

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07/01, 2015, and ending 06/30, 2016

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization DAYTON CHILDREN'S HOSPITAL			D Employer identification number 31-0672132
	Doing Business As			E Telephone number (937) 641-5819
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	G Gross receipts \$ 327,585,723.
	ONE CHILDREN'S PLAZA			
City or town, state or province, country, and ZIP or foreign postal code DAYTON, OH 45404-1815			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: DEBORAH FELDMAN ONE CHILDRENS PLAZA DAYTON, OH 45404-1815			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			If "No," attach a list. (see instructions)	
J Website: WWW.CHILDRENSDAYTON.ORG			H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1967 M State of legal domicile: OH	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO IMPROVE THE HEALTH STATUS OF ALL CHILDREN THROUGH SERVICE, EDUCATION, RESEARCH AND ADVOCACY.				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16.		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11.		
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	2,225.		
	6 Total number of volunteers (estimate if necessary)	6	993.		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	55,759.		
b Net unrelated business taxable income from Form 990-T, line 34	7b	54,759.			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	27,104,214.	Current Year	25,788,633.
	9 Program service revenue (Part VIII, line 2g)		234,171,510.		255,318,286.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		21,194,516.		16,699,522.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,404,437.		2,241,227.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		284,874,677.		300,047,668.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		226,113.	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0.		0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			119,672,065.		126,544,320.
16a Professional fundraising fees (Part IX, column (A), line 11e)			0.		0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,780,101.					
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			109,276,324.		115,525,589.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		229,174,502.		242,344,810.	
19 Revenue less expenses. Subtract line 18 from line 12		55,700,175.		57,702,858.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	595,726,324.	End of Year	668,978,426.
	21 Total liabilities (Part X, line 26)		80,468,052.		145,564,664.
	22 Net assets or fund balances. Subtract line 21 from line 20.		515,258,272.		523,413,762.

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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	Date	05/12/2017
	CHRIS BERGMAN Type or print name and title	VP FINANCE AND CFO	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	DIANE L BEAN	<i>Diane L Bean</i>	05/16/17
	Firm's name ▶ ERNST & YOUNG U.S. LLP	Check <input type="checkbox"/> if self-employed	PTIN P00104972
	Firm's address ▶ 800 YARD STREET, SUITE 200 GRANDVIEW HEIGHTS, OH 43212	Firm's EIN ▶ 34-6565596	Phone no. 614-224-5678

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 \$ 224,741,171. including grants of \$ 274,901.) (Revenue \$ 255,759,033.)
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 ▶ 224,741,171.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23 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	
24a 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 25a</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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 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
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 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
28 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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
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	
c 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
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 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
33 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
34 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	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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	
36 Section 501(c)(3) organizations. 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
37 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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. 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 or note to any line in this Part V

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No response columns. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 720, and Form 702.

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (16), 1b (11), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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, address, and telephone number of the person who possesses the organization's books and records:▶

CHRIS BERGMAN ONE CHILDREN'S PLAZA DAYTON, OH 45404-1815

937-641-5819

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

Check if Schedule O contains a response or note to any line in this Part VII.

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) LESLIE BARNES CARSON (END 10/15) TRUSTEE	1.00 0.	X					0.	0.	0.	
(2) GREGORY EBERHART M.D. TRUSTEE	1.00 0.	X					20,000.	0.	0.	
(3) ELIZABETH EY, M.D. TRUSTEE	1.00 0.	X					0.	0.	0.	
(4) SCOTT KELLY (END 10/15) TRUSTEE	1.00 0.	X					0.	0.	0.	
(5) THERESE MCNEA-WILEY TRUSTEE	1.00 0.	X					0.	0.	0.	
(6) GREGORY SAMPLE TRUSTEE	1.00 0.	X					0.	0.	0.	
(7) MICHAEL SHANE VICE CHAIR	1.00 0.	X					630.	0.	0.	
(8) BEVERLY SHILLITO TRUSTEE	1.00 0.	X					0.	0.	0.	
(9) LAURENCE KLABEN SEC/TREAS	1.00 0.	X					0.	0.	0.	
(10) VISHAL SOIN CHAIRMAN	1.00 0.	X					1,063.	0.	0.	
(11) DEBORAH FELDMAN PRESIDENT AND CEO	40.00 0.	X		X			658,256.	0.	417,090.	
(12) LINDA BLACK-KUREK TRUSTEE	1.00 0.	X					0.	0.	0.	
(13) JAMES WHALEN TRUSTEE	1.00 0.	X					0.	0.	0.	
(14) ADAM MEZOFF VP MEDICAL AFFAIRS CMO	40.00 0.	X					490,329.	0.	38,905.	

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) MARK CHILSON ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(16) THOMAS KRZMARZICK ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(17) JOHN DUBY M.D. (BEG 01/15) ----- TRUSTEE	1.00 ----- 0.	X					102,773.	0.	0.	
(18) TIMOTHY PEPPER (BEG 11/15) ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(19) ARTHUR PICKOFF (END 10/15) ----- TRUSTEE	1.00 ----- 0.	X					0.	0.	0.	
(20) DAVID T. MILLER (END 12/15) ----- VP FINANCE AND CFO	40.00 ----- 0.			X			403,368.	0.	96,056.	
(21) CHRIS BERGMAN (BEG 01/16) ----- VP FINANCE & CFO	40.00 ----- 0.			X			0.	0.	0.	
(22) MATTHEW GRAYBILL ----- VP AND CHIEF OPERATING OFFICER	40.00 ----- 0.				X		332,697.	0.	240,521.	
(23) RENAE PHILLIPS ----- VP PATIENT CARE CNO	40.00 ----- 0.				X		730,049.	0.	32,702.	
(24) GREGORY RAMEY ----- EXEC DIRECTOR PED MENTAL HEALT	40.00 ----- 0.				X		233,375.	0.	35,096.	
(25) VICKI GIAMBRONE ----- VP MAKTRNG EXTERNAL RELATIONS	40.00 ----- 0.				X		699,108.	0.	5,769.	
1b Sub-total							1,170,278.	0.	455,995.	
c Total from continuation sheets to Part VII, Section A							2,717,636.	0.	468,115.	
d Total (add lines 1b and 1c)							3,887,914.	0.	924,110.	

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 ► 102

	Yes	No
3 Did the organization list any former 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
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 ► 16

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 PHYSICIAN SERVICES	40.00 0.					X		216,266.	0.	57,971.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶** 102

	Yes	No
3 Did the organization list any former 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 or note to any line in this Part VIII.

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	32,136.					
	b Membership dues	1b						
	c Fundraising events	1c	178,880.					
	d Related organizations	1d	5,960,440.					
	e Government grants (contributions)	1e	967,886.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	18,649,291.					
	g Noncash contributions included in lines 1a-1f: \$		1,357,760.					
	h Total. Add lines 1a-1f			25,788,633.				
	Program Service Revenue				Business Code			
2a PATIENT SERVICE REVENUE			624100	157,496,979.	157,496,979.			
b MEDICARE/MEDICAID			624100	97,765,548.	97,765,548.			
c SURGERY CENTER			621400	55,759.		55,759.		
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f				255,318,286.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			4,625,990.			4,625,990.	
	4 Income from investment of tax-exempt bond proceeds			0.				
	5 Royalties			0.				
	6a Gross rents	(i) Real	309,980.					
		(ii) Personal						
		b Less: rental expenses	850,756.					
		c Rental income or (loss)	-540,776.					
	d Net rental income or (loss)			-540,776.			-540,776.	
	7a Gross amount from sales of assets other than inventory	(i) Securities	38,244,808.	10,245.				
		(ii) Other						
		b Less: cost or other basis and sales expenses	26,127,149.	54,372.				
		c Gain or (loss)	12,117,659.	-44,127.				
	d Net gain or (loss)			12,073,532.			12,073,532.	
	8a Gross income from fundraising events (not including \$ 178,880. of contributions reported on line 1c). See Part IV, line 18	a	214,386.					
		b Less: direct expenses	124,761.					
c Net income or (loss) from fundraising events				89,625.			89,625.	
9a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses							
	c Net income or (loss) from gaming activities			0.				
10a Gross sales of inventory, less returns and allowances	a	584,293.						
	b Less: cost of goods sold	381,017.						
	c Net income or (loss) from sales of inventory			203,276.	203,276.			
Miscellaneous Revenue			Business Code					
11a HITECH MEDICAL RECORDS		900099	306,384.				306,384.	
	b CAFETERIA/KIDS CARE	900099	1,251,708.				1,251,708.	
	c DAY CARE CENTER	812930	693,539.				693,539.	
	d All other revenue	624310	237,471.	237,471.				
e Total. Add lines 11a-11d			2,489,102.					
12 Total revenue. See instructions.			300,047,668.	255,703,274.	55,759.	18,500,002.		

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 or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	124,166.	124,166.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	150,735.	150,735.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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	2,062,407.		2,062,407.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	21,646.	21,646.		
7 Other salaries and wages	100,429,723.	94,011,811.	5,498,459.	919,453.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,026,633.	5,737,263.	233,271.	56,099.
9 Other employee benefits	10,826,193.	10,442,852.	281,232.	102,109.
10 Payroll taxes	7,177,718.	6,833,079.	277,826.	66,813.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	575,027.		575,027.	
c Accounting	260,364.		260,364.	
d Lobbying	164,562.	164,562.		
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.) <u>ATCH 2</u>	38,717,961.	34,100,691.	4,306,120.	311,150.
12 Advertising and promotion	1,207,652.	1,207,652.		
13 Office expenses	15,240,742.	13,796,190.	1,215,238.	229,314.
14 Information technology	7,167,114.	7,167,114.		
15 Royalties	0.			
16 Occupancy	3,623,327.	3,420,871.	202,045.	411.
17 Travel	968,674.	717,071.	192,396.	59,207.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	75,642.	75,642.		
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	16,078,213.	15,323,515.	719,153.	35,545.
23 Insurance	945,361.	945,361.		
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>STATE HOSPITAL ASSESSMENT</u>	4,795,182.	4,795,182.		
b <u>MISCELLANEOUS</u>	24,644.	24,644.		
c <u>MEDICAL SUPPLIES</u>	25,681,124.	25,681,124.		
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	242,344,810.	224,741,171.	15,823,538.	1,780,101.
26 Joint costs. 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 or note to any line in this Part X.

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	14,522.	1	15,047.
	2 Savings and temporary cash investments	74,834,812.	2	43,401,742.
	3 Pledges and grants receivable, net	8,071,553.	3	12,686,320.
	4 Accounts receivable, net	50,960,480.	4	55,637,213.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 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.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	2,178,872.	8	2,755,392.
	9 Prepaid expenses and deferred charges	741,143.	9	614,926.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 287,938,574.		
	b Less: accumulated depreciation	10b 94,967,585.	124,243,661.	10c 192,970,989.
	11 Investments - publicly traded securities	251,484,299.	11	276,629,671.
	12 Investments - other securities. See Part IV, line 11	73,688,396.	12	76,387,943.
	13 Investments - program-related. See Part IV, line 11	2,621,333.	13	3,691,172.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	6,887,253.	15	4,188,011.
16 Total assets. Add lines 1 through 15 (must equal line 34)	595,726,324.	16	668,978,426.	
Liabilities	17 Accounts payable and accrued expenses	39,137,759.	17	48,219,378.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	27,907,804.	20	65,757,804.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 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.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 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	13,422,489.	25	31,587,482.
	26 Total liabilities. Add lines 17 through 25	80,468,052.	26	145,564,664.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	505,388,759.	27	508,210,423.
	28 Temporarily restricted net assets	9,869,513.	28	15,203,339.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	515,258,272.	33	523,413,762.	
34 Total liabilities and net assets/fund balances	595,726,324.	34	668,978,426.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	300,047,668.
2	Total expenses (must equal Part IX, column (A), line 25)	2	242,344,810.
3	Revenue less expenses. Subtract line 2 from line 1	3	57,702,858.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	515,258,272.
5	Net unrealized gains (losses) on investments	5	-20,086,312.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-29,461,056.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	523,413,762.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2015)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization DAYTON CHILDREN'S HOSPITAL	Employer identification number 31-0672132
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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 (Form 990 or 990-EZ).)
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g 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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

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

Schedule A (Form 990 or 990-EZ) 2015

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) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (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) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (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, etc. (see instructions); 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 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2015; 15 Public support percentage from 2014 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2015; b 33 1/3% support test - 2014; 17a 10%-facts-and-circumstances test - 2015; b 10%-facts-and-circumstances test - 2014; 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

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2015, 2014. Row 15: Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2014 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2015, 2014. Row 17: Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2014 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2015. 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

19b 33 1/3% support tests - 2014. 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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11 a	
b A family member of a person described in (a) above?	11 b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Part VI **Supplemental Information.** 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).

