

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](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2013

**Open to Public Inspection**

**A** For the 2013 calendar year, or tax year beginning 07/01, 2013, and ending 06/30, 2014

<b>B</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	<b>C</b> Name of organization DAYTON CHILDREN'S HOSPITAL			<b>D</b> Employer identification number 31-0672132
	Doing Business As			<b>E</b> Telephone number (937) 641-3338
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	<b>G</b> Gross receipts \$ 314,793,019.
	ONE CHILDREN'S PLAZA			
City or town, state or province, country, and ZIP or foreign postal code DAYTON, OH 45404-1815			<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F</b> Name and address of principal officer: DEBORAH FELDMAN ONE CHILDRENS PLAZA DAYTON, OH 45404-1815			<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> 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)	
<b>J</b> Website: WWW.CHILDRENSDAYTON.ORG			<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: 1967 <b>M</b> State of legal domicile: OH	

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: TO IMPROVE THE HEALTH STATUS OF ALL CHILDREN THROUGH SERVICE, EDUCATION, RESEARCH AND ADVOCACY.	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 18.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 13.
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b> 2,039.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> 940.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 26,914.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> 25,914.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year 12,375,609. Current Year 13,842,373.
	<b>9</b> Program service revenue (Part VIII, line 2g)	215,465,646. 222,448,755.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,316,964. 16,779,095.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,346,049. 3,476,755.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	247,504,268. 256,546,978.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	214,264. 286,187.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0 0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	109,882,994. 112,612,147.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0 0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,315,240.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	88,650,772. 95,941,116.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	198,748,030. 208,839,450.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	48,756,238. 47,707,528.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 486,852,251. End of Year 541,648,879.
	<b>21</b> Total liabilities (Part X, line 26)	45,343,582. 46,321,598.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	441,508,669. 495,327,281.

**COPY FOR PUBLIC INSPECTION**

## 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.

<b>Sign Here</b>	Signature of officer		Date		
	DAVID T MILLER Type or print name and title		VP FINANCE AND CFO		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	CHRISTOPHER B BOGGS				P00032493
	Firm's name ▶ ERNST & YOUNG U.S. LLP	Firm's EIN ▶ 34-656596		Phone no. 317-681-7000	
Firm's address ▶ 111 MONUMENT CIRCLE, SUITE 4000 INDIANAPOLIS, IN 46204					

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** (2013)

**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 \$ 195,150,337. including grants of \$ 286,187. ) (Revenue \$ 226,231,443. )  
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 195,150,337.

Part IV Checklist of Required Schedules

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

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	X	
<b>24 a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. . . . .</i>		X
<b>24 b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24 c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>24 d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I. . . . .</i>		X
<b>25 b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II. . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III. . . . .</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28 a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>	X	
<b>28 b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>	X	
<b>28 c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I. . . . .</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	X	
<b>35 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
<b>35 b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2. . . . .</i>	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI. . . . .</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, and sponsoring organizations.

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 (18), 1b (13), 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, physical address, and telephone number of the person who possesses the books and records of the organization: DAVID T. MILLER ONE CHILDREN'S PLAZA DAYTON, OH 45404-1815 937-641-3338

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EMILY CHAMBERS TRUSTEE	1.00 0	X					0	0	0	
(2) LESLIE BARNES CARSON TRUSTEE	1.00 0	X					0	0	0	
(3) JEFFREY CHRISTIAN, M.D. TRUSTEE	1.00 0	X					0	520,819.	62,410.	
(4) GREGORY EBERHART M.D. TRUSTEE	1.00 0	X					0	0	0	
(5) ELIZABETH EY, M.D. TRUSTEE	1.00 0	X					158,188.	0	0	
(6) SCOTT KELLY TRUSTEE	1.00 0	X					0	0	0	
(7) THERESE MCNEA-WILEY TRUSTEE	1.00 0	X					0	0	0	
(8) TIMOTHY PEPPER (ENDED 10/31) TRUSTEE	1.00 0	X					0	0	0	
(9) ARTHUR PICKOFF, M.D. TRUSTEE	1.00 0	X					112,496.	0	0	
(10) GREGORY SAMPLE TRUSTEE	1.00 0	X					0	0	0	
(11) MICHAEL SHANE SECRETARY/TREASURER	1.00 0	X		X			0	0	0	
(12) BEVERLY SHILLITO TRUSTEE	1.00 0	X					0	0	0	
(13) JERAD BARNETT 1ST VICE CHAIRMAN	1.00 0	X		X			0	0	0	
(14) LAURENCE KLABEN SEC/TREAS 1ST VICE CHAIR	1.00 0	X		X			0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) COLLEEN RYAN ASST. SECRETARY/TREASURER	1.00 0	X		X				0	0	0
16) VISHAL SOIN CHAIRMAN	1.00 0	X		X				0	0	0
17) DEBORAH FELDMAN PRESIDENT AND CEO	40.00 0	X		X			540,712.	0	15,300.	
18) THOMAS MURPHY, M.D. (END 10/31) VP MEDICAL AFFAIRS AND CMO	40.00 0	X		X			1,694,767.	0	16,713.	
19) LINDA BLACK-KUREK (BEG 11/01) TRUSTEE	1.00 0	X						0	0	0
20) JAMES WHALEN TRUSTEE	1.00 0	X						0	0	0
21) MARLA VICHICH (END 10/13) TRUSTEE	1.00 0	X						0	0	0
22) DAVID T. MILLER VP FINANCE AND CFO	1.00 0			X			321,474.	0	141,787.	
23) MATTHEW GRAYBILL VP AND CHIEF OPERATING OFFICER	40.00 0			X			312,494.	0	161,637.	
24) ADAM MEZOFF (BEG 11/01) VP MEDICAL AFFAIRS CMO	1.00 0			X			246,882.	0	16,931.	
25) LISA COFFEY VP CORPORATE SUPPORT SERVICES	40.00 0				X		193,931.	0	48,540.	
<b>1b Sub-total</b>							270,684.	520,819.	62,410.	
<b>c Total from continuation sheets to Part VII, Section A</b>							5,057,699.	0	837,482.	
<b>d Total (add lines 1b and 1c)</b>							5,328,383.	520,819.	899,892.	

