*

September 16, 2013

# Dayton Children's Hospital and Subsidiaries

## Details of Consolidated Balance Sheet

June 30, 2013

	Dayton Children's Hospital and Pediatric Assurance Company, Ltd.	Children's Care Group/ Anesthesia Group	Children's Home Care of Dayton, Ohio	Children's Medical Center Foundation	Eliminations	Consolidated
<b>Assets</b>						
Current assets:						
Cash and cash equivalents	\$ 64,566,127	\$ 1,260,527	\$ 1,535,800	\$ 83,961	\$ -	\$ 67,446,415
Accounts receivable, net of allowances for doubtful accounts	31,715,810	88,100	871,315	-	(14,256,635)	18,418,590
Pledges receivable from donors	429,115	-	-	-	-	429,115
Inventories	1,660,452	-	107,267	-	-	1,767,719
Prepaid expenses and other assets	366,730	-	-	-	-	366,730
Total current assets	98,738,234	1,348,627	2,514,382	83,961	(14,256,635)	88,428,569
Investments and assets whose use is limited:						
Investments	13,278,673	-	6,577,786	-	(6,577,786)	13,278,673
By board for self-insurance and additions to property, plant, and equipment	259,415,424	-	-	-	-	259,415,424
By board and donors for endowments and research	-	-	-	215,211,929	-	215,211,929
Pledges receivable from donors, net	353,165	-	-	-	-	353,165
	273,047,262	-	6,577,786	215,211,929	(6,577,786)	488,259,191
Prepaid pension	10,128,533	-	-	-	-	10,128,533
Other assets	6,763,082	9,014,616	-	-	(2,640,332)	13,137,366
Property, plant, and equipment:						
Land and land improvements	7,463,786	-	-	-	-	7,463,786
Buildings	48,992,501	-	-	-	-	48,992,501
Equipment	131,891,230	209,336	682,667	-	-	132,783,233
Construction-in-progress	1,871,882	-	-	-	-	1,871,882
Accumulated depreciation	(92,044,259)	(48,585)	(644,775)	-	-	(92,737,619)
	98,175,140	160,751	37,892	-	-	98,373,783
Total assets	\$ 486,852,251	\$ 10,523,994	\$ 9,130,060	\$ 215,295,890	\$ (23,474,753)	\$ 698,327,442

# Dayton Children's Hospital and Subsidiaries

## Details of Consolidated Balance Sheet (continued)

	Dayton Children's Hospital and Pediatric Assurance Company, Ltd.	Children's Care Group/ Anesthesia Group	Children's Home Care of Dayton, Ohio	Children's Medical Center Foundation	Eliminations	Consolidated
<b>Liabilities and net assets</b>						
Current liabilities:						
Accounts payable and accrued expenses	\$ 13,272,007	\$ 13,601,597	\$ 1,927,213	\$ 1,870	\$ (21,251,142)	\$ 7,551,545
Salaries, wages, and withholdings	5,395,700	782,038	71,567	-	-	6,249,305
Accrued compensated absences	12,432,201	-	150,460	-	-	12,582,661
Estimated reimbursement due to Medicare and Medicaid programs	549,766	-	-	-	-	549,766
Total current liabilities	31,649,674	14,383,635	2,149,240	1,870	(21,251,142)	26,933,277
Reserve for professional liability	8,914,321	-	-	-	-	8,914,321
Pension liability	-	-	-	-	-	-
Other liabilities	4,779,587	8,046,540	-	-	-	12,826,127
Total liabilities	45,343,582	22,430,175	2,149,240	1,870	(21,251,142)	48,673,725
Net assets (deficit):						
Unrestricted	438,462,873	(11,906,181)	6,980,820	213,761,719	(2,223,611)	645,075,620
Temporarily restricted	3,045,796	-	-	1,532,301	-	4,578,097
Total net assets (deficit)	441,508,669	(11,906,181)	6,980,820	215,294,020	(2,223,611)	649,653,717
Total liabilities and net assets (deficit)	\$ 486,852,251	\$ 10,523,994	\$ 9,130,060	\$ 215,295,890	\$ (23,474,753)	\$ 698,327,442