Schedule of Contributors

2015

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization DAYTON CHILDREN'S HOSPITAL	Employer identification number 31-0672132
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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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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 totaling \$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 its Form 990-PF, Part I, line 2, 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
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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
1	_____	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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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
7		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 5,694.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 14,286.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 6,579.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DAYTON CHILDREN'S HOSPITAL	Employer identification number 31-0672132
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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
13	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	_____	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	_____	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
19		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ 6,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ 9,516.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ 66,303.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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	_____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	_____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	_____	\$ 10,588.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	_____	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	_____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DAYTON CHILDREN'S HOSPITAL	Employer identification number 31-0672132
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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	_____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	_____	\$ 31,021.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	_____	\$ 14,915.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
37		\$ 6,493.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40		\$ 6,272.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DAYTON CHILDREN'S HOSPITAL

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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		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ 7,466.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ 22,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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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		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
61		\$ 6,099.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
67		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68		\$ 17,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69		\$ 31,514.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
73		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78		\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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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
79		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
85	_____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	_____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	_____	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
91		\$ 42,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93		\$ 10,933.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DAYTON CHILDREN'S HOSPITAL	Employer identification number 31-0672132
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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
97	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	_____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	_____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	_____	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DAYTON CHILDREN'S HOSPITAL	Employer identification number 31-0672132
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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
103	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	_____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	_____	\$ 550,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
109	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	_____ _____ _____	\$ 6,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	_____ _____ _____	\$ 9,805.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	_____ _____ _____	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
115		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
121		\$ 11,067.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125		\$ 7,426.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126		\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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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
127		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129		\$ 11,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131		\$ 9,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
133	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	_____	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136	_____	\$ 17,254.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
139	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141	_____ _____ _____	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142	_____ _____ _____	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
145	_____	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146	_____	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147	_____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148	_____	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149	_____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
151	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152	_____	\$ 13,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153	_____	\$ 8,789.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
154	_____	\$ 8,319.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155	_____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
156	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
157		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
160		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162		\$ 2,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
163		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
164		\$ 9,022.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
165		\$ 13,574.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
166		\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167		\$ 16,648.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
169		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
171		\$ 20,089.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
172		\$ 15,487.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
173		\$ 11,639.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
174		\$ 10,490.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
175	_____	\$ 10,318.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176	_____	\$ 9,552.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177	_____	\$ 9,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178	_____	\$ 9,323.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
179	_____	\$ 8,404.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180	_____	\$ 8,295.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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	_____	\$ 8,249.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
182	_____	\$ 8,198.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
183	_____	\$ 8,195.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
184	_____	\$ 8,165.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
185	_____	\$ 8,158.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
186	_____	\$ 7,949.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
187	_____	\$ 7,856.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
188	_____	\$ 7,791.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
189	_____	\$ 7,723.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
190	_____	\$ 7,684.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
191	_____	\$ 7,621.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
192	_____	\$ 7,615.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
193	_____	\$ 7,512.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
194	_____	\$ 7,422.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
195	_____	\$ 7,405.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
196	_____	\$ 7,386.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
197	_____	\$ 7,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
198	_____	\$ 7,223.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DAYTON CHILDREN'S HOSPITAL	Employer identification number 31-0672132
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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
199	_____	\$ 7,155.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
200	_____	\$ 7,127.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
201	_____	\$ 7,055.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
202	_____	\$ 7,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
203	_____	\$ 7,017.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
204	_____	\$ 6,955.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
205		\$ 6,902.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
206		\$ 6,860.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
207		\$ 6,823.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
208		\$ 6,773.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
209		\$ 6,693.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
210		\$ 6,655.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
211	_____	\$ 6,509.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
212	_____	\$ 6,492.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
213	_____	\$ 6,293.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
214	_____	\$ 6,139.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
215	_____	\$ 6,054.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
216	_____	\$ 6,014.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
217	_____	\$ 5,996.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
218	_____	\$ 5,807.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
219	_____	\$ 5,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
220	_____	\$ 5,747.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
221	_____	\$ 5,718.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
222	_____	\$ 5,704.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
223	_____	\$ 5,662.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
224	_____	\$ 5,602.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
225	_____	\$ 5,594.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
226	_____	\$ 5,523.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
227	_____	\$ 5,484.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
228	_____	\$ 5,456.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
229		\$ 5,399.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
230		\$ 5,366.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
231		\$ 5,354.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
232		\$ 5,340.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
233		\$ 5,230.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
234		\$ 5,131.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DAYTON CHILDREN'S HOSPITAL	Employer identification number 31-0672132
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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
235	_____	\$ 5,008.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
236	_____	\$ 6,902.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
237	_____	\$ 21,270.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
238	_____	\$ 7,421.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
239	_____	\$ 12,556.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
240	_____	\$ 25,055.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DAYTON CHILDREN'S HOSPITAL	Employer identification number 31-0672132
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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
241	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
242	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
243	_____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
244	_____	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
245	_____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
246	_____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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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
247		\$ 15,605.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
248		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
249		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
250		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
251		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
252		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DAYTON CHILDREN'S HOSPITAL	Employer identification number 31-0672132
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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
253	_____	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
254	_____	\$ 5,055.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
255	_____	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
256	_____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
257	_____	\$ 9,603.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
258	_____	\$ 72,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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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
259		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
260		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
261		\$ 22,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
262		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
263		\$ 13,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
264		\$ 192,217.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
265		\$ 34,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
266		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
267		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
268		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
269		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
270		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DAYTON CHILDREN'S HOSPITAL

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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
271		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
272		\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
273		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
274		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
275		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
276		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DAYTON CHILDREN'S HOSPITAL	Employer identification number 31-0672132
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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
277	_____	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
278	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
279	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
280	_____	\$ 11,846.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
281	_____	\$ 7,540.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
282	_____	\$ 6,024.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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
283		\$ 9,824.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
284		\$ 5,613.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
285		\$ 9,582.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
286		\$ 9,759.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
287		\$ 7,014.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
288		\$ 10,846.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DAYTON CHILDREN'S HOSPITAL	Employer identification number 31-0672132
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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
289	_____	\$ 9,325.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
290	_____	\$ 17,165.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
291	_____	\$ 9,726.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
292	_____	\$ 9,035.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
293	_____	\$ 12,435.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
294	_____	\$ 6,736.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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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
295	_____	\$ 13,766.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
296	_____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
297	_____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
298	_____	\$ 7,445.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
299	_____	\$ 12,875.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
300	_____	\$ 25,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DAYTON CHILDREN'S HOSPITAL	Employer identification number 31-0672132
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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
301	_____	\$ 6,254.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
302	_____	\$ 7,588.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
303	_____	\$ 140,676.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
304	_____	\$ 945,317.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
305	_____	\$ 216,996.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization DAYTON CHILDREN'S HOSPITAL

Employer identification number

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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
299	SECURITIES - PUBLICALLY TRADED _____ _____ _____	\$ 12,875.	06/27/2016
300	SECURITIES - PUBLICALLY TRADED _____ _____ _____	\$ 25,000.	12/17/2015
301	SECURITIES - PUBLICALLY TRADED _____ _____ _____	\$ 6,254.	12/08/2015
302	SECURITIES - PUBLICALLY TRADED _____ _____ _____	\$ 7,588.	06/22/2016
303	SECURITIES - PUBLICALLY TRADED _____ _____ _____	\$ 140,676.	06/30/2016
304	SECURITIES - PUBLICALLY TRADED _____ _____ _____	\$ 945,317.	11/25/2015

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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
305	SECURITIES - PUBLICALLY TRADED	\$ 216,996.	11/04/2016
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Name of organization DAYTON CHILDREN'S HOSPITAL

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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**
 ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2015

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f 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: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">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.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f 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: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

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 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); a Current year; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

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, lines 1 and 2 (see instructions); 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

LINE 1F:

OHIO HOSPITAL ASSOCIATION	\$2,261
OHIO CHILDREN'S HOSPITAL ASSOCIATION	\$41,777
NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS	\$20,643
TOTAL:	\$64,681

LINE 1G:

MANAGEMENT TIME	\$8,799
-----------------	---------

DAYTON CHILDREN'S SPENDS TIME TRACKING SPECIFIC LEGISLATION THAT IS OF INTEREST TO PEDIATRIC HEALTH ISSUES. THEY PROVIDE SUGGESTIONS AND FEEDBACK TO LOCAL, STATE AND FEDERAL LEGISLATURES. THEIR MAIN FOCUS CONCERNS MEDICAID, CHILDREN'S SPECIFIC HEALTH ISSUES AND MEDICAL EDUCATION FUNDING.

NACH 2014 FAMILY ADVOCACY DAYS	\$3,882
TOTAL:	\$12,681

LINE 1H:

CONSULTING EXPENSE	\$96,000
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TOTAL LINE 1J:	\$173,362
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2015

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

DAYTON CHILDREN'S HOSPITAL

31-0672132

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Sub-rows 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2015

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" on 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, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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	166,743,504.	171,140,209.	145,550,821.	127,667,969.	123,741,717.
b Contributions	9,088,944.	3,053,446.	7,058,671.	7,549,823.	7,937,991.
c Net investment earnings, gains, and losses	-3,600,121.	-1,935,200.	23,383,702.	14,908,772.	434,441.
d Grants or scholarships	6,073,989.	5,514,951.	4,815,615.	4,542,192.	4,446,180.
e Other expenditures for facilities and programs	20,000.		37,370.	33,551.	
f Administrative expenses					
g End of year balance	166,138,338.	166,743,504.	171,140,209.	145,550,821.	127,667,969.

- 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 on 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:

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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		5,710,037.		5,710,037.
b Buildings		50,881,723.	24,763,130.	26,118,593.
c Leasehold improvements				
d Equipment		147,249,692.	68,057,283.	79,192,409.
e Other		84,097,122.	2,147,172.	81,949,950.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				192,970,989.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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	56,035,991.	FMV
(B) HIRTLE CALLAGHAN - COMMODITIES	15,986,198.	FMV
(C) HIRTLE CALLAGHAN - REAL ESTATE	4,365,754.	FMV
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	76,387,943.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RESERVE FOR PROFESSIONAL LIA	5,839,625.
(3) EST REIMB/MEDICAID PROGRAM	367,988.
(4) DEFERRED COMPENSATION PAYABLE	1,651,162.
(5) SERP PENSION ACCRUAL	3,131,179.
(6) REINSURANCE	2,523,370.
(7) PENSION LIABILITY	18,074,158.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	31,587,482.

2. Liability for uncertain tax positions. 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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

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 (ABC) 740) FOOTNOTE

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 2016 OR 2015. 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, 2016 OR 2015.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

DAYTON CHILDREN'S HOSPITAL

31-0672132

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on 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		107,977,703.
(2) CENTRAL AMERICA/CARIBBEAN	1.	2.	PROGRAM SERVICES	SELF INSURANCE	1,837,896.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	2.	4.			109,815,599.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	2.	4.			109,815,599.

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

Schedule F (Form 990) 2015

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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" on 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 separately 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; do not file with Form 990)* 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* 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).

**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" on 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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**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" on 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							
Total							

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" on 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 (add col. (a) through col. (c))	
		GOLF	OUTING	SFOT	2.		
		(event type)		(event type)	(total number)		
Revenue	1	Gross receipts		177,507.	122,711.	93,048.	393,266.
	2	Less: Contributions		138,100.	40,780.		178,880.
	3	Gross income (line 1 minus line 2)		39,407.	81,931.	93,048.	214,386.
Direct Expenses	4	Cash prizes					
	5	Noncash prizes				612.	612.
	6	Rent/facility costs		28,504.	6,000.	7,250.	41,754.
	7	Food and beverages		16,832.	22,575.	16,646.	56,053.
	8	Entertainment		300.		550.	850.
	9	Other direct expenses		8,397.	14,291.	2,804.	25,492.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶					
11	Net income summary. Subtract line 10 from line 3, column (d) ▶						89,625.

Part III Gaming. Complete if the organization answered "Yes" on 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))
		Yes	No	Yes	No	Yes	No	
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	<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. Subtract line 7 from line 1, column (d) ▶							

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct 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 conduct 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 conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 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. 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 provide any additional information (see instructions).

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2015

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**

▶ **Attach to Form 990.**

▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization

DAYTON CHILDREN'S HOSPITAL

Employer identification number

31-0672132

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
1b If "Yes," was it a written policy?	X	
2 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		
3 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.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free care</i> ? 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 Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? 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 checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used 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.		
4 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	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
5c 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
6a Did the organization prepare a community benefit report during the tax year?	X	
6b If "Yes," did the organization make it available to the public?	X	

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			817,352.		817,352.	.34
b Medicaid (from Worksheet 3, column a)			123,249,429.	97,443,272.	25,806,158.	10.59
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			124,066,781.	97,443,272.	26,623,510.	10.93
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			447,816.		447,816.	.18
f Health professions education (from Worksheet 5)			4,134,508.	1,531,551.	2,602,957.	1.07
g Subsidized health services (from Worksheet 6)			18,044,195.	6,758,039.	11,286,156.	4.63
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			214,618.		214,618.	.09
j Total. Other Benefits			22,841,137.	8,289,590.	14,551,547.	5.97
k Total. Add lines 7d and 7j.			146,907,918.	105,732,862.	41,175,057.	16.90

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			805,446.		805,446.	.33
2 Economic development			97,948.		97,948.	.04
3 Community support			10,801.		10,801.	.01
4 Environmental improvements						
5 Leadership development and training for community members			9,838.		9,838.	.01
6 Coalition building			5,200.		5,200.	.01
7 Community health improvement advocacy			8,560.		8,560.	.01
8 Workforce development			10,219.		10,219.	.01
9 Other						
10 Total			948,012.		948,012.	.42

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	233,345.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	233,345.
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 checked="" 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, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 DAYTON CHILDREN'S HOSPITAL
ONE CHILDRENS PLAZA
DAYTON OH 45404-1815
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			
2									
3									
4									
5									
6									
7									
8									
9									
10									

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 letter of facility reporting group DAYTON CHILDREN'S HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

Community Health Needs Assessment

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 12c regarding CHNA, website availability, and excise tax.