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 **▶ 16**

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

**Section B. Independent Contractors**

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

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

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) RENAE PHILLIPS VP PATIENT CARE CNO	40.00 0				X			253,611.	0	160,186.
( 27) GREGORY RAMEY VP OUTPATIENT SERVICES	40.00 0				X			241,472.	0	111,037.
( 28) VICKI GIAMBRONE VP MAKING EXTERNAL RELATIONS	40.00 0					X		251,609.	0	44,629.
( 29) MARAGRET HEMMEN CR NURSE ANESTHETIST	40.00 0					X		195,976.	0	17,526.
( 30) GREGORY HUFF DIRECTOR PHARMACY	40.00 0					X		169,524.	0	34,845.
( 31) ERIKA GREEN CR NURSE ANESTHETIST	40.00 0					X		164,629.	0	16,283.
( 32) ELIZABETH FREDETTE DIRECTOR INFO SERVICES CIO	40.00 0					X		162,966.	0	42,930.
( 33) DAVID KINSAUL FORMER PRESIDENT AND CEO	0 0						X	307,652.	0	9,138.
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 16

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

**Section B. Independent Contractors**

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

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

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 29,040.					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 17,320.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b> 573,606.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 13,222,407.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .	94,759.					
	<b>h Total.</b> Add lines 1a-1f . . . . .		13,842,373.				
<b>Program Service Revenue</b>	<b>2a</b> <u>PATIENT SERVICE REVENUE</u>		<b>Business Code</b> 624100	142,127,556.	142,127,556.		
	<b>b</b> <u>MEDICARE/MEDICAID</u>		624100	80,294,285.	80,294,285.		
	<b>c</b> <u>SURGERY CENTER</u>		621400	26,914.	26,914.		
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
	<b>g Total.</b> Add lines 2a-2f . . . . .			222,448,755.			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		5,810,260.			5,810,260.
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0				
<b>5</b> Royalties . . . . .			0				
<b>6a</b> Gross rents . . . . .		(i) Real	298,039.				
		(ii) Personal					
		<b>b</b> Less: rental expenses . . . . .	852,897.				
		<b>c</b> Rental income or (loss) . . . . .	-554,858.				
<b>d</b> Net rental income or (loss) . . . . .			-554,858.			-554,858.	
<b>7a</b> Gross amount from sales of assets other than inventory . . . . .		(i) Securities	67,865,741.				
		(ii) Other	11,798.				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .	55,300,540.	1,608,164.			
		<b>c</b> Gain or (loss) . . . . .	12,565,201.	-1,596,366.			
<b>d</b> Net gain or (loss) . . . . .			10,968,835.			10,968,835.	
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .		<b>a</b>	365,795.				
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>	116,870.			
	<b>c</b> Net income or (loss) from fundraising events . . . . .		248,925.			248,925.	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>						
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . .		0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>	570,624.					
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>	367,570.				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .		203,054.	203,054.			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b> <u>HITECH MEDICAL RECORDS</u>		900099	1,328,423.	1,328,423.			
	<b>b</b> <u>CAFETERIA/KIDS CARE</u>		900099	1,340,980.	1,340,980.		
	<b>c</b> <u>DAY CARE CENTER</u>		812930	642,433.	642,433.		
	<b>d</b> All other revenue . . . . .		624310	267,798.	267,798.		
<b>e Total.</b> Add lines 11a-11d . . . . .			3,579,634.				
<b>12 Total revenue.</b> See instructions . . . . .			256,546,978.	226,204,529.	26,914.	16,473,162.	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	75,000.	75,000.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	211,187.	211,187.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . .	0			
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	2,948,942.		2,948,942.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7 Other salaries and wages . . . . .	85,740,375.	81,180,754.	3,939,849.	619,772.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	5,521,267.	5,227,650.	253,707.	39,910.
9 Other employee benefits . . . . .	12,172,291.	11,622,517.	461,043.	88,731.
10 Payroll taxes . . . . .	6,229,272.	5,898,004.	286,240.	45,028.
11 Fees for services (non-employees):				
a Management . . . . .	0			
b Legal . . . . .	355,645.		355,645.	
c Accounting . . . . .	252,780.		252,780.	
d Lobbying . . . . .	246,300.	246,300.		
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.) . . . . .	19,699,209.	19,509,336.	189,873.	
12 Advertising and promotion . . . . .	1,027,439.	1,027,439.		
13 Office expenses . . . . .	12,869,990.	11,611,252.	1,039,496.	219,242.
14 Information technology . . . . .	5,123,834.	5,123,834.		
15 Royalties . . . . .	0			
16 Occupancy . . . . .	2,586,530.	2,452,523.	125,633.	8,374.
17 Travel . . . . .	834,700.	625,388.	166,480.	42,832.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings . . . . .	107,545.	107,545.		
20 Interest . . . . .	0			
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	14,543,516.	14,072,211.	430,464.	40,841.
23 Insurance . . . . .	172,085.	172,085.		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>MEDICAL SUPPLIES</u> . . . . .	25,243,208.	25,332,026.	-88,981.	163.
b <u>PURCHASED SERVICES</u> . . . . .	8,496,089.	6,273,048.	2,012,694.	210,347.
c <u>STATE HOSPITAL ASSESSMENT</u> . . . . .	4,381,662.	4,381,662.		
d <u>MISCELLANEOUS</u> . . . . .	584.	576.	8.	
e All other expenses . . . . .				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	208,839,450.	195,150,337.	12,373,873.	1,315,240.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	15,010.	<b>1</b>	14,647.
	<b>2</b> Savings and temporary cash investments	64,551,117.	<b>2</b>	69,523,361.
	<b>3</b> Pledges and grants receivable, net	782,280.	<b>3</b>	862,058.
	<b>4</b> Accounts receivable, net	31,715,810.	<b>4</b>	39,566,580.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	26,904.	<b>7</b>	14,794.
	<b>8</b> Inventories for sale or use	1,660,452.	<b>8</b>	1,695,087.
	<b>9</b> Prepaid expenses and deferred charges	366,730.	<b>9</b>	444,404.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 194,794,035.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 90,713,284.	98,175,140.	<b>10c</b> 104,080,751.
	<b>11</b> Investments - publicly traded securities	237,371,641.	<b>11</b>	264,538,849.
	<b>12</b> Investments - other securities. See Part IV, line 11	35,322,456.	<b>12</b>	47,882,926.
	<b>13</b> Investments - program-related. See Part IV, line 11	2,223,611.	<b>13</b>	3,238,611.
	<b>14</b> Intangible assets	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11	14,641,100.	<b>15</b>	9,786,811.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	486,852,251.	<b>16</b>	541,648,879.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	31,099,908.	<b>17</b>	33,004,777.
	<b>18</b> Grants payable	0	<b>18</b>	0
	<b>19</b> Deferred revenue	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	14,243,674.	<b>25</b>	13,316,821.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	45,343,582.	<b>26</b>	46,321,598.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	438,462,873.	<b>27</b>	493,785,276.
	<b>28</b> Temporarily restricted net assets	3,045,796.	<b>28</b>	1,542,005.
	<b>29</b> Permanently restricted net assets	0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	441,508,669.	<b>33</b>	495,327,281.
	<b>34</b> Total liabilities and net assets/fund balances	486,852,251.	<b>34</b>	541,648,879.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	256,546,978.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	208,839,450.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	47,707,528.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	441,508,669.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	20,028,168.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-13,917,084.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	495,327,281.