# Dayton Children's Hospital and Subsidiaries

## Details of Consolidated Statement of Operations and Changes in Net Assets

Year Ended June 30, 2013

		Dayton Children's Hospital and Pediatric Assurance Company, Ltd.	Children's Care Group/ Anesthesia Group	Children's Home Care of Dayton, Ohio	Children's Medical Center Foundation	Eliminations	Consolidated
Unrestricted revenue and other support:							
Net patient service revenue (net of contractual allowance)	\$	220,161,092	\$ 17,739,652	\$ 12,118,128	\$ -	\$ (5,310,982)	\$ 244,707,890
Provision for bad debts		(5,402,842)	-	-	-	-	(5,402,842)
Net patient service revenue less provision for bad debts		214,758,250	17,739,652	12,118,128	-	(5,310,982)	239,305,048
Other operating revenue		9,620,168	6,852,724	71,877	-	(11,134,129)	5,410,640
Unrestricted contributions and net assets released from restrictions used for operations		5,813,251	-	-	-	(109,067)	5,704,184
Total unrestricted revenue and other support		230,191,669	24,592,376	12,190,005	-	(16,554,178)	250,419,872
Expenses:							
Salaries and benefits		110,537,243	24,173,766	2,261,528	-	-	136,972,537
Depreciation		14,777,628	21,209	10,082	-	-	14,808,919
Professional fees		16,732,811	-	-	-	(11,751,482)	4,981,329
Drugs		14,094,293	-	7,980,962	-	-	22,075,255
General supplies		6,027,014	276,118	21,578	-	-	6,324,710
Utilities		2,430,848	-	4,860	-	-	2,435,708
Equipment repair and rentals		7,669,165	281,358	22,954	-	(109,428)	7,864,049
Medical supplies		10,106,685	-	409,220	-	-	10,515,905
Purchased services		8,687,898	2,862,236	200,585	5,105,343	(4,653,620)	12,202,442
State assessment		4,091,364	-	-	-	-	4,091,364
Other expenses		4,884,538	629,439	352,525	-	(39,648)	5,826,854
Total expenses		200,039,487	28,244,126	11,264,294	5,105,343	(16,554,178)	228,099,072
Excess (deficiency) of unrestricted revenue and other support over expenses before investment income		30,152,182	(3,651,750)	925,711	(5,105,343)	-	22,320,800
Investment income		23,973,491	3,100	122,009	22,496,149	-	46,594,749
Excess (deficiency) of unrestricted revenue and other support over expenses		54,125,673	(3,648,650)	1,047,720	17,390,806	-	68,915,549

*Continued on next page.*

## Dayton Children's Hospital and Subsidiaries

### Details of Consolidated Statement of Operations and Changes in Net Assets (continued)

	Dayton Children's Hospital and Pediatric Assurance Company, Ltd.	Children's Care Group/ Anesthesia Group	Children's Home Care of Dayton, Ohio	Children's Medical Center Foundation	Eliminations	Consolidated
<b>Unrestricted net assets</b>						
Excess (deficiency) of unrestricted revenue and other support over expenses	\$ 54,125,673	\$ (3,648,650)	\$ 1,047,720	\$ 17,390,806	\$ -	\$ 68,915,549
Change in pension plan obligation and plan assets	10,773,966	-	-	-	-	10,773,966
Capital contribution	-	-	-	-	-	-
Transfers	(7,347,331)	-	-	7,347,331	-	-
Net assets released from restrictions used for purchase of property and equipment	183,572	-	-	-	-	183,572
Increase (decrease) in unrestricted net assets	57,735,880	(3,648,650)	1,047,720	24,738,137	-	79,873,087
<b>Temporarily restricted net assets</b>						
Contributions	3,367,167	-	-	-	-	3,367,167
Net assets released from restrictions	(2,171,516)	-	-	-	-	(2,171,516)
Change in market value of investments held	-	-	-	94,769	-	94,769
Increase in temporarily restricted net assets	1,195,651	-	-	94,769	-	1,290,420
Increase (decrease) in net assets	58,931,531	(3,648,650)	1,047,720	24,832,906	-	81,163,507
Net assets (deficit) at beginning of year	382,577,138	(8,257,531)	5,933,100	190,461,114	(2,223,611)	568,490,210
Net assets (deficit) at end of year	\$ 441,508,669	\$ (11,906,181)	\$ 6,980,820	\$ 215,294,020	\$ (2,223,611)	\$ 649,653,717

Dayton Children's Hospital and Subsidiaries  
 Details of Consolidated Statement of Cash Flows

Year Ended June 30, 2013

	Dayton Children's Hospital and Pediatric Assurance Company, Ltd	Children's Care Group/ Anesthesia Group	Children's Home Care of Dayton, Ohio	Children's Medical Center Foundation	Eliminations	Consolidated
	\$ 58,931,531	\$ (3,648,650)	\$ 1,047,720	\$ 24,832,906	\$ -	\$ 81,163,507
<b>Operating activities</b>						
Change in net assets	14,777,628	21,209	10,082	-	-	14,808,919
Adjustments to reconcile change in net assets to net cash provided by operating activities:	5,402,842	-	-	(8,334,393)	-	5,402,842
Depreciation	(8,736,602)	-	-	-	-	(17,070,995)
Provisions for bad debt	(10,773,966)	-	-	-	-	(10,773,966)
Change in market value of investments	(9,503,219)	(88,100)	(183,779)	-	3,913,724	(5,861,374)
Change in pension Plan obligation and plan assets	798,964	-	-	-	-	798,964
Accounts receivable	(18,647,476)	389	(1,619,019)	(16,588,157)	1,618,630	(35,235,633)
Pledges receivable, net	293,851	4,558	168,258	-	-	466,667
Assets whose use is limited and investments	31,149	(1,218,839)	-	-	(370,573)	(1,558,263)
Inventories and other current assets	298,691	-	-	-	-	298,691
Other assets	881,150	4,192,337	91,998	(3,318)	(5,161,781)	386
Estimated reimbursement due/from Medicare and Medicaid programs	(1,133,392)	1,528,311	-	-	-	394,919
Accounts payable and other current liabilities	32,621,151	791,215	(484,740)	(92,962)	-	32,834,664
Other liabilities	-	-	-	-	-	-
Net cash provided by operating activities	(13,047,424)	(181,910)	(23,996)	-	-	(13,253,330)
<b>Investing activities</b>						
Additions to property, plant, and equipment, net of nominal disposals	19,573,727	609,305	(508,736)	(92,962)	-	19,581,334
Increase in cash and cash equivalents	44,992,400	651,222	2,044,536	176,923	-	47,865,081
Cash and cash equivalents at beginning of year	64,566,127	1,260,527	1,535,800	83,961	-	67,446,415
Cash and cash equivalents at end of year	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

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