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100.0000</u> % and FPG family income limit for eligibility for discounted care of <u>400.0000</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	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	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.CHILDRENSDAYTON.ORG</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>WWW.CHILDRENSDAYTON.ORG</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>WWW.CHILDRENSDAYTON.ORG</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17	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 all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18	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 individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

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

		Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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:		X
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22	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	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> Other (describe in Section C)		
23	During the tax year, did the hospital facility charge any FAP-eligible individual 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 Section C.		X
24	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 Section C.		X

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V - 1J

THE DAYTON CHILDREN'S COMMUNITY HEALTH NEEDS ASSESMENT ALSO INCLUDED A PARENT PERCEPTION SURVEY TO BETTER UNDERSTAND TOP PEDIATRIC HEALTH AND SAFETY NEEDS AND HOW PARENTS VIEW THOSE NEEDS IN ORDER TO FORM OUR IMPLEMENTATION STRATEGIES. SIX HUNDRED AND FORTY-TWO PARENTS OF CHILDREN LIVING IN THE DAYTON CHILDREN'S HOSPITAL GENERAL SERVICE AREA WERE SURVEYED EITHER ONLINE OR VIA TELEPHONE INTERVIEW BETWEEN JANUARY 27 AND FEBRUARY 25, 2014. FOCUS GROUPS WERE CONDUCTED WITH PARENTS TO DIG DEEPER INTO SOME OF THE CHALLENGES AND BARRIERS ASSOCIATED WITH THEIR TOP HEALTH AND SAFETY CONCERNS.

PART V - 5 & 6B

IN ADDITION TO THE SECONDARY DATA SCAN, PARENT PERCEPTION SURVEY AND PARENT FOCUS GROUPS USED TO IDENTIFY HEALTH ISSUES AND PRIORITIES AS PART OF OUR COMMUNITY HEALTH NEEDS ASSESMENT, DAYTON CHILDREN'S HOSPITAL CONDUCTED IN-DEPTH INTERVIEWS WITH A REPRESENTATIVE GROUP OF PRACTICING PHYSICIANS WITHIN THE GREATER DAYTON COMMUNITY. PHYSICIANS SERVING A VARIETY OF DEMOGRAPHICS AND COUNTIES WITHIN THE REGION WERE REPRESENTED INCLUDING PUBLIC HEALTH CLINICS. THESE SURVEYS WERE USED TO IDENTIFY AND PRIORITIZE KEY PEDIATRIC HEALTH ISSUES, UNDERSTAND HOW CONSUMERS RECEIVE CARE FOR THESE ISSUES TODAY AND DETERMINE HOW HEALTH PROFESSIONALS BELIEVE DAYTON CHILDREN'S HOSPITAL CAN RESPOND TO PEDIATRIC HEALTH PRIORITIES. DAYTON CHILDREN'S ALSO ASSEMBLED A MULTIDISCIPLINARY TEAM TO HELP PRIORITIZE OUR FINDINGS. THIS TEAM INCLUDED THE FOLLOWING:

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COMMUNITY HEALTH NEEDS ASSESSMENT TEAM:

BELINDA HUFFMAN, RCP, BS, CPFT, PULMONARY HEALTH AND HEALTH COORDINATOR

DAVID MIRKIN, MD, MEDICAL DIRECTOR LABORATORY/PATHOLOGY

JACK PASCOE, MD, PROFESSOR WRIGHT STATE UNIVERSITY PEDIATRICS DEPARTMENT

LISA SCHWING, RN, TRAUMA PROGRAM MANAGER

RACHEL RIDDIFORD, MS, RD, LD, ORGANIZATIONAL NUTRITION AND HEALTHY WAY

OFFICER

SARA PATON, EPIDEMIOLOGIST, PUBLIC HEALTH DAYTON & MONTGOMERY COUNTY

SHERYL WYNN, GREEN COUNTY COMBINED HEALTH DISTRICT

ADDITIONAL SUBJECT MATTER EXPERTS CONSULTED

ANN MARIE SCHMERSAL, MS, RN, CPNP-AC, NURSE PRACTITIONER, GENERAL

PEDIATRICS

ELAINE MARKLAND, BSN, RN, CPEN, EMERGENCY DEPARTMENT

GREG RAMEY, PHD, EXECUTIVE DIRECTOR, CENTER FOR PEDIATRIC MENTAL HEALTH

RESOURCES

JIM EBERT, MD, MPH, PEDIATRIC LIPID CLINIC PHYSICIAN

PART V - 7D

DAYTON CHILDREN'S ASSESSMENT AND IMPLEMENTATION PLAN WAS SHARED WITH THE

PUBLIC AT A MEDIA CONFERENCE ON JUNE 20, 2014, TO DISSEMINATE THE

INFORMATION. IN ADDITION, WE CREATED A SUMMARY REPORT AND OUTLINED THE

NEXT STEPS FOR EACH OF THE KEY ISSUES WHICH WAS DISSEMINATED TO

LEGISLATORS. WE ALSO WRITE A BLOG ARTICLE (FOR THE DAYTON CHILDREN'S

BLOG) ABOUT THE HEALTH ASSESSMENT FINDINGS AND CONTINUE TO REFERENCE THE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HEALTH ASSESSMENT VIA THAT ONLINE TOOL. WE ALSO CREATED AN INFOGRAPHIC IDENTIFYING OUR KEY PRIORITIES WHICH IS A VISUAL REPRESENTATION AS WE CONTINUE TO SHARE OUR FINDINGS. FINALLY, OUR HEALTH ASSESSMENT WAS PUBLISHED ON OUR HOSPITAL WEBSITE AND IS AVAILABLE UPON REQUEST FOR ANY INTERESTED PARTY AT WWW.CHILDRENSDAYTON.ORG.

PART V - 11

THE CHNA TEAM, WITH THE HELP OF ADDITIONAL SUBJECT MATTER EXPERTS AND PROJECT OWNERS, CREATED AN IMPLEMENTATION PLAN FOR EACH OF THE TOP THREE PRIORITY AREAS. EACH IMPLEMENTATION PLAN OUTLINES GOALS AND STRATEGIES FOR THE NEXT THREE YEARS. ADDITIONAL NEEDS, ALTHOUGH IDENTIFIED, WILL NOT BE THE TOP PRIORITIES GIVEN THE RESOURCES WE HAVE AVAILABLE. THE IMPLEMENTATION PLAN INCLUDES THE FOLLOWING STRATEGIES: 1. DAYTON CHILDREN'S WILL FOCUS ON DECREASING PEDIATRIC OBESITY BY WORKING WITH LOCAL PEDIATRICIANS AND HEALTH CARE PROVIDERS TO MAKE SURE THEY HAVE APPROPRIATE RESOURCES AVAILABLE TO HELP CHILDREN AND THEIR FAMILIES CHOOSE HEALTHIER LIFESTYLES. 2. DAYTON CHILDREN'S WILL CREATE A CENTER FOR PEDIATRIC MENTAL HEALTH TO INCREASE ACCESS AND COORDINATE RESOURCES FOR PEDIATRIC MENTAL HEALTH IN THE HOSPITAL'S PRIMARY SERVICE AREA. 3. DAYTON CHILDREN'S WILL INVEST IN EDUCATION FOR PARENTS ABOUT SAFE SLEEP PRACTICES FOR THEIR INFANTS. OUR ASSESSMENT AND IMPLEMENTATION PLAN WAS SHARED WITH THE PUBLIC AT A MEDIA CONFERENCE ON JUNE 20, 2014, TO DISSEMINATE THE INFORMATION. IN ADDITION, WE CREATED A SUMMARY REPORT AND OUTLINED THE NEXT STEPS FOR EACH OF THE KEY ISSUES. FINALLY, OUR HEALTH ASSESSMENT WAS PUBLISHED ON OUR HOSPITAL WEBSITE AND IS AVAILABLE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

UPON REQUEST FOR ANY INTERESTED PARTY.

PART V, LINE 22D

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 10 HEALTH CARE FACILITIES OTHER THAN THOSE REQUIRED
TO BE LICENSED, REGISTERED OR SIMILARLY RECOGNIZED AS A HEALTH CARE
FACILITY UNDER STATE LAW. WE HAVE 6 TESTING CENTERS, 4 OFFSITE CLINICS,
AND 1 URGENT CARE CENTER (50% OWNED).

Part V Facility Information (continued)**Section D. 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? 10

Name and address	Type of Facility (describe)
1 WARREN COUNTY SPECIALTY CARE CENTER 100 CAMPUS LOOP ROAD SUITE A FRANKLIN OH 45005	OUTPATIENT CARE CENTER AND OUTPATIENT DIAGNOSTIC CENTER
2 SPRINGBORO URGENT CARE & OP CARE CENTER 3333 WEST TECH ROAD MIAMISBURG OH 45342	URGENT CARE CENTER AND OUTPATIENT DIAGNOSTIC CENTER
3 DAYTON ORTHOPAEDICS - SOUTH 2350 MIAMI VALLEY DRIVE DAYTON OH 45459	OUTPATIENT CARE CENTER
4 VANDALIA OUTPATIENT TESTING CENTER 810 FALLS CREEK DRIVE SUITE A VANDALIA OH 45377	OUTPATIENT DIAGNOSTIC CENTER
5 BEAVERCREEK OUTPATIENT TESTING CENTER 3224 DAYTON-XENIA ROAD BEAVERCREEK OH 45431	OUTPATIENT DIAGNOSTIC CENTER
6 SUGARCREEK OUTPATIENT TESTING CENTER 6116 WILMINGTON PIKE CENTERVILLE OH 45459	OUTPATIENT DIAGNOSTIC CENTER
7 KETTERING OUTPATIENT TESTING CENTER 4475 FAR HILLS AVENUE KETTERING OH 45429	OUTPATIENT DIAGNOSTIC CENTER
8 SPRINGFIELD SPECIALTY CARE CENTER 30 W. MCCREIGHT AVENUE SPRINGFIELD OH 45504	OUTPATIENT CARE CENTER
9 DAYTON ORTHOPAEDICS - TROY 31 STANFIELD ROAD TROY OH 45473	OUTPATIENT CARE CENTER
10 HUBER HEIGHTS OUTPATIENT TESTING CENTER 8501 OLD TROY PIKE HUBER HEIGHTS OH 45424	OUTPATIENT DIAGNOSTIC CENTER

Schedule H (Form 990) 2015

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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 hospital 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.

SCHEDULE H PART VI

DAYTON CHILDREN'S INCLUDED \$18,044,195 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.
- SUBSIDIZED HEALTH SERVICES COSTS WERE DETERMINED USING THE FACILITY'S INTERNAL COST ACCOUNTING SYSTEM. THE COST OF THESE SERVICES INCLUDES

Part VI Supplemental Information

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- 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 hospital 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.

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 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 REPORTED PERIOD. LIKEWISE, AN ALLOWANCE

Part VI Supplemental Information

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- 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.

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 ARE 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 TO PUBLICIZE THE AVAILABILITY OF FREE CARE, GOVERNMENT AND OTHER FINANCIAL ASSISTANCE PROGRAMS UP FRONT 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

Part VI Supplemental Information

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- 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.

DETAILED INSTRUCTIONS ON HOW PATIENTS AND FAMILIES MAY APPLY FOR ASSISTANCE. 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. FINALLY, THE HOSPITAL EMPLOYS ON-SITE FINANCIAL COUNSELORS WHO CONTACT PATIENTS WITHOUT COVERAGE IN ORDER TO DISCUSS THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE PROGRAMS VIA PHONE OR THROUGH FACE-TO-FACE INTERVIEWS. THESE FINANCIAL COUNSELORS WILL ASSIST FAMILIES IN APPLYING FOR FINANCIAL ASSISTANCE PROGRAMS IF DESIRED.

Part VI Supplemental Information

Provide the following information.

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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SCHEDULE H PART VI

#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 THE DAYTON CHILDREN'S HOSPITAL MISSION. TO HELP DEVELOP MEANINGFUL AND IMPACTFUL COMMUNITY ENGAGEMENT AND CHILD HEALTH PROGRAMS, DAYTON CHILDREN'S EVALUATES THE STATUS OF OUR REGION'S PEDIATRIC HEALTH EVERY THREE YEARS THROUGH A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA).