**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?  Yes  No  
 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?  Yes  No  
 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?  Yes  No  
 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?  Yes  No
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2013**

Department of the Treasury  
Internal Revenue Service

▶ 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](http://www.irs.gov/form990).

**Open to Public Inspection**

<b>Name of the organization</b> DAYTON CHILDREN'S HOSPITAL	<b>Employer identification number</b> 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.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I    b  Type II    c  Type III-Functionally integrated    d  Type III-Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 

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

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

	Yes	No
11g(iii)		
- h Provide the following information about the supported organization(s).

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

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) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (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) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2013; 15 Public support percentage from 2012 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2013; b 33 1/3% support test - 2012; 17a 10%-facts-and-circumstances test - 2013; b 10%-facts-and-circumstances test - 2012; 18 Private foundation.

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

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

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2013</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2012</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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



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

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**Schedule of Contributors**

**2013**

▶ **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](http://www.irs.gov/form990).

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

Organization type (check one):

**Filers of:**

**Section:**

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

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

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

**General Rule**

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

**Special Rules**

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

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

<b>Name of organization</b> DAYTON CHILDREN'S HOSPITAL	<b>Employer identification number</b> 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	----- ----- -----	\$ 225,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 213,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 198,647.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 193,910.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 148,752.	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
7	----- ----- -----	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	----- ----- -----	\$ 67,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	----- ----- -----	\$ 63,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	----- ----- -----	\$ 58,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	----- ----- -----	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	----- ----- -----	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	----- ----- -----	\$ 38,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	----- ----- -----	\$ 36,210.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	----- ----- -----	\$ 33,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	----- ----- -----	\$ 33,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	----- ----- -----	\$ 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
19	----- ----- -----	\$ 29,097.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	----- ----- -----	\$ 26,942.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	----- ----- -----	\$ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	----- ----- -----	\$ 25,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	----- ----- -----	\$ 25,000.	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
25	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	----- ----- -----	\$ 24,901.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	----- ----- -----	\$ 24,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	----- ----- -----	\$ 21,428.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	----- ----- -----	\$ 21,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	----- ----- -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> DAYTON CHILDREN'S HOSPITAL	<b>Employer identification number</b> 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	----- ----- -----	\$ ----- 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	----- ----- -----	\$ ----- 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	----- ----- -----	\$ ----- 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	----- ----- -----	\$ ----- 18,763.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	----- ----- -----	\$ ----- 18,193.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	----- ----- -----	\$ ----- 17,854.	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	----- ----- -----	\$ 17,115.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	----- ----- -----	\$ 16,272.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	----- ----- -----	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	----- ----- -----	\$ 15,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	----- ----- -----	\$ 15,234.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	----- ----- -----	\$ 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
43	----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	----- ----- -----	\$ 14,904.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	----- ----- -----	\$ 14,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	----- ----- -----	\$ 14,260.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	----- ----- -----	\$ 14,167.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	----- ----- -----	\$ 13,989.	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
49	----- ----- -----	\$ 13,979.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	----- ----- -----	\$ 13,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	----- ----- -----	\$ 13,443.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	----- ----- -----	\$ 13,270.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	----- ----- -----	\$ 13,241.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	----- ----- -----	\$ 12,842.	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
55	----- ----- -----	\$ 12,793.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	----- ----- -----	\$ 12,195.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	----- ----- -----	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	----- ----- -----	\$ 11,846.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	----- ----- -----	\$ 11,724.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	----- ----- -----	\$ 11,615.	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
61	----- ----- -----	\$ 11,553.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	----- ----- -----	\$ 11,413.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	----- ----- -----	\$ 11,316.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	----- ----- -----	\$ 11,305.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	----- ----- -----	\$ 11,101.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	----- ----- -----	\$ 11,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> DAYTON CHILDREN'S HOSPITAL	<b>Employer identification number</b> 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
67	----- ----- -----	\$ ----- 11,073.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	----- ----- -----	\$ ----- 11,071.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	----- ----- -----	\$ ----- 10,976.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	----- ----- -----	\$ ----- 10,829.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	----- ----- -----	\$ ----- 10,580.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	----- ----- -----	\$ ----- 10,500.	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
73	----- ----- -----	\$ 10,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	----- ----- -----	\$ 10,050.	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	----- ----- -----	\$ 10,000.	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	----- ----- -----	\$ 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
79	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	----- ----- -----	\$ 10,000.	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	----- ----- -----	\$ 10,000.	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	----- ----- -----	\$ 9,979.	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	----- ----- -----	\$ 9,751.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	----- ----- -----	\$ 9,693.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	----- ----- -----	\$ 9,593.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	----- ----- -----	\$ 9,241.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	----- ----- -----	\$ 9,055.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
90	----- ----- -----	\$ 9,000.	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
91	----- ----- -----	\$ 8,882.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	----- ----- -----	\$ 8,789.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	----- ----- -----	\$ 8,745.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	----- ----- -----	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	----- ----- -----	\$ 8,475.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	----- ----- -----	\$ 8,227.	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
97	----- ----- -----	\$ 8,185.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	----- ----- -----	\$ 8,167.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	----- ----- -----	\$ 8,076.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	----- ----- -----	\$ 7,865.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	----- ----- -----	\$ 7,749.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	----- ----- -----	\$ 7,739.	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
103	----- ----- -----	\$ 7,669.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	----- ----- -----	\$ 7,575.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	----- ----- -----	\$ 7,537.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	----- ----- -----	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	----- ----- -----	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	----- ----- -----	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> DAYTON CHILDREN'S HOSPITAL	<b>Employer identification number</b> 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
109	----- ----- -----	\$ ----- 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	----- ----- -----	\$ ----- 7,499.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	----- ----- -----	\$ ----- 7,363.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	----- ----- -----	\$ ----- 7,286.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	----- ----- -----	\$ ----- 7,255.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	----- ----- -----	\$ ----- 7,162.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	----- ----- -----	\$ 7,025.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	----- ----- -----	\$ 7,008.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	----- ----- -----	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	----- ----- -----	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	----- ----- -----	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	----- ----- -----	\$ 6,966.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> DAYTON CHILDREN'S HOSPITAL	<b>Employer identification number</b> 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
121	----- ----- -----	\$ ----- 6,944.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	----- ----- -----	\$ ----- 6,867.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	----- ----- -----	\$ ----- 6,865.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	----- ----- -----	\$ ----- 6,769.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	----- ----- -----	\$ ----- 6,728.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
126	----- ----- -----	\$ ----- 6,578.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> DAYTON CHILDREN'S HOSPITAL	<b>Employer identification number</b> 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
127	----- ----- -----	\$ ----- 6,518.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	----- ----- -----	\$ ----- 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	----- ----- -----	\$ ----- 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130	----- ----- -----	\$ ----- 6,412.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	----- ----- -----	\$ ----- 6,390.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132	----- ----- -----	\$ ----- 6,359.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



<b>Name of organization</b> DAYTON CHILDREN'S HOSPITAL	<b>Employer identification number</b> 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
133	----- ----- -----	\$ ----- 6,309.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	----- ----- -----	\$ ----- 6,277.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	----- ----- -----	\$ ----- 6,268.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136	----- ----- -----	\$ ----- 6,262.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137	----- ----- -----	\$ ----- 6,171.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138	----- ----- -----	\$ ----- 6,136.	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
139	----- ----- -----	\$ ----- 6,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140	----- ----- -----	\$ ----- 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141	----- ----- -----	\$ ----- 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142	----- ----- -----	\$ ----- 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143	----- ----- -----	\$ ----- 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144	----- ----- -----	\$ ----- 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

Employer identification number  
31-0672132

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145	----- ----- -----	\$ ----- 5,832.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146	----- ----- -----	\$ ----- 5,647.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147	----- ----- -----	\$ ----- 5,621.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148	----- ----- -----	\$ ----- 5,502.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149	----- ----- -----	\$ ----- 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150	----- ----- -----	\$ ----- 5,467.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> DAYTON CHILDREN'S HOSPITAL	<b>Employer identification number</b> 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
151	----- ----- -----	\$ ----- 5,455.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152	----- ----- -----	\$ ----- 5,430.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153	----- ----- -----	\$ ----- 5,429.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
154	----- ----- -----	\$ ----- 5,370.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155	----- ----- -----	\$ ----- 5,337.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
156	----- ----- -----	\$ ----- 5,303.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> DAYTON CHILDREN'S HOSPITAL	<b>Employer identification number</b> 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
157	----- ----- -----	\$ ----- 5,285.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158	----- ----- -----	\$ ----- 5,245.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159	----- ----- -----	\$ ----- 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
160	----- ----- -----	\$ ----- 5,183.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161	----- ----- -----	\$ ----- 5,086.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162	----- ----- -----	\$ ----- 5,074.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> DAYTON CHILDREN'S HOSPITAL	<b>Employer identification number</b> 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
163	----- ----- -----	\$ ----- 5,067.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
164	----- ----- -----	\$ ----- 5,052.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
165	----- ----- -----	\$ ----- 5,012.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
166	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168	----- ----- -----	\$ ----- 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
169	----- ----- -----	\$ ----- 5,000.	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	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
172	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
173	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
174	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> DAYTON CHILDREN'S HOSPITAL	<b>Employer identification number</b> 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
175	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
179	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



<b>Name of organization</b> DAYTON CHILDREN'S HOSPITAL	<b>Employer identification number</b> 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
181	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
182	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
183	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
184	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
185	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
186	----- ----- -----	\$ ----- 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
187	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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

31-0672132

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$-----	-----

Name of organization DAYTON CHILDREN'S HOSPITAL

Employer identification number  
31-0672132

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

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

Use duplicate copies of Part III if additional space is needed.