DAYTON CHILDREN'S CHNA INCLUDES FEEDBACK FROM THE GROUPS CONVENED BY THE HOSPITAL INCLUDING COMMUNITY MEMBERS, EXPERTS IN PUBLIC HEALTH AND CLINICAL PRACTITIONERS AND INCLUDES DATA REGARDING THE HEALTH NEEDS OF VULNERABLE PEDIATRIC POPULATIONS, THOSE WITH CHRONIC ILLNESSES, AS WELL AS HEALTH DISPARITIES AMONG MINORITIES, LOW INCOME AND MEDICALLY-UNDERSERVED POPULATIONS. OUR MOST CURRENT ASSESSMENT WAS COMPLETED IN JUNE 2014. THE NEXT ASSESSMENT WILL BE COMPLETED IN JUNE 2017.

Part VI Supplemental Information

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FUNDED BY THE DAYTON CHILDREN'S FOUNDATION BOARD, GUIDED BY THE DAYTON CHILDREN'S BOARD OF TRUSTEES ADVOCACY COMMITTEE AND ADOPTED BY THE DAYTON CHILDREN'S BOARD OF TRUSTEES, THE NEEDS ASSESSMENT UNCOVERS THE HIGHEST PRIORITY CHILD HEALTH AND SAFETY ISSUES. AS THE LEADERS IN CHILD HEALTH, DAYTON CHILDREN'S CONDUCTS THE ASSESSMENT TO PROVIDE COMMUNITY HEALTH ADVOCATES INSIGHTS INTO THE HEALTH AND WELL-BEING OF OUR REGION'S CHILDREN. THE ASSESSMENT OFFERS A PATH TO WORK TOGETHER TO DEVELOP OR REFINE PROGRAMS TO IMPROVE THE HEALTH STATUS OF ALL CHILDREN THROUGH COMMUNITY BENEFIT INVESTMENTS.

DAYTON CHILDREN'S APPROACHED OUR NEEDS ASSESSMENT THROUGH A FOUR-PART DATA COLLECTION PROCESS:

1. SECONDARY DATA SCAN: IN PARTNERSHIP WITH THE GREATER DAYTON AREA HOSPITAL ASSOCIATION AND THE CENTER FOR URBAN AND PUBLIC AFFAIRS AT WRIGHT STATE UNIVERSITY, A REPORT WAS COMPILED TO PAINT A DETAILED PICTURE OF THE DAYTON CHILDREN'S HOSPITAL PRIMARY SERVICE AREA. AGGREGATE HOSPITAL ICD9 EMERGENCY ROOM AND HOSPITAL INPATIENT DISCHARGE DIAGNOSES

Part VI Supplemental Information

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DATA WERE OBTAINED FROM THE OHIO HOSPITAL ASSOCIATION VIA THE GREATER DAYTON AREA HOSPITAL ASSOCIATION. CANCER DATA AND VITAL STATISTICS WERE OBTAINED FROM THE OHIO DEPARTMENT OF HEALTH.

2. PARENT PERCEPTION SURVEY: DAYTON CHILDREN'S USED AN INDEPENDENT RESEARCH FIRM TO CONDUCT A PARENT PERCEPTION SURVEY TO BETTER UNDERSTAND TOP PEDIATRIC HEALTH AND SAFETY NEEDS. SIX HUNDRED AND FORTY-TWO PARENTS OF CHILDREN LIVING IN THE DAYTON CHILDREN'S HOSPITAL GENERAL SERVICE AREA WERE SURVEYED EITHER ONLINE OR VIA TELEPHONE INTERVIEW BETWEEN JANUARY 27 AND FEBRUARY 25, 2014.

3. PHYSICIAN CONVERSATIONS: AN IN-DEPTH INTERVIEW WAS DONE WITH A REPRESENTATIVE GROUP OF PRACTICING PHYSICIANS WITHIN THE GREATER DAYTON COMMUNITY. PHYSICIANS SERVING A VARIETY OF DEMOGRAPHICS AND COUNTIES WITHIN THE REGION WERE REPRESENTED INCLUDING PUBLIC HEALTH CLINICS. THESE SURVEYS WERE USED TO IDENTIFY AND PRIORITIZE KEY PEDIATRIC HEALTH ISSUES, UNDERSTAND HOW CONSUMERS RECEIVE CARE FOR THESE ISSUES TODAY AND DETERMINE HOW HEALTH PROFESSIONALS BELIEVE DAYTON CHILDREN'S HOSPITAL CAN RESPOND TO PEDIATRIC HEALTH PRIORITIES.

4. PARENT FOCUS GROUPS: FOCUS GROUPS WERE CONDUCTED WITH PARENTS TO DIG

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DEEPER INTO SOME OF THE CHALLENGES AND BARRIERS ASSOCIATED WITH THEIR TOP HEALTH AND SAFETY CONCERNS.

TO CHOOSE PRIORITIES FOR ACTION, THE DAYTON CHILDREN'S CHNA MULTIDISCIPLINARY TEAM REVIEWED THE DATA FROM ALL FOUR SEGMENTS AND THEN RATED THE NEEDS AGAINST CRITERIA INCLUDING PREVALENCE, SERIOUSNESS (HOSPITALIZATION AND/OR DEATH), IMPACT ON OTHER HEALTH ISSUES, URGENCY, PREVENTION, ECONOMICS/FEASIBILITY, ACCEPTABILITY AND RESOURCES. THIS MULTIDISCIPLINARY TEAM INCLUDED STAFF FROM DAYTON CHILDREN'S ALONG WITH REPRESENTATIVES FROM LOCAL HEALTH DEPARTMENTS.

WHILE CHILDREN ARE GENERALLY HEALTHY, THE STUDY POINTED TO KEY AREAS WHERE OUR COMMUNITY CAN WORK TO IMPROVE THE HEALTH OF CHILDREN IN OUR COMMUNITY.

1. CHILDHOOD OBESITY REMAINS AT THE FOREFRONT OF CHILD HEALTH ISSUES. IN THE 2014 PARENT SURVEY, 41 PERCENT OF CHILDREN WERE IDENTIFIED AS OVERWEIGHT OR OBESE. THE MAJORITY OF PARENTS OF OVERWEIGHT AND OBESE

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CHILDREN DO NOT PERCEIVE THEIR CHILDREN AS HAVING ANY WEIGHT PROBLEM. TEN PERCENT OF PARENTS OF OBESE CHILDREN BELIEVE THAT THEIR CHILD IS UNDERWEIGHT AND ONLY 5 PERCENT OF THOSE PARENTS CORRECTLY IDENTIFY THEIR CHILD AS BEING "VERY OVERWEIGHT."

2. MENTAL DISORDERS ARE THE MOST COMMON INPATIENT DISCHARGE DIAGNOSIS FOR YOUTH AGES 5-14. FIFTEEN PERCENT OF PARENTS NAMED CHRONIC AND CONGENITAL CONDITIONS THAT CONCERN THEM. OF THOSE 15 PERCENT, 25 PERCENT CHOSE DEVELOPMENTAL OR LEARNING DISABILITIES AS A TOP CONCERN AND 24 PERCENT CHOSE AUTISM AS A TOP CHRONIC OR CONGENITAL CONCERN. THERE IS AN INADEQUATE NUMBER OF RESOURCES FOR THE NUMBER OF PEDIATRIC PATIENTS NEEDING MENTAL HEALTH SUPPORT.

3. THE REGIONAL INFANT MORTALITY RATE WAS SUBSTANTIALLY LOWER THAN OHIO'S RATE OVER MOST OF THE STUDY PERIOD THEN CLIMBED UP TO THE OHIO'S RATE IN MORE RECENT YEARS. SLEEP-RELATED DEATHS ARE A LARGE CONTRIBUTOR TO INFANT MORTALITY. ACCORDING TO THE OHIO CHILD FATALITY REVIEW, 2007-2011, 41 PERCENT OF INFANT DEATHS FROM 1 MONTH TO 1 YEAR ARE SLEEP RELATED. IN THAT SAME REPORT, THE 819 INFANT SLEEP-RELATED DEATHS ACCOUNTED FOR 15 PERCENT OF THE 5,418 TOTAL REVIEWS FOR INFANT DEATHS FROM 2007 TO 2011,

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MORE THAN ANY SINGLE CAUSE OF DEATH EXCEPT PREMATUREITY. IN MONTGOMERY COUNTY ALONE, 16.7 PERCENT OF THE INFANT DEATHS IN 2012 WERE SLEEP-RELATED INCIDENTS.

FUTURE INVESTMENTS ARE OUTLINED IN AN IMPLEMENTATION STRATEGY ADOPTED BY THE DAYTON CHILDREN'S BOARD OF TRUSTEES, PER IRS REQUIREMENTS.

THE IMPLEMENTATION PLAN INCLUDES THE FOLLOWING STRATEGIES:

1. DAYTON CHILDREN'S WILL FOCUS ON DECREASING PEDIATRIC OBESITY BY WORKING WITH LOCAL PEDIATRICIANS AND HEALTH CARE PROVIDERS TO MAKE SURE THEY HAVE APPROPRIATE RESOURCES AVAILABLE TO HELP CHILDREN AND THEIR FAMILIES CHOOSE HEALTHIER LIFESTYLES.
2. DAYTON CHILDREN'S WILL CREATE A CENTER FOR PEDIATRIC MENTAL HEALTH TO INCREASE ACCESS AND COORDINATE RESOURCES FOR PEDIATRIC MENTAL HEALTH IN THE HOSPITAL'S PRIMARY SERVICE AREA.
3. DAYTON CHILDREN'S WILL INVEST IN EDUCATION FOR PARENTS ABOUT SAFE SLEEP PRACTICES FOR THEIR INFANTS.

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OUR ASSESSMENT AND IMPLEMENTATION PLAN WAS SHARED WITH THE PUBLIC AT A MEDIA CONFERENCE ON JUNE 20, 2014, TO DISSEMINATE THE INFORMATION. IN ADDITION, WE CREATED A SUMMARY REPORT AND OUTLINED THE NEXT STEPS FOR EACH OF THE KEY ISSUES. FINALLY, OUR HEALTH ASSESSMENT WAS PUBLISHED ON OUR HOSPITAL WEBSITE AND IS AVAILABLE UPON REQUEST FOR ANY INTERESTED PARTY. DATA IS AVAILABLE TO PUBLIC HEALTH AND OTHER CHILD-SERVING ENTITIES TO ASSIST IN THEIR INDIVIDUAL NEEDS ASSESSMENT AS WELL.

WE CONTINUOUSLY WORK TO ALIGN OUR IMPLEMENTATION STRATEGIES WITH OTHER LOCAL AND STATE HEALTH DEPARTMENTS AND OTHER HEALTH ENTITIES TO ENSURE THE GREATEST IMPACT ON HEALTH ISSUES.

SCHEDULE H PART VI

#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

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ASSISTANCE POLICY. THE HOSPITAL'S POLICIES ON BILLING 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. 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. FINALLY, THE HOSPITAL EMPLOYS ON-SITE FINANCIAL COUNSELORS WHO CONTACT PATIENTS WITHOUT COVERAGE IN ORDER TO DISCUSS THEIR ELIGIBILITY

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FOR FINANCIAL ASSISTANCE PROGRAMS VIA PHONE OR THROUGH FACE-TO-FACE INTERVIEWS. THESE FINANCIAL COUNSELORS WILL ASSIST FAMILIES IN APPLYING FOR FINANCIAL ASSISTANCE.

SCHEDULE H PART VI

#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. THE NAME WAS CHANGED IN 1970 TO THE CHILDREN'S MEDICAL CENTER OF DAYTON. IN

Part VI Supplemental Information

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SPRING 2013, THE HOSPITAL CHANGED ITS NAME ONCE AGAIN TO DAYTON CHILDREN'S HOSPITAL.

DAYTON CHILDREN'S NOW SERVES 20 OHIO COUNTIES, WITH 75 PERCENT OF OUR PATIENTS COMING FROM OUR MONTGOMERY, GREENE, CLARK, MIAMI AND NORTHERN WARREN COUNTIES. OUR SERVICE AREA SPANS 9,000 SQUARE MILES WITH A 2.1 MILLION PEDIATRIC 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 OVER 50 PERCENT 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. WITH IMPROVED ACCESS TO

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PEDIATRIC SPECIALTY SERVICES, WE WERE ABLE TO PROVIDE EXPERT CARE TO NEARLY 300,000 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 HIGHEST IN THE NATION. 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).

SCHEDULE H PART VI

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

AS THE ONLY CHILDREN'S HOSPITAL IN THE REGION, WE TAKE OUR PEDIATRIC

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EXPERTISE INTO THE COMMUNITY TO SOLVE PROBLEMS AND CREATE A HEALTHY
COMMUNITY FOR OUR CHILDREN. OUR COMMUNITY RELATIONSHIPS DEMONSTRATE OUR
COMMITMENT TO DAYTON AND THE SURROUNDING COMMUNITY - A COMMUNITY WE HAVE
CALLED HOME FOR NEARLY 50 YEARS. DAYTON CHILDREN'S IS COMMITTED TO
WORKING WITH OUR MANY VALUED PARTNERS TO HELP ENSURE DAYTON REMAINS A
GREAT CITY FOR CHILDREN TO LIVE, LEARN, GROW AND PLAY.

SCHEDULE H PART VI

#6: 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. 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. 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 DAYTON AND SURROUNDING

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COMMUNITY - A COMMUNITY WE HAVE CALLED HOME FOR NEARLY 50 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. TIED DIRECTLY TO THE COMMUNITY NEEDS IDENTIFIED THROUGH OUR ASSESSMENT, DAYTON CHILDREN'S PARTICIPATES IN A VARIETY OF COMMUNITY BUILDING AND COMMUNITY OUTREACH INITIATIVES TO ADDRESS THE LEADING HEALTH ISSUES AFFECTING CHILDREN IN OUR COMMUNITY.

KEY INITIATIVES IN 2014-2015

COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN

PRIORITY 1: NUTRITION EDUCATION/CHILDHOOD OBESITY

IN THE 2014 PARENT SURVEY, 41 PERCENT OF CHILDREN WERE IDENTIFIED AS OVERWEIGHT OR OBESE. THE MAJORITY OF PARENTS OF OVERWEIGHT AND OBESE CHILDREN DO NOT PERCEIVE THEIR CHILDREN AS HAVING ANY WEIGHT PROBLEM. TEN PERCENT OF PARENTS OF OBESE CHILDREN BELIEVE THAT THEIR CHILD IS UNDERWEIGHT AND ONLY 5 PERCENT OF THOSE PARENTS CORRECTLY IDENTIFY THEIR

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CHILD AS BEING "VERY OVERWEIGHT." NEARLY ALL PHYSICIANS BELIEVE OBESITY IS A SIGNIFICANT MEDICAL ISSUE WITHIN DAYTON, AND PARTICULARLY WITHIN THE UNDERSERVED/MEDICAID POPULATION.

IMPLEMENTATION PLAN UPDATE: DAYTON CHILDREN'S IS FOCUSING ON DECREASING THE LOCAL PEDIATRIC OBESITY RATE BY WORKING WITH LOCAL PEDIATRICIANS AND HEALTH CARE PROVIDERS TO BETTER IDENTIFY AND ADDRESS OBESITY. DAYTON CHILDREN'S CREATED A DIETETIC LIAISON PROGRAM PLACING DIETICIANS IN COMMUNITY PHYSICIAN PRACTICES AND OFFERING EDUCATION TO BOTH FAMILIES AND PRACTITIONERS TO ADDRESS CHILDHOOD OBESITY AND NUTRITION. IN FY2015-2016, AN AVERAGE OF 15 PROVIDERS & OFFICE STAFF ATTENDED IN-OFFICE CEUS AND AN AVERAGE OF 11 PROVIDERS PER MONTH RECEIVED ADDITIONAL NUTRITIONAL GUIDANCE. THE DIETETIC LIAISON PROGRAM ALSO PILOTED TELE-HEATH OF PATIENT/FAMILY CLASSES, IMPROVED CENTRALIZED SCHEDULING OPTION, TRANSITIONING TO CENTRALIZED CLASSES AND EXPANDING TO ACCEPT REFERRALS FROM ALL PEDIATRIC PRIMARY CARE PROVIDERS. THE PROGRAM CONTINUES TO PROVIDE A MENU OF CONTINUING EDUCATION SESSIONS TO PROVIDER OFFICE PERSONNEL ON TOPICS THAT ADDRESS CHILDHOOD OVERWEIGHT AND OBESITY.

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TO COMPLEMENT THE ONE-ON-ONE EDUCATION AROUND OBESITY OFFERED TO PARENTS AND PROVIDERS, DAYTON CHILDREN'S KOHL'S A MINUTE FOR KIDS CAMPAIGN, OFFERED IN PARTNERSHIP WITH KOHL'S DEPARTMENT STORES, REACHED 9,321 KIDS AND PARENTS WERE REACHED THROUGH OUTREACH EVENTS AND 6,956,685 PEOPLE WERE REACHED THROUGH FOCUSING ON OBESITY PREVENTION.

WITHIN THE HOSPITAL, DAYTON CHILDREN'S CONTINUES TO PROVIDE HEALTHY LIFESTYLE AND INDIVIDUALIZED GROWTH INFORMATION TO EACH ADMITTED PATIENT. ADDITIONALLY, THE CHILDREN'S HEALTH CLINIC CONTINUES TO EMPHASIZE EARLY IDENTIFICATION AND PREVENTION/TREATMENT IN THEIR PATIENT CARE AND THROUGH MENTORING THE CARE PROVIDED BY THE MEDICAL RESIDENTS. A MEDICAL RESIDENT QUALITY IMPROVEMENT PROJECT IDENTIFIED THE NEED TO FURTHER RESIDENTS' PREPARATION TO ADDRESS CHILDHOOD OVERWEIGHT AND OBESITY. TOGETHER, WITH INFORMATION GATHERED DURING A COLLABORATIVE SYMPOSIUM (WITH WRIGHT STATE UNIVERSITY AND LOCAL PEDIATRICIANS), HOSPITAL LEADERSHIP IS FORMULATING A PLAN ON CURRENT SUCCESSES AND OPPORTUNITIES IN ADDRESSING THIS PUBLIC HEALTH AND MEDICAL ISSUE.

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FINALLY, DAYTON CHILDREN'S PILOTED AND NOW IMPLEMENTED A COLLABORATIVE HEALTHY LIFESTYLE PROGRAM WITH COMMUNITY PARTNERS (THE OHIO STATE EXTENSION SERVICE, CHILDREN'S HUNGER ALLIANCE, THE SALVATION ARMY KROC CENTER, KISER ELEMENTARY, AND NEIGHBORHOOD LEADERS) WITH MEASURED OUTCOMES FOR CHILDREN AND PARENTS. THE HOSPITAL INITIATED ONGOING COLLABORATIVE DISCUSSIONS WITH GREATER OLD NORTH DAYTON LEADERS, BUSINESSES, PUBLIC SERVICES, AND COMMUNITY ACTIVISTS ON HOW TO SUPPORT EACH OTHER'S PROMOTION OF HEALTHY LIFESTYLES.

PRIORITY 2: MENTAL HEALTH

MENTAL DISORDERS ARE THE MOST COMMON INPATIENT DISCHARGE DIAGNOSIS FOR YOUTH AGES 5 TO 14. FIFTEEN PERCENT OF PARENTS NAMED CHRONIC AND CONGENITAL CONDITIONS THAT CONCERN THEM. OF THOSE FIFTEEN PERCENT, 25 PERCENT CHOSE DEVELOPMENTAL OR LEARNING DISABILITIES AS A TOP CONCERN AND 24 PERCENT CHOSE AUTISM AS A TOP CHRONIC OR CONGENITAL CONCERN. ALSO CITED WAS AN INADEQUATE NUMBER OF RESOURCES FOR THE NUMBER OF PEDIATRIC PATIENTS NEEDING MENTAL HEALTH SUPPORT.

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IMPLEMENTATION PLAN UPDATE: ON JANUARY 1, 2014, DAYTON CHILDREN'S OPENED THE CENTER FOR PEDIATRIC MENTAL HEALTH RESOURCES, INCREASING ACCESS TO THESE VITAL SERVICES. IN ORDER TO PROVIDE THESE SERVICES, DAYTON CHILDREN'S PARTNERED WITH ADAMHS BOARD OF MONTGOMERY COUNTY, MONTGOMERY COUNTY DEVELOPMENTAL DISABILITIES SERVICES AND THE PSYCHIATRY DIVISION OF WRIGHT STATE UNIVERSITY BOONSHOFT SCHOOL OF MEDICINE.

IN FY 2015-2016, DAYTON CHILDREN'S SAW 2,495 PATIENT VISITS, AN INCREASE FROM 1,953 THE PREVIOUS YEAR. THE HOSPITAL HIRED A PSYCHIATRY NURSE PRACTITIONER THAT WILL FURTHER EXPAND ACCESS AND IS ACTIVELY RECRUITING FOR ADDITIONAL SPECIALISTS TO MEET THE DEMAND.

THE CENTER FOR PEDIATRIC MENTAL HEALTH RESOURCES ALSO FINALIZED, APPROVED AND FUNDED A THREE-YEAR STRATEGIC PLAN TO IMPROVE MENTAL HEALTH RESOURCES IN OUR COMMUNITY. AS PART OF THE PLAN, THE CENTER ESTABLISHED A REGIONAL PEDIATRIC MENTAL HEALTH ADVISORY ALLIANCE TO IMPROVE COLLABORATION AMONG CARE PROVIDERS TO REDUCE GAPS IN SERVICE. THE ALLIANCE CURRENTLY CONSISTS

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OF 21 COMMUNITY AGENCIES AND CONTINUES TO MEET THROUGHOUT THE PAST YEAR,
ADDRESSING A NUMBER OF SIGNIFICANT COMMUNITY PEDIATRIC HEALTH ISSUES.

IN APRIL 2015, DAYTON CHILDREN'S OPENED AN AUTISM DIAGNOSTIC AND RESOURCE
CENTER. THIS CENTER PROVIDES SCREENING TESTS FOR CHILDREN YOUNGER THAN 5
YEARS TO DETERMINE WHETHER BEHAVIORS ARE CONSISTENT WITH AUTISM OR
ANOTHER DEVELOPMENTAL OR LEARNING DISORDER. THE WAITING TIME FOR NEW
EVALUATIONS HAS DECREASED FROM OVER 200 DAYS TO LESS THAN 30 DAYS. WE
WILL ACHIEVE OUR 10 DAY ACCESS WITHIN TIME FOR NEW EVALUATIONS DECREASING
FROM 101 DAYS IN FY 2015 TO 6 DAYS LAST FISCAL YEAR.

KEY MEMBERS OF OUR TEAM MAKE REGULAR VISITS TO PEDIATRIC PRACTICES TO
EDUCATE THEM ON THE AVAILABILITY OF OUR SERVICES. IN FY 2015-2016,
MEMBERS OF OUR TEAM DID 75 PRESENTATIONS/INTERVIEWS ON TOPICS RELATED TO
PEDIATRIC MENTAL HEALTH.

3: INFANT MORTALITY/SAFE SLEEP PRACTICES
SLEEP-RELATED DEATHS ARE A LARGE CONTRIBUTOR TO INFANT MORTALITY.

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ACCORDING TO THE OHIO CHILD FATALITY REVIEW, 2007-2011, 41 PERCENT OF INFANT DEATHS FROM 1 MONTH TO 1 YEAR ARE SLEEP RELATED. IN THAT SAME REPORT, THE 819 INFANT SLEEP-RELATED DEATHS ACCOUNTED FOR 15 PERCENT OF THE 5,418 TOTAL REVIEWS FOR INFANT DEATHS FROM 2007 TO 2011, MORE THAN ANY SINGLE CAUSE OF DEATH EXCEPT PREMATUREITY. IN MONTGOMERY COUNTY ALONE, 16.67 PERCENT OF THE INFANT DEATHS IN 2012 WERE SLEEP-RELATED INCIDENTS.

IMPLEMENTATION STRATEGY: DAYTON CHILDREN'S IS INVESTED IN EDUCATION FOR PARENTS ABOUT SAFE SLEEP PRACTICES FOR THE INFANTS THEY TREAT. DAYTON CHILDREN'S CONTINUES TO EDUCATE FAMILIES WITH CHILDREN YOUNGER THAN 12 MONTHS OLD BY MODELING SAFE SLEEP PRACTICES AND BY HAVING ONE-ON-ONE CONVERSATIONS ON SAFE SLEEP TO SCREEN FOR BABIES WHO MAY NOT BE SLEEPING IN A SAFE ENVIRONMENT. DAYTON CHILDREN'S ALSO SHARES SAFE SLEEP MESSAGES IN THE COMMUNITY AND ATTENDED MORE THAN 25 COMMUNITY EVENTS IN FY 2015-2016. DAYTON CHILDREN'S ALSO PARTICIPATES ON A VARIETY OF COALITIONS AND COMMUNITY GROUPS TO ADDRESS INFANT MORTALITY IN OUR COMMUNITY INCLUDING THE OHIO INJURY PREVENTION PARTNERSHIP, OHIO COLLABORATIVE TO PREVENT INFANT MORTALITY, MONTGOMERY COUNTY INFANT MORTALITY COALITION

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AND THE OHIO AAP.

DAYTON CHILDREN'S IS ALSO A DESIGNATED CRIBS FOR KIDS® SITE. THROUGH THIS PROGRAM, PARENTS/CAREGIVERS NEEDING A SAFE PLACE FOR THEIR BABY TO SLEEP ATTEND A ONE HOUR SAFE-SLEEP CLASS GIVEN BY TRAINED STAFF. AT THE END OF THE CLASS, PARENTS/CAREGIVERS ARE PROVIDED WITH A GRACO PACK 'N PLAY PORTABLE CRIB. WE ALSO OFFER A COMPLETE 'SAFE SLEEP SURVIVAL KIT,' WHICH CONTAINS A HALO SLEEP SACK (WEARABLE BLANKET), A PACK N PLAY CRIB SHEET, AND A PACIFIER APPROVED BY THE AMERICAN ACADEMY OF PEDIATRICS. IN FY 2015-2016, DAYTON CHILDREN'S DISTRIBUTED OVER 250 PACK N PLAYS THROUGH THIS PROGRAM, PARTIALLY FUNDED BY THE OHIO DEPARTMENT OF HEALTH.