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

(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

**2013**

**Open to Public Inspection**

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

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
- ▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

Name of organization <b>DAYTON CHILDREN'S HOSPITAL</b>	Employer identification number <b>31-0672132</b>
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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) 2013

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

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

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

**4-Year Averaging Period Under Section 501(h)**

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 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 3 columns: Question, Yes, No. 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, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

**Part IV** Supplemental Information (continued)

## SCHEDULE C, PART II-B

## LINE 1F:

OHIO HOSPITAL ASSOCIATION	\$1,906
OHIO CHILDREN'S HOSPITAL ASSOCIATION	\$131,696
NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS	\$22,426
TOTAL:	\$156,028

## LINE 1G:

MANAGEMENT TIME	\$10,382
NACH 2014 FAMILY ADVOCACY DAYS	\$4,476
TOTAL:	\$14,858

## LINE 1H:

CONSULTING EXPENSE	\$85,646
PRINTING AND SUPPLIES	\$150
TOTAL:	\$85,796

TOTAL LINE 1J:	\$256,682
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2013

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

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" to 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 contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

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

Form section for Conservation Easements. Includes checkboxes for: Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d.

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

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

Form section for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, 2, 2a, 2b regarding reporting requirements and amounts for art and historical treasures.

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

Schedule D (Form 990) 2013

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	145,550,821.	127,667,969.	123,741,717.	97,132,791.	71,668,979.
b Contributions	7,058,671.	7,549,823.	7,937,991.	7,689,808.	19,617,386.
c Net investment earnings, gains, and losses	23,383,702.	14,908,772.	434,441.	22,325,672.	8,980,654.
d Grants or scholarships	4,815,615.	4,542,192.	4,446,180.	3,402,441.	2,900,616.
e Other expenditures for facilities and programs	37,370.	33,551.		4,113.	233,612.
f Administrative expenses					
g End of year balance	171,140,209.	145,550,821.	127,667,969.	123,741,717.	97,132,791.

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

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

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

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

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to 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		5,627,126.		5,627,126.
b Buildings		48,357,579.	22,960,289.	25,397,290.
c Leasehold improvements				
d Equipment		127,486,839.	65,982,696.	61,504,143.
e Other		13,322,491.	1,770,299.	11,552,192.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				104,080,751.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to 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	26,159,303.	FMV
(B) HIRTLE CALLAGHAN - COMMODITIES	21,135,113.	FMV
(C) HIRTLE CALLAGHAN - REAL ESTATE	588,510.	FMV
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	47,882,926.	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to 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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to 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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to 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	6,035,434.
(3) EST REIMB/MEDICAID PROGRAM	282,960.
(4) DEFERRED COMPENSATION PAYABLE	1,696,668.
(5) SERP PENSION ACCRUAL	2,453,478.
(6) REINSURANCE	2,848,281.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	13,316,821.

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" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and total labels (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and total labels (1, 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)

PART V, LINE 4

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

SCHEDULE D, PART X, LINE 2

ALL SUBSIDIARIES OF THE HOSPITAL EXCEPT CHILDREN'S CARE GROUP (CCG), CHILDREN'S ANESTHESIA GROUP (CAG), AND SELECTED JOINT VENTURE ENTITIES ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE WHOLLY OWNED FOR-PROFIT SUBSIDIARIES CCG AND CAG HAD NO TAXABLE INCOME IN 2014 OR 2013. 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, 2014 OR 2013.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2013**

**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. ▶ See separate instructions.
- ▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://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		86,266,352.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .	1.	2.			86,266,352.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	1.	2.			86,266,352.

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

Schedule F (Form 990) 2013

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

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

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

---



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

		(a) Event #1		(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF	OUTING	SFOT	2.	
		(event type)		(event type)	(total number)	
Revenue	<b>1</b> Gross receipts . . . . .	144,695.		139,346.	99,074.	383,115.
	<b>2</b> Less: Contributions . . . . .	9,550.		7,770.		17,320.
	<b>3</b> Gross income (line 1 minus line 2). . . . .	135,145.		131,576.	99,074.	365,795.
Direct Expenses	<b>4</b> Cash prizes . . . . .			1,073.		1,073.
	<b>5</b> Noncash prizes . . . . .	1,920.				1,920.
	<b>6</b> Rent/facility costs . . . . .	25,212.		6,000.	6,500.	37,712.
	<b>7</b> Food and beverages . . . . .	15,313.		24,245.	15,335.	54,893.
	<b>8</b> Entertainment . . . . .	200.		480.	724.	1,404.
	<b>9</b> Other direct expenses . . . . .	2,471.		13,071.	4,326.	19,868.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .					116,870.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . .					248,925.

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

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

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

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

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

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

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

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

Director/officer       Employee       Independent contractor

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

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

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**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://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
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .	X	
<b>b</b> If "Yes," was it a written policy? . . . . .	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>150.0000</u> %	X	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	X	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .		X
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	X	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

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

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			802,770.		802,770.	.38
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			105,171,986.	80,196,130.	24,975,856.	11.89
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			105,974,756.	80,196,130.	25,778,626.	12.27
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			564,913.		564,913.	.27
<b>f</b> Health professions education (from Worksheet 5) . . . . .			3,908,997.	1,381,123.	2,527,874.	1.20
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			15,272,819.	5,927,487.	9,345,332.	4.45
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			209,366.		209,366.	.10
<b>j Total.</b> Other Benefits . . . . .			19,956,095.	7,308,610.	12,647,485.	6.02
<b>k Total.</b> Add lines 7d and 7j. . . . .			125,930,851.	87,504,740.	38,426,111.	18.29

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			108,619.		108,619.	.05
3 Community support			7,411.		7,411.	
4 Environmental improvements						
5 Leadership development and training for community members			4,531.		4,531.	
6 Coalition building			3,550.		3,550.	
7 Community health improvement advocacy			15,770.		15,770.	.01
8 Workforce development			13,395.		13,395.	.01
9 Other						
10 Total			153,276.		153,276.	.07

**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? . . . . .	1	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. . . . .	2	3,750,725.
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. . . . .	3	994,720.
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	316,208.
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	316,208.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

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

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

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





**Part V Facility Information (continued)**

**Section B. Facility Policies and Practices**

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

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

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

**Community Health Needs Assessment** (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)

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

**Part V Facility Information (continued)**

**Financial Assistance Policy** DAYTON CHILDREN'S HOSPITAL

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

**Billing and Collections**

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

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

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a**  Notified individuals of the financial assistance policy on admission
  - b**  Notified individuals of the financial assistance policy prior to discharge
  - c**  Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
  - d**  Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
  - e**  Other (describe in Section C)

**Policy Relating to Emergency Medical Care**

		Yes	No
<b>19</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why:	X	
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		

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

<b>20</b>	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.		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</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		
<b>c</b>	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>21</b>	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
<b>22</b>	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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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 - 3

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:

COMMUNITY HEALTH NEEDS ASSESMENT TEAM:

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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 - 5D

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 HEALTH ASSESSMENT VIA THAT ONLINE TOOL. WE ALSO CREATED AN INFOGRAPHIC IDENTIFYING OUR KEY PRIORITIES WHICH IS A VISUAL REPRESENTATION AS WE

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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 - 6I

INPUT AND APPROVAL WAS GIVEN BY THE BOARD OF TRUSTEES ADVOCACY COMMITTEE AND WAS APPROVED BY THE BOARD OF TRUSTEES IN JUNE, 2014. IMPLEMENTATION WILL BEGIN IN FISCAL YEAR JULY, 2015.

PART V - 7

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.

PART V - 20D

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

PART V

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

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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? 9

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



**Part VI Supplemental Information**

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.

PART VI #1

DAYTON CHILDREN'S INCLUDED \$15,272,819 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 DIRECT COSTS ATTRIBUTABLE TO HEALTH SERVICES OPERATIONS, TOGETHER WITH AN

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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  
FOR BAD DEBT IS SHOWN ON THE BALANCE SHEET UNDER THE SAME PRINCIPLE

**Part VI Supplemental Information**

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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 DETAILED INSTRUCTIONS ON HOW PATIENTS AND FAMILIES MAY APPLY FOR

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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**

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PART VI #2

#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, INCLUDING MINORITIES, THOSE WITH CHRONIC ILLNESSES, LOWINCOME POPULATIONS AND MEDICALLY-UNDERSERVED POPULATIONS. THE FIRST ASSESSMENT WAS CONDUCTED IN 2002 THEN IN 2005, 2008, AND 2011. OUR FIFTH AND MOST CURRENT ASSESSMENT WAS COMPLETED IN JUNE 2014. 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

**Part VI Supplemental Information**

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ISSUES. AS THE LEADERS IN CHILD HEALTH, DAYTON CHILDREN'S PROVIDES THE ASSESSMENT REPORT TO PROVIDE COMMUNITY HEALTH ADVOCATES INSIGHTS INTO THE HEALTH AND WELL-BEING OF OUR REGION'S CHILDREN AND TO PROVIDE 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 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

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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 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

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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 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



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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, 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.

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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 UPON REQUEST FOR ANY INTERESTED PARTY.

PART VI #3

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

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FOR FINANCIAL ASSISTANCE.

PART VI #4

#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 SPRING 2013, THE HOSPITAL CHANGED ITS NAME ONCE AGAIN TO DAYTON CHILDREN'S HOSPITAL. DAYTON CHILDREN'S NOW SERVES 20 OHIO COUNTIES, INCLUDING THE PRIMARY (MONTGOMERY, GREENE, CLARK AND MIAMI COUNTIES), THE NORTHERN (ALLEN, AUGLAIZE AND SHELBY COUNTIES), AND THE

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SOUTHERN (PARTS OF BUTLER AND WARREN COUNTIES) SERVICE AREAS AND OUR SECONDARY SERVICE AREA INCLUDING PREBLE, DARKE, MERCER, VAN WERT, CLINTON, MADISON, HANCOCK, HARDIN, LOGAN, FAYETTE, CHAMPAIGN AND WAYNE COUNTY, INDIANA. OUR SERVICE AREA SPANS 9,000 SQUARE MILES WITH A 2.1 MILLION 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 PEDIATRIC SPECIALTY SERVICES, WE WERE ABLE TO PROVIDE EXPERT CARE TO OVER 288,000 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

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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).

PART VI #5

#5: PROMOTION OF COMMUNITY HEALTH. PROVIDE ANY OTHER INFORMATION IMPORTANT TO DESCRIBING HOW THE ORGANIZATION'S HOSPITALS FACILITIES OR OTHER HEALTH CARE FACILITIES FURTHER ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY. 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. DAYTON CHILDREN'S WORKS TO EDUCATE THE COMMUNITY ABOUT THE UNIQUENESS OF PEDIATRIC HEALTH CARE. OUR STAFF SERVES ON PROFESSIONAL ORGANIZATIONS AND HEALTH ADVISORY BOARDS TO MAKE SURE CHILDREN'S HEALTH ISSUES ARE NOT FORGOTTEN AND TO EDUCATE FUTURE CLINICIANS ABOUT PEDIATRIC ISSUES. PROFESSIONAL ORGANIZATIONS AND ADVISORY BOARDS INCLUDE AMERICAN ORGANIZATION OF NURSE EXECUTIVES, OAKWOOD BOARD OF HEALTH, OHIO NUTRITION COUNCIL, LEUKEMIA AND LYMPHOMA SOCIETY, OHIO ORGANIZATION OF NURSING EXECUTIVES, OHIO ADOLESCENT HEALTH PARTNERSHIP, EPILEPSY FOUNDATION OF WESTERN OHIO AND THE SOUTHWEST OHIO HEMOPHILIA FOUNDATION. 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. AS IT IS NATIONALLY, OBESITY CONTINUES TO BE A MAJOR PEDIATRIC HEALTH CONCERN FOR OUR REGION. ACCORDING TO OUR 2014 CHNA, CHILDHOOD OBESITY AND POOR NUTRITION CONTINUE TO BE A SIGNIFICANT