IN FALL 2015, DAYTON CHILDREN'S BECAME A GOLD CERTIFIED NATIONAL SAFE SLEEP CHAMPION BY CRIBS FOR KIDS. THE CRITERIA FOR THIS AWARD INCLUDES HOSPITAL STAFF TRAINING AND EDUCATION, A HOSPITAL SAFE SLEEP POLICY, PARENT EDUCATION AN MODELING, A WEARABLE BLANKET PROGRAM, COMMUNITY AND MEDIA OUTREACH AND AFFILIATION WITH CRIBS FOR KIDS'. AS WE CONTINUE TO WORK IN THE COMMUNITY ON SAFE SLEEP WE WANTED TO ENSURE OUR OWN HOSPITAL

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PRACTICES WERE AS SAFE AS POSSIBLE.

THIS YEAR, DAYTON CHILDREN'S ALSO RECEIVED A GRANT FROM THE OHIO INJURY PREVENTION PARTNERSHIP/OHIO DEPARTMENT OF HEALTH TO TRAIN HOME VISITORS EMPLOYED BY WIC AND HELP ME GROW BRIGHTER FUTURES, AS WELL AS EDUCATORS WHO TRAIN DAY CARE CENTER PROGRAM STAFF, ON THE SAFE SLEEP ENVIRONMENT. DURING THIS FISCAL YEAR, 22 CHILD CARE/FAMILY CARE CENTERS WERE TRAINED AND 29 HOME VISITORS WERE TRAINED TO TEACH PARENTS ABOUT SAFE SLEEP PRACTICES IN THEIR HOME. FIFTY-FIVE IN-HOME SCREENING ASSESSMENTS WERE ALSO CONDUCTED TO LEARN MORE ABOUT WHAT HOME VISITORS WERE SEEING. 1,000 (ODH IN THE 2014 OHIO INFANT MORTALITY DATA: GENERAL FINDINGS).

ADDITIONAL INITIATIVES

CENTER FOR CHILD HEALTH AND WELLNESS

DAYTON CHILDREN'S MISSION IS TO IMPROVE THE HEALTH AND WELLBEING OF ALL CHILDREN, NOT JUST THOSE WHO COME TO THE ORGANIZATION FOR CARE. AS A RESULT, THE BOARD OF TRUSTEES APPROVED THE FORMATION OF THE CENTER FOR

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CHILD HEALTH AND WELLNESS IN FEBRUARY 2015 TO BETTER ADDRESS THE ISSUES IDENTIFIED IN OUR COMMUNITY HEALTH NEEDS ASSESSMENT. THE CENTER ADDS MORE CAPACITY TO ADDRESS CHILD HEALTH AND SAFETY CONCERNS BEYOND THE WALLS OF THE HOSPITAL AND TO HELP PRIORITIZE THE HEALTH AND SAFETY NEEDS IN OUR COMMUNITY ENSURING ALL CHILDREN IN OUR REGION THRIVE.

THE CENTER FOR CHILD HEALTH AND WELLNESS ENGAGES WITH A BROAD AND DIVERSE SET OF STACKHOLDERS TO INFLUENCE AND POSITIVELY IMPACT CHILDREN'S OVERALL HEALTH IN A MEASURABLE WAY IN SUPPORT OF DAYTON CHILDREN'S MISSION. THE CENTER IS RESPONSIBLE FOR FOCUSING THE HOSPITAL'S COMMUNITY ENGAGEMENT TO HAVE A TRUE IMPACT ON CHILDREN'S HEALTH. THIS WORK IS ACCOMPLISHED THROUGH RESOURCE CONNECTION AND COMMUNITY COLLABORATION AND IS BASED IN DATA AND RESEARCH OF THE COMMUNITY'S GREATEST PEDIATRIC HEALTH NEEDS. THE CENTER AIMS TO ADDRESS THE "UPSTREAM" SOCIAL DETERMINANTS OF HEALTH MOST GREATLY AFFECTING CHILDREN IN OUR REGION.

USING THE DATA AND INFORMATION OBTAINED FROM OUR COMMUNITY HEALTH NEEDS ASSESSMENT, THE CENTER PLAYS A VARIETY OF ROLES TO IMPACT CHILDREN'S

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HEALTH IN OUR COMMUNITY DEPENDING ON THE HEALTH ISSUE, OUR EXPERTISE AND PARTNERSHIP OPPORTUNITIES. HERE ARE THE VARIOUS ROLES PLAYED BY THE CENTER:

- AWARENESS BUILDER: TO ENABLE UNDERSTANDING OF THE STATE OF HEALTH OF OUR REGION'S CHILDREN AND WHAT'S REQUIRED TO IMPROVE THEIR OVERALL HEALTH.
- CONNECTOR: TO PROVIDE LINKS BETWEEN FAMILIES OR PROFESSIONALS AND RESOURCES TO HELP CHILDREN REACH THEIR OPTIMAL EALTH.
- EDUCATOR: TO IDENTIFY AND PROVIDE INSTRUCTION ABOUT BEST PRACTICES AND EMERGING TRENDS INFLUENCING PEDIATRIC HEALTH AND SAFETY.
- ADVOCATE: TO INFLUENCE PUBLIC OPINION AND POLICY FURTHERING SYSTEMS LEVEL CHANGE IMPACTING PEDIATRIC HEALTH AND SAFETY.
- ENGAGED PARTICIPANT: TO LEVERAGE AND SUPPORT COMMUNITY HEALTH INITIATIVES THAT ADDRESS HEALTH DISPARITIES AND IMPROVING POPULATION HEALTH.
- BACKBONE: TO PRODUCE A COLLECTIVE IMPACT ON SIGNIFICANT HEALTH ISSUES AFFECTING THE CHILDREN OF OUR REGION THROUGH THE IDENTIFICATION AND

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STEWARDSHIP OF RESOURCES AND INCREASING SUPPORT FOR COMMUNITY HEALTH.

TWO KEY INITIATIVES PLANNED DURING FY 2015-2016 INCLUDED THE DAYTON
ASTHMA ALLIANCE AND THE FAMILY RESOURCE CONNECTION.

DAYTON ASTHMA ALLIANCE

THE DAYTON ASTHMA ALLIANCE AIMS TO POSITIVELY IMPACT THE HEALTH AND
WELLNESS OF CHILDREN WITH ASTHMAS IN THE DAYTON AREA, FOCUSING ON THE
MOST AT RISK POPULATIONS. USING THE COLLECTIVE IMPACT FRAMEWORK, THE
ALLIANCE ENGAGES LOCAL PARTNER ORGANIZATIONS TO COLLABORATIVELY IMPLEMENT
A VARIETY OF STRATEGIC ACTIONS TO IMPROVE OUTCOMES FOR CHILDREN WITH
ASTHMA.

THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) REPORTS THAT ASTHMA
IS THE MOST COMMON CHRONIC CONDITION AFFECTING CHILDREN YOUNGER THAN AGE
18 AND THAT THE NUMBER OF PERSONS WITH ASTHMA INCREASED 2.9% EACH YEAR
FROM 2001 TO 2010. CHILDREN WITH ASTHMA ARE OFTEN LIMITED IN THEIR

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ABILITY TO LIVE TO THEIR FULLEST POTENTIAL, HAVE INCREASED ABSENCES FROM SCHOOL, ARE MORE LIKELY TO BE HOSPITALIZED OR EVEN DIE. ECONOMICALLY, CDC HAS ALSO ESTIMATED THAT ASTHMA COSTS THE UNITED STATES \$56 BILLION EACH YEAR.

HISTORICALLY, OHIO'S ASTHMA PREVALENCE HAS EXCEEDED NATIONAL RATES AND RECENT DATA SUGGESTS THAT DAYTON-AREA FIGURES ARE EVEN HIGHER. IN 2008 THE OHIO FAMILY SURVEY ALSO REPORTED DISPARITIES REGARDING ASTHMA PREVALENCE, SIGNIFICANTLY IMPACTED BY PERSONAL INCOME AND RACE. ADDITIONALLY, DURING THE FY 2014-2015, DAYTON CHILDREN'S HOSPITAL ADMITTED NEARLY 900 PATIENTS FOR ASTHMA AND PROVIDED EMERGENCY DEPARTMENT SERVICES TO OVER 14,000 CHILDREN WITH ASTHMA.

TO HAVE THE GREATEST IMPACT AND ENSURE ALL CHILDREN WITH ASTHMA HAVE THE OPPORTUNITY OF OPTIMAL HEALTH OUTCOMES, THE ALLIANCE IDENTIFIED THREE STRATEGIC FOCUS AREAS FOR THEIR WORK 1) ENSURE ASTHMA-FRIENDLY ENVIRONMENTS; 2) ENHANCE ACCESS TO HIGH QUALITY HEALTHCARE AND SUPPORTIVE SOCIAL SERVICES THROUGH CLINICAL-COMMUNITY LINKAGES; AND 3) EDUCATE AND

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EQUIP CHILDREN, FAMILIES AND THE COMMUNITY FOR ASTHMA WELLNESS.

TO SUPPORT WORK IN THESE AREAS, DAYTON CHILDREN'S SERVES AS THE BACKBONE ORGANIZATION CONVENING THE GROUP OF COMMITTED STAKEHOLDERS AND SUPPORTING THE ALLIANCE WITH STAFF AND RESOURCES. THE ALLIANCE IS GOVERNED BY ENTITIES WITH A COMMON PURPOSE TO IMPROVE HEALTH OUTCOMES FOR CHILDREN WITH ASTHMA IN THE DAYTON REGION. THE ALLIANCE CONSULTS WITH ADDITIONAL ORGANIZATIONS TO GATHER DATA AND RESEARCH, ASCERTAIN BEST PRACTICES, AND TO IDENTIFY COMMUNITY RESOURCES TO SUPPORT CHILDREN WITH ASTHMA AND TO INFORM THE STRATEGIC FOCUS AREAS.

ULTIMATELY, THE ALLIANCE AIMS TO REDUCE HOSPITAL ADMISSION RATES AND EMERGENCY DEPARTMENT VISITS TRIGGERED BY UNCONTROLLED ASTHMA AS REPORTED BY THE OHIO HOSPITAL ASSOCIATION AND DAYTON CHILDREN'S. THE ALLIANCE ALSO AIMS TO REDUCE SCHOOL ABSCENCES RELATED TO ASTHMA.

TO MEET THESE GOALS THE ALLIANCE IS IMPLEMENTING MULTIPLE PROJECTS FOCUSING ON IMPROVED EDUCATION OF CHILDREN AND FAMILIES AROUND TRIGGERS

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AND MANAGEMENT, ENHANCED EDUCATION OF SCHOOL PERSONNEL AROUND ASTHMA TRIGGERS AND MANAGEMENT, GREATER COMMUNIT RESOURCES PROVIDED TO CHILDREN AND FAMILIES TO HELP MANAGE ASTHMA, IMPROVING PRIMARY HEALTH CARE OF CHILDREN AND DECREASED ENVIRONMENTAL TRIGGERS.

THIS WORK COULD NOT BE DONE WITHOUT ALIGNMENT WITH A VARIETY OF COMMUNITY STAKEHOLDERS. IN ADDITION TO STAFF AND PERSONNEL FROM DAYTON CHILDREN'S CENTER FOR CHILD HEALTH AND WELLNESS AND DAYTON CHILDREN'S PULMONARY CLINIC, PARTNERS IN THE DAYTON ASTHMA ALLIANCE INCLUDE COMMUNITY PRIMARY CARE PHYSICIANS, COMMUNITY ALLERGISTS, CARESOURCE, COMMUNITY HEALTH CENTERS OF GREATER DAYTON, DAYTON PUBLIC SCHOOLS, GREATER DAYTON PREMIER MANAGEMENT, LEGAL AID OF WESTERN OHIO (MEDICAL-LEGAL PARTNERSHIP), PUBLIC HEALTH-DAYTON & MONTGOMERY COUNTY, THINK TV, WRIGHT STATE UNIVERSITY CENTER FOR HEALTHY COMMUNITIES AND SCHOOL OF NURSING. ADDITIONAL PARTNERS AND COLLABORATORS ARE CONTINUALLY INVITED TO JOIN THE ALLIANCE AS THE NEEDS OR INTEREST ARISE.