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ISSUE IN OUR COMMUNITY. THROUGH COMMUNITY-BUILDING ACTIVITIES WITH ORGANIZATIONS SUCH AS GET UP MONTGOMERY COUNTY, YMCA HEALTHY KIDS DAYS, BOONSHOFT MUSEUM OF DISCOVERY EXHIBITS TO GO AND GIRLS ON THE RUN, WE HAVE WORKED WITH PARTNERS TO ADDRESS THIS COMMUNITY ISSUE. DAYTON CHILDREN'S PROVIDES UNIQUE PEDIATRIC EXPERTISE RELATING TO CHILDHOOD OBESITY AND ITS COMORBIDITIES IN ORDER TO GIVE PARENTS AND CHILDREN IN OUR COMMUNITY ACTIONABLE TIPS AND TOOLS TO REDUCE CHILDHOOD OBESITY IN OUR REGION. MANY OF OUR EXPERTS GIVE PRESENTATIONS THROUGHOUT THE COMMUNITY TO GIVE PARENTS, CAREGIVERS AND CHILDREN MORE TOOLS TO MAKE HEALTHY LIFESTYLE CHOICES. THIS YEAR DAYTON CHILDREN'S ALSO BEGAN EFFORTS TO CURB OHIO'S HIGH INFANT MORTALITY RATE THROUGH OUR INFANT MORTALITY AWARENESS AND PREVENTION COMMITTEE. IN THE COMMUNITY, DAYTON CHILDREN'S FOCUSED ON EDUCATION AROUND THE ABCS OF SAFE SLEEP BY PROVIDING CAREGIVERS AND PHYSICIANS INFORMATION AND RESOURCES ABOUT THE IMPORTANCE OF SAFE SLEEP. DAYTON CHILDREN'S STAFF ALSO ATTENDED COMMUNITY EVENTS TARGETING NEW PARENTS TO TEACH THEM ABOUT SAFE SLEEP PRACTICES. ANOTHER FINDING OF OUR CHNA WAS THAT 17 PERCENT OF PARENTS WERE CONCERNED ABOUT ASTHMA, 15 PERCENT WERE CONCERNED ABOUT FOOD OR AIRBORNE ALLERGIES, AND



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17 PERCENT OF PARENTS WERE CONCERNED ABOUT DEVELOPMENTAL DELAYS/LEARNING DISABILITIES. IN ADDITION TO PROVIDING COMMUNITY HEALTH IMPROVEMENT SERVICES TO ADDRESS THESE ISSUES, DAYTON CHILDREN'S WORKS WITH A VARIETY OF COMMUNITY PARTNERS AND PROGRAMS SUCH AS THE GOODWILL EASTER SEALS AND THE ASTHMA COACH PROGRAM TRAINING TO GIVE PARENTS AND CHILDREN IN OUR SERVICE AREA GREATER RESOURCES TO ADDRESS SPECIAL NEEDS ISSUES. OUR EXPERTS FREQUENTLY GIVE EDUCATIONAL PRESENTATIONS TO PARENTS AND COMMUNITY GROUPS TO HELP THEM CARE FOR CHILDREN WITH SPECIAL NEEDS. DAYTON CHILDREN'S ALSO RECEIVES A KOHL'S CARES ® GRANT FROM KOHL'S DEPARTMENT STORES THAT WE USE TO PROVIDE PUBLIC EDUCATION ON KEY HEALTH AND SAFETY TOPICS. THIS YEAR OUR FOCUS WAS "GREEN CLEANING" AND "HANDWASHING." BOTH OF THESE TOPICS WERE CHOSEN TO ADDRESS CHILDHOOD ILLNESSES INCLUDING ASTHMA AND FLU. 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. 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

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UNINTENTIONAL INJURIES TO CHILDREN IN OUR COMMUNITY SUCH AS MOTOR VEHICLE ACCIDENTS, PEDESTRIAN ACCIDENTS AND UNSAFE SLEEP PRACTICES. WE ARE 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. 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 COUNTY CORP, BEAVERCREEK CHAMBER OF COMMERCE, HOMELESS SOLUTIONS POLICY BOARD, UNITED WAY, THE NATIONAL CONFERENCE FOR COMMUNITY AND JUSTICE, UNIVERSITY OF DAYTON CENTER FOR CATHOLIC EDUCATION, URBAN CHILD DEVELOPMENT CENTER BOARD AND THE GREATER DAYTON HOSPITAL ASSOCIATION. THROUGH THESE ACTIVITIES, DAYTON CHILDREN'S STRIVES TO CREATE A COMMUNITY THAT IS A PLACE WHERE ALL CHILDREN AND FAMILIES GROW AND THRIVE. A SIGNIFICANT

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COMMUNITY BUILDING PROJECT DURING FISCAL YEAR 2013-2014 WAS DAYTON CHILDREN'S PARTICIPATION IN THE DA VINCI NEIGHBORHOOD REVITALIZATION PROJECT. STARTED IN 2007 AND RE-ENERGIZED IN 2013, THE DA VINCI PROJECT IS A COMPREHENSIVE STRATEGY FOR NEIGHBORHOOD REVITALIZATION SUPPORTED IN THE OLD NORTH DAYTON AND MCCOOK FIELD NEIGHBORHOODS AND THE BUSINESS COMMUNITY AROUND IT. 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 CITYWIDE DEVELOPMENT. THE DA VINCI 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. DAYTON CHILDREN'S IS AN INDISPENSIBLE 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