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DURING FY 2015-2016, THE DAYTON ASTHMA ALLIANCE FOCUSED ENERGY AROUND A PILOT PROGRAM WITH DAYTON PUBLIC SCHOOLS. IN THIS PILOT PROGRAM, CHILDREN WITH ASTHMA RECEIVED THE AMERICAN LUNG ASSOCIATION'S OPEN AIRWAYS TRAINING IN-SCHOOL. THOSE CHILDREN AND THEIR CAREGIVERS WERE THEN INVITED TO COME TO A CLINICAL EDUCATION SESSION AT THE SCHOOL WHERE THEY RECEIVED EDUCATION FROM THE DAYTON CHILDREN'S ASTHMA EDUCATOR. FINALLY, THE FAMILIES WERE OFFERED HOME VISITS BY A COMMUNITY HEALTH WORKER, OBTAINED THROUGH A MEDTAPP GRANT AND WRIGHT STATE UNIVERSITY CENTER FOR HEALTHY COMMUNITIES. THE HOME VISITOR ASSESSED HOMES AND IDENTIFIED OPPORTUNITIES FOR REMEDIATION AND ASSISTED FAMILIES WITH THEIR SOCIAL NEEDS. THIS PROGRAM WILL BE EXPANDED TO ALL 17 DAYTON PUBLIC SCHOOLS IN FY 2016-2017.

FAMILY RESOURCE CONNECTION

THE SECOND SIGNIFICANT INITIATIVE OF THE CENTER FOR CHILD HEALTH AND WELLNESS IS THE FAMILY RESOURCE CONNECTION. IN FY 2015-2016, CENTER STAFF WORKED ALONGSIDE HEALTH LEADS TO PLAN AND PILOT PIECES OF THIS INNOVATIVE

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PROGRAM.

WHEN PATIENTS AND THEIR FAMILIES SEEK MEDICAL CARE, THEY OFTEN ARE ADDITIONALLY FACING CRITICAL CHALLENGES IN THEIR LIVES - THEY MAY HAVE LITTLE FOOD, THEY MAY NOT HAVE A JOB OR THEY STRUGGLE TO KEEP UP WITH BILLS FOR UTILITIES. UNFORTUNATELY, THESE CHALLENGES OFTEN AFFECT THEIR HEALTH.

THE FAMILY RESOURCE CONNECTION USES A PATIENT'S VISIT TO THE DOCTOR AS AN OPPORTUNITY TO ADDRESS THE NON-MEDICAL ISSUES THAT HAVE AN IMPACT ON HEALTH. THIS PROGRAM SCREENS PATIENT FAMILIES FOR SOCIAL NEEDS AND THEN IDENTIFIED FAMILIES ARE REFERRED TO AN ADVOCATE WORKING IN THE DAYTON CHILDREN'S HOSPITAL FAMILY RESOURCE CONNECTION FOR RESOURCE CONNECTION AND FOLLOW-UP. THE FAMILY RESOURCE CONNECTION IS MODELED AFTER THE WELL-KNOWN AND RESPECTED HEALTH LEADS PROGRAM.

HEALTH LEADS (HEALTHLEADSUSA.ORG) IS A NATIONAL MOVEMENT THAT ENVISIONS A HEALTHCARE SYSTEM THAT ADDRESSES ALL PATIENTS' BASIC RESOURCE NEEDS AS A

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STANDARD PART OF QUALITY CARE. HEALTH LEADS' MISSION IS TO CATALYZE THIS HEALTHCARE SYSTEM BY CONNECTING PATIENTS WITH THE BASIC RESOURCES THEY NEED TO BE HEALTHY, AND IN DOING SO, BUILD LEADERS WITH THE CONVICTION AND ABILITY TO CHAMPION QUALITY CARE FOR ALL PATIENTS. HEALTH LEADS HAS OVER 19 YEARS EXPERIENCE BUILDING SOCIAL NEEDS PROGRAMS IN HOSPITAL AND CLINIC SETTINGS.

IN FY 2015-2016, DAYTON CHILDREN'S LAID THE GROUNDWORK FOR THIS PROGRAM BY ATTENDING EDUCATION AND CONSULTATION SESSIONS WITH HEALTH LEADS, BUILDING A STAFFING PLAN, RESEARCHING COMMUNITY RESOURCES, TESTING AND PILOTING THE SCREENING INSTRUMENT WITHIN THE CHILDREN'S HEALTH CLINIC, HIRING AND TRAINING A PROGRAM COORDINATOR.

INJURY PREVENTION

UNINTENTIONAL INJURY IS A LEADING CAUSE OF DEATH AND DISABILITY FOR CHILDREN ACROSS THE COUNTRY AND THE STATISTICS ARE VERY SIMILAR FOR OUR SERVICE AREAS AS WELL AS IDENTIFIED IN OUR COMMUNITY HEALTH NEEDS

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ASSESSMENT. DAYTON CHILDREN'S CONTINUES OUR WORK TO PREVENT CHILDHOOD INJURIES. 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 TO CHILDREN IN OUR COMMUNITY, SUCH AS MOTOR VEHICLE ACCIDENTS, PEDESTRIAN ACCIDENTS AND UNSAFE SLEEP PRACTICES.

DAYTON CHILDREN'S IS 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. DAYTON CHILDREN'S ALSO WORKS WITH SPORTS TEAMS AND COACHES TO PREVENT SPORTS INJURIES AND CONCUSSIONS.

THE DAVINCI PROJECT

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THE DAVINCI PROJECT IS A COMPREHENSIVE STRATEGY FOR NEIGHBORHOOD REVITALIZATION SUPPORTED IN THE OLD NORTH DAYTON AND MCCOOK FIELD NEIGHBORHOODS AND THE BUSINESS COMMUNITY AROUND IT-INCLUDING DAYTON CHILDREN'S.

DAYTON CHILDREN'S LEADS THIS EFFORT AND IS JOINED BY PARTNERS INCLUDING THE CITY OF DAYTON, GREATER OLD NORTH DAYTON BUSINESS ASSOCIATION, THE SALVATION ARMY KROC CENTER, THE UNIVERSITY OF DAYTON FITZ CENTER OF LEADERSHIP IN COMMUNITY, ST. MARY'S COMMUNITY DEVELOPMENT CORP. AND CITY WIDE DEVELOPMENT. THE DAVINCI PROJECT IS WORKING ON EFFORTS TO DEMOLISH NUISANCE BUILDINGS, REALIGN STREETS, BUILD A CHILDREN'S GARDEN, REVITALIZE BUS STOPS, IMPROVE WAYFINDING AND BEAUTIFY THE NEIGHBORHOOD SO IT CONTINUES TO BE ATTRACTIVE TO FAMILIES AND BUSINESSES.

THIS PROJECT IS IMPORTANT TO DAYTON CHILDREN'S, NOT ONLY BECAUSE WE WANT TO BE AN ACTIVE PARTICIPANT IN OUR COMMUNITY, WE WANT PATIENTS, STAFF, VOLUNTEERS AND VISITORS TO FEEL WELCOME WHEN THEY ENTER THE OLD NORTH DAYTON- A NEIGHBORHOOD THAT WE ARE PROUD TO CALL HOME.

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IN JUNE 2016, THE DAVINCI PROJECT OFFICIALLY OPENED THE CHILDREN'S GARDEN. THIS BRIGHT, NEW PLACE TO PLAY, LEARN AND GROW WAS PART OF THE DAVINCI REVITALIZATION PROJECT FOR THE GREATER OLD NORTH DAYTON NEIGHBORHOODS. WITH OVER 1,000 CHILDREN JUST IN THE GREATER OLD NORTH DAYTON NEIGHBORHOOD - THE GARDEN IS NOT ONLY FOR PATIENT FAMILIES BUT FOR THE COMMUNITY AND THE CITY OF DAYTON AT LARGE.

VISITORS TO THE PARK ARE GREETED BY A GIANT CATERPILLAR FORMING THE ENTRANCE ARCH OF THE GARDEN. A MASSIVE GREEN SLIDE, AN INTRICATE ORANGE ROPE-CLIMBING JUNGLE GYM AND WOODEN CLIMBING POSTS ENCOURAGE CHILDREN TO CHALLENGE THEMSELVES. RAISED GARDEN BEDS, AN ORCHARD AND SENSORY GARDEN ALSO HELP CHILDREN CONNECT WITH NATURE USING ALL OF THEIR SENSES. THE GARDEN OFFERS ACTIVITIES FOR ALL CHILDREN, REGARDLESS OF THEIR ABILITY. CHILDREN VISITING THE GARDEN HAVE AN OPPORTUNITY TO LEARN ABOUT NATIVE PLANTS AND HEALTHY FOODS AS WELL AS PLAY SAFELY IN NATURE.

IN ADDITION TO OPENING THE CHILDREN'S GARDEN, THE DAVINCI PROJECT EFFORTS

Part VI Supplemental Information

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- 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 hospital 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.
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TO REVITALIZE THE NEIGHBORHOOD ALSO INCLUDE EFFORTS TO DEMOLISH NUISANCE BUILDINGS, REALIGN AND REBUILD CORRIDORS AND GETAWAYS, IMPROVE WAY FINDING AND BEAUTIFY THE NEIGHBORHOOD SO IT CONTINUES TO BE ATTRACTIVE TO FAMILIES AND BUSINESSES.

ADDITIONAL COMMUNITY SUPPORT

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 PRESCHOOL PROMISE, UNITED WAY, THE FAMILY AND CHILDREN FIRST COUNCIL AND THE MARCH OF DIMES. 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

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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 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

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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. IN FACT, OVER 56 PERCENT OF THE PATIENTS AT DAYTON CHILDREN'S ARE COVERED BY MEDICAID.

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 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 CARING FOR CHILDREN IN OUR REGION AND THROUGHOUT THE WORLD. IN ADDITION, WE WORK WITH NUMEROUS COLLEGES AND UNIVERSITIES TO HELP TRAIN STUDENTS IN MULTIPLE DISCIPLINES INCLUDING

Part VI Supplemental Information

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NURSING, PUBLIC HEALTH, SOCIAL WORK, AND MANY MORE AREAS REQUIRED BY MODERN HEALTHCARE. TRAINING INVOLVES SIGNIFICANT COSTS FAR BEYOND THOSE USUALLY ASSOCIATED WITH PATIENT CARE. HOWEVER, WE RECOGNIZE TRAINING THE NEXT GENERATION OF HEALTH CARE WORKERS IS ESSENTIAL TO THE OVERALL HEALTH OF OUR COMMUNITY.

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 CLINICS (ACCOUNTING WILL LIST WHAT THESE ARE) AND GENERAL PEDIATRICS.

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 AVAILABLE RIGHT HERE IN DAYTON:

Part VI Supplemental Information

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- THERE ARE 10 PEDIATRIC CANCER CARE PROGRAMS IN THE NATION ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER AND HOUSED IN FREESTANDING 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 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 REGIONAL NICU PROVIDES A STATE-OF-THE-ART, DEVELOPMENTALLY-CENTERED UNIT THAT OFFERS A FULL RANGE OF NEWBORN CARE INCLUDING EMERGENCY AND CONTINUING CRITICAL 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 VERIFIED (LEVEL II) PEDIATRIC TRAUMA CENTER.

Part VI Supplemental Information

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

CHILDREN COME TO OUR TRAUMA CENTER TO RECEIVE TREATMENT FOR COMMON 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. OUR EMERGENCY AND TRAUMA SERVICES CAN MAKE THE DIFFERENCE BETWEEN LIFE AND DEATH SINCE STUDIES SHOW CHILDREN HAVE A HIGHER SURVIVAL RATE AT PEDIATRIC TRAUMA CENTERS THAN AT ADULT TRAUMA CENTERS. WHILE HOSPITAL-WIDE, OVER 50 PERCENT OF PATIENTS ARE ON MEDICAID, MORE THAN 65 PERCENT OF OUR EMERGENCY AND TRUAMA PATIENTS RELY ON MEDICAID, WHICH IS REIMBURSED AT ROUGHLY 70 PERCENT 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

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OR UNDERINSURED CHILDREN. THAT'S WHY WE ARE KNOWN THROUGHOUT THE REGION
AS A SAFETY NET FOR CHILDREN FROM LOW-INCOME AND UNEMPLOYED FAMILIES.

DAYTON CHILDREN'S JOINS WITH OTHER CHILDREN'S HOSPITALS ACROSS THE
COUNTRY TO ADDRESS ISSUES UNIQUE TO THE POPULATION WE SERVE. WE WORK WITH
THE CHILDREN'S HOSPITAL ASSOCIATION, THE OHIO CHILDREN'S HOSPITAL
ASSOCIATION AND THE OHIO HOSPITAL ASSOCIATION TO ENSURE CHILDREN HAVE A
VOICE IN POLICY MATTERS.

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 MANY ORGANIZATIONS INCLUDING: A
SPECIAL WISH, AMERICAN HEART ASSOCIATION, AMERICAN RED CROSS, CLOTHES
THAT WORK, CRAYONS TO CLASSROOMS, CYSTIC FIBROSIS FOUNDATION. EPILEPSY
FOUNDATION OF WESTERN OHIO, JUVENILE DIABETES RESEARCH FOUNDATION, MARCH
OF DIMES, RONALD MCDONALD HOUSE CHARITIES, ST. VINCENT DE PAUL AND UNITED

Part VI Supplemental Information

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REHABILITATION SERVICES. IN ADDITION, WE HAVE SUPPORT MANY COMMUNITY
YOUTH SPORTS TEAMS TO ENSURE LOCAL CHILDREN HAVE ACCESS TO HEALTHY
ACTIVITIES.

AT DAYTON CHILDREN'S, WE BELIEVE THAT ALL CHILDREN IN OUR REGION DESERVE
A GREAT CHILDREN'S HOSPITAL CLOSE TO HOME. WE ARE DEDICATED TO ADDRESSING
THE HEALTH AND WELLNESS NEEDS OF CHILDREN BOTH THROUGH CLINICAL PRACTICE
AS WELL AS OUR COMMUNITY BENEFIT ACTIVITIES.

STATE FILING OF COMMUNITY BENEFIT REPORT
OH

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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) RONALD MCDONALD HOUSE 555 VALLEY ST DAYTON, OH 45404	31-0964793	501(C)(3)	12,500.				CORPORATE DONATION
(2) CULTURE WORKS 110 N. MAIN STREET DAYTON, OH 45402	23-7412338	501(C)(3)	6,500.				PROGRAM DONATION
(3) THE LEUKEMIA & LYMPHOMA SOCIETY 1311 MAMARONECK AVE	13-5644916	501(C)(3)	8,500.				CORPORATE SPONSORSHI
(4) UNITED WAY OF GREATER DAYTON 184 SALEM AVENUE DAYTON, OH 45406	31-0536658	501(C)(3)	22,500.				CORPORATE PLEDGE
(5) GOODWILL EASTER SEALS 1511 KUNTZ ROAD DAYTON, OH 45404	37-0537112	501(C)(3)	10,000.				CORPORATE DONATION
(6) DAYTON SOCIETY OF NATURAL HISTORY 2600 DEWEESE PARKWAY DAYTON, OH 45414	31-0585917	501(C)(3)	7,500.				CORPORATE DONATION
(7) GALA OF HOPE FOUNDATION 3500 PENTAGON BOULEVARD DAYTON, OH 45431	46-4277044	501(C)(3)	50,000.				CORPORATE SPONSOR
(8) DAYTON METRO LIBRARY 215 EAST THIRD STREET DAYTON, OH 45402	31-6000100		6,666.				CORPORATE SPONSORSHI
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 7.

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

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

Schedule I (Form 990) (2015)

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	251.	63,264.			
2 MEALS/FOOD	762.	25,324.			
3 TRANSPORTATION	1,048.	30,657.			
4 RENT/UTILITIES	48.	15,560.			
5 SPECIAL EQUIPMENT	18.	9,706.			
6 OTHER	14.	6,224.			
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 1, PART 1, 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

Name of the organization

DAYTON CHILDREN'S HOSPITAL

Compensation Information

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

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

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

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 on 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 directors, trustees, and officers, including 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 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 on 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on 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 on 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" on line 6a or 6b, describe in Part III.

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

8 Were any amounts reported on 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
1a	X	
2	X	
3		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

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 on 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DEBORAH FELDMAN PRESIDENT AND CEO	(i)	606,582.	0.	51,674.	416,560.	530.	1,075,346.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 DAVID T. MILLER (END 12) VP FINANCE AND CFO	(i)	340,746.	0.	62,622.	73,696.	22,360.	499,424.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 MATTHEW GRAYBILL VP AND CHIEF OPERATING OFFICER	(i)	302,616.	0.	30,081.	213,395.	27,126.	573,218.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 ADAM MEZOFF VP MEDICAL AFFAIRS CMO	(i)	465,714.	0.	24,615.	15,900.	23,005.	529,234.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 RENAE PHILLIPS VP PATIENT CARE CNO	(i)	90,278.	0.	639,771.	9,517.	23,185.	762,751.	415,041.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 GREGORY RAMEY EXEC DIRECTOR PED MENTAL HEALT	(i)	181,296.	15,946.	36,133.	8,347.	26,749.	268,471.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 VICKI GIAMBRONE VP MAKING EXTERNAL RELATIONS	(i)	106,057.	0.	593,051.	5,769.	0.	704,877.	593,051.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 LISA COFFEY VP PHYSICIAN SERVICES	(i)	194,200.	0.	22,066.	27,610.	30,361.	274,237.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
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

KAREN BRAUN - 77,686

RENAE PHILLIPS - 217,935

SCHEDULE J, PART I, LINE 4B

PARTICIPANTS IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN AND THE

INCREASE IN ACTUARIAL VALUE:

DEBORAH FELDMAN - 401,660

ADAM MEZOFF - 0

DAVID T. MILLER - 63,166

GREGORY RAMEY - 0

VICKI GIAMBRONE - 5,366

MATTHEW GRAYBILL - 202,795

RENAE PHILLIPS - 5,287

RECEIVED PAYMENT FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN: RENEA

PHILLIPS - 415,041

VICKI GIAMBRONE - 417,846

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2015

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.**

▶ **Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization

DAYTON CHILDREN'S HOSPITAL

Employer identification number

31-0672132

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A COUNTY OF MONTGOMERY	31-6000172	000000000	11/20/2015	12,675,000.	HOSPITAL RENOVATION		X		X		X
B COUNTY OF MONTGOMERY	31-6000172	000000000	08/19/2014	117,055,000.	HOSPITAL RENOVATION		X		X		X
C											
D											

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue	12,675,000.		117,055,000.					
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	40,000.		400,070.					
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds			65,758,000.					
12 Other unspent proceeds	12,635,000.		50,896,930.					
13 Year of substantial completion			2017					
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		X				
15 Were the bonds issued as part of an advance refunding issue?		X		X				
16 Has the final allocation of proceeds been made?		X		X				
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

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

Part III Private Business Use (Continued)

COUNTY OF MONTGOMERY

Table with 9 rows and 8 columns (A, B, C, D). Rows include questions about management contracts, research agreements, and bond-financed property usage.

Part IV Arbitrage

Table with 10 rows and 8 columns (A, B, C, D). Rows include questions about Form 8038-T, arbitrage rebates, and bond issue characteristics.

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **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.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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.

1	(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)													
Total ▶							\$						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(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)					

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) ELIZABETH EY	TRUSTEE	173,982.	MEDICAL SERVICES		X
(2) JULIE CHRISTIAN	SPOUSE OF FORMER TRUSTEE	21,646.	EMPLOYMENT		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

DAYTON CHILDREN'S HOSPITAL

Employer identification number

31-0672132

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	8.	1,357,760.	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 **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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	
32a 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.		

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

Schedule M (Form 990) (2015)

JSA

5E1298 1.000

89354K 3987

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.

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

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

2015

**Open to Public
Inspection**

Name of the organization

DAYTON CHILDREN'S HOSPITAL

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, 2016, THE HOSPITAL'S MIX OF PATIENTS WAS 57.5% MEDICAID, 36.7% COMMERCIAL, 3.9% OTHER GOVERNMENT PROGRAMS AND 1.9% 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, PSYCHIATRY, ENDOCRINOLOGY, GENETICS, CARDIOLOGY, ORTHOPAEDICS 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, 2016 ARE AS FOLLOWS: # OF BEDS: 155, INPATIENT DAYS: 29,540, ADMISSIONS: 7,221

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

AVERAGE LENGTH OF STAY: 4.09 DAYS. AVERAGE DAILY CENSUS: 81, OCCUPANCY RATE: 52.3%, SURGERIES PERFORMED: 11,437, X-RAY STUDIES: 50,837, LAB TEST: 506,619, RESPIRATORY THERAPY PROCEDURES: 88,009, PHARMACY DOSES DISPENSED: 3,542,530, CARDIOLOGY PROCEDURES: 18,040, NEUROLOGY PROCEDURES: 3,464, URGENT CARE VISITS: 16,022, EMERGENCY DEPARTMENT VISITS: 78,578, OUTPATIENT CLINICS: 103,294.

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 05/15/17.

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 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.

FORM 990, PART VI, LINE 19 AVAILABILITY OF FINANCIAL STATEMENTS, CONFLICT OF INTEREST, ORGANIZING DOCUMENTS
DAYTON CHILDREN'S HOSPITAL'S CONFLICT OF INTEREST POLICY IS MADE

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

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

-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.

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

-THOMAS KRZMARZICK, MD IS EMPLOYED BY CHILDREN'S EMERGENCY SERVICES. DAYTON CHILDREN'S HOSPITAL CONTRACTS WITH CHILDREN'S EMERGENCY SERVICES FOR DR. KRZMARZICK TO PROVIDE SERVICES AT DAYTON CHILDREN'S EMERGENCY DEPARTMENT.

FORM 990, PART XI

TRANSFER TO DAYTON CHILDREN'S HOSPITAL FOUNDATION	(9,563,757)
RESTRICTED NET ASSETS USED FOR PURCHASE OF PP&E	5,603,325
TEMPORARILY RESTRICTED NET ASSETS	(7,689,717)
CHANGE IN PENSION BENEFIT OBLIGATION AND PLAN ASSETS	(17,810,907)
 TOTAL ADJUSTMENT	 (29,461,056)

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	18,610,775.
WRIGHT STATE PHYSICIANS PO BOX 1144 DAYTON, OH 45401	PHYSICIAN SERVICES	2,212,006.
WRIGHT STATE UNIVERSITY PO BOX 927 DAYTON, OH 45401	PHYSICIAN SERVICES	1,443,765.
ORTHOPAEDIC CENTER FOR SPINAL & PED CARE 1 CHILDREN'S PLAZA DAYTON, OH 45404	PHYSICIAN SERVICES	866,216.
BRICKLER & ECKLER 100 SOUTH THIRD STREET COLUMBUS, OH 43215	LEGAL SERVICE	589,562.

ATTACHMENT 2FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL</u> <u>FEES</u>	(B) <u>PROGRAM</u> <u>SERVICE EXP.</u>	(C) <u>MANAGEMENT</u> <u>AND GENERAL</u>	(D) <u>FUNDRAISING</u> <u>EXPENSES</u>
PROFESSIONAL FEES	26,986,799.	26,515,970.	470,829.	0.
PURCHASED SERVICES	11,284,324.	7,137,883.	3,835,291.	311,150.
JOINT VENTURE - MVH	445,758.	445,758.	0.	0.
JOINT VENTURE - PREMIER	1,080.	1,080.	0.	0.
TOTALS	<u>38,717,961.</u>	<u>34,100,691.</u>	<u>4,306,120.</u>	<u>311,150.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

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" on 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" on 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 ONE CHILDREN'S PLAZA DAYTON, OH 45404 31-1356037	HOME CARE	OH	501(C)(3)	9	DCH	X	
(2) DAYTON CHILDREN'S HOSPITAL FOUNDATION ONE CHILDREN'S PLAZA DAYTON, OH 45404 31-1045247	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) 2015

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on 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 GRO	OH	DCH	C-CORP	20,337,707.	12,238,545.	100.0000	X	
(2) CHILDREN'S ANESTHESIA GROUP 26-0887231 ONE CHILDREN'S PLAZA DAYTON, OH 45404	ANESTHESIA SV	OH	DCH	C-CORP	8,090,887.	2,016,259.	100.0000	X	
(3) PEDIATRIC ASSURANCE COMPANY, LTD. 98-0478183 BUTTERFIELD BANK BLDG, 6TH FLOOR HAMILTON, BERMUDA BD HM1	SELF-INSURANC	BD	DCH	N/A	1,399,925.	47,952,720.	100.0000	X	
(4) DAYTON CHILDREN'S ORTHOPAEDIC 45-3934418 ONE CHILDREN'S PLAZA DAYTON, OH 45404	ORTHO SERVICE	OH	DCH	C-CORP	6,267,713.	656,010.	100.0000	X	
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on 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
1 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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s 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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DAYTON CHILDREN'S HOSPITAL FOUNDATION	B	9,563,757.	FMV
(2) DAYTON CHILDREN'S HOSPITAL FOUNDATION	C	8,173,164.	CASH
(3) DAYTON ORTHOPAEDICS	J	143,579.	CASH
(4) CHILDREN'S HOME CARE OF DAYTON	M	369,312.	CASH
(5) DAYTON CHILDREN'S HOSPITAL FOUNDATION	L	75,080.	FMV
(6) CHILDREN'S CARE GROUP	M	17,701,220.	CASH

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on 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
1 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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHILDREN'S ANESTHESIA GROUP	M	8,090,887.	CASH
(2) CHILDREN'S CARE GROUP	O	211,803.	FMV
(3) CHILDREN'S ANESTHESIA GROUP	O	1,372,086.	FMV
(4) CHILDREN'S HOME CARE OF DAYTON	Q	7,283,929.	CASH
(5) CHILDREN'S CARE GROUP	Q	2,000,306.	CASH
(6) DAYTON ORTHOPAEDICS	Q	710,000.	CASH

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on 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
1 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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHILDREN'S ANESTHESIA GROUP	R	985,000.	FMV
(2) CHILDREN'S HOME CARE OF DAYTON	R	109,000.	FMV
(3) DAYTON ORTHOPAEDICS	R	747,180.	FMV
(4) DAYTON CHILDREN'S HOSPITAL FOUNDATION	E	65,757,804.	FMV
(5) DAYTON ORTHOPAEDICS	K	109,428.	FMV
(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 sections 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)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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