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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 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 53 PERCENT OF THE PATIENTS AT DAYTON CHILDREN'S ARE COVERED BY MEDICAID. DAYTON CHILDREN'S IS A LEADER IN IMPROVING ACCESS TO HEALTH INSURANCE FOR CHILDREN AND FAMILIES THROUGH ITS ADVOCACY EFFORTS. WE HAVE

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WORKED TO EXPAND CHILDREN'S COVERAGE STATEWIDE AND NATIONALLY. THE HOSPITAL HAS PROVIDED CRITICAL RESOURCES AND SUPPORT TO EFFORTS TO ENSURE THAT THESE GAINS ARE TRANSLATED INTO ACTUAL COVERAGE BY ENROLLING UNINSURED CHILDREN ON-SITE. DAYTON CHILDREN'S HEALTH CLINIC IS A PRIMARY CARE PROVIDER FOR MANY OF THE REGION'S INFANTS, CHILDREN AND TEENS. NOT ONLY IS CHILDREN'S HEALTH CLINIC A "SAFETY NET" FOR MANY FAMILIES WITH MORE THAN 18,000 VISITS EACH YEAR, IT IS ALSO A RICH TRAINING SETTING FOR FUTURE PEDIATRICIANS. AS A TEACHING HOSPITAL, DAYTON CHILDREN'S IS DEDICATED TO TRAINING THE NEXT GENERATION OF PEDIATRICIANS AND PEDIATRIC SPECIALISTS. EACH YEAR, DAYTON CHILDREN'S HOSTS 50 MEDICAL RESIDENTS FROM THE WRIGHT STATE UNIVERSITY BOONSHOFT SCHOOL OF MEDICINE. IN ADDITION, DAYTON CHILDREN'S HOUSES THIS COUNTRY'S ONLY CIVILIAN/MILITARY INTEGRATED PEDIATRIC RESIDENCY PROGRAM WITH WRIGHT-PATTERSON AIR FORCE BASE. PHYSICIANS TRAINED AT DAYTON CHILDREN'S ARE CARING FOR CHILDREN IN OUR REGION AND THROUGHOUT THE WORLD. TRAINING RESIDENT PHYSICIANS INVOLVES SIGNIFICANT COSTS FAR BEYOND THOSE USUALLY ASSOCIATED WITH PATIENT CARE; HOWEVER, WE RECOGNIZE TRAINING THE NEXT GENERATION OF PEDIATRIC PROVIDERS IS ESSENTIAL TO THE OVERALL HEALTH OF OUR COMMUNITY. AT DAYTON

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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:

-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,

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HEMOPHILIA AND SICKLE CELL.

-THE SOIN PEDIATRIC TRAUMA AND EMERGENCY CENTER IS THE REGION'S ONLY  
VERIFIED (LEVEL II) PEDIATRIC TRAUMA CENTER.

-DAYTON CHILDREN'S PERFORMS THE MAJORITY OF SPINAL SURGERIES IN OUR  
REGION. WE DO EVERYTHING WE CAN TO CREATE A HIGH-QUALITY, SAFE  
ENVIRONMENT FOR OUR YOUNG PATIENTS. IN ADDITION TO PROVIDING CHILD LIFE  
SPECIALISTS, TRAINED IN DISTRACTION TECHNIQUES, WE "KID-SIZE" OUR CARE.  
OUR MEDICAL IMAGING DEPARTMENT HAS STATE-OF-THE-ART EQUIPMENT DESIGNED TO  
PERFORM DIAGNOSTIC EXAMINATIONS WITH A MINIMUM OF RADIATION EXPOSURE TO  
PATIENTS, REDUCING LONG-TERM EFFECTS LATER IN LIFE. CHILDREN COME TO OUR  
TRAUMA CENTER TO RECEIVE TREATMENT FOR COMMON EMERGENCIES - BREATHING  
DIFFICULTIES AND ASTHMA, SEIZURES AND DEHYDRATION - AS WELL AS TRAUMA  
CONDITIONS RESULTING FROM MOTOR VEHICLE CRASHES, BURNS, NEAR DROWNINGS,  
PLAYGROUND- AND SPORTS-RELATED ACCIDENTS, FRACTURES AND CHILD ABUSE.  
THESE CHILDREN NEED CARE FROM STAFF TRAINED TO USE CHILD-SIZED MEDICAL  
EQUIPMENT, PEDIATRIC PROTOCOLS THAT LIMIT RADIATION EXPOSURE AND  
WEIGHT-BASED MEDICATION DOSAGES. EMERGENCY ROOMS AT ADULT HOSPITALS ARE  
NOT WELL EQUIPPED OR STAFFED TO CARE FOR SERIOUSLY ILL CHILDREN. THESE

**Part VI Supplemental Information**

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FACILITIES MAY PROVIDE INITIAL, STABILIZING TREATMENT, BUT OFTEN THE NEXT STEP IS CONTACTING DAYTON CHILDREN'S TO PROVIDE A HIGHER LEVEL OF CARE. OUR EMERGENCY AND TRAUMA SERVICES CAN MAKE THE DIFFERENCE BETWEEN LIFE AND DEATH SINCE STUDIES SHOW 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 60 PERCENT OF OUR EMERGENCY AND TRAUMA PATIENTS RELY ON MEDICAID, WHICH IS REIMBURSED AT ROUGHLY 76 PERCENT THE COST OF CARE. AN ADDITIONAL FOUR PERCENT OF EMERGENCY PATIENTS HAVE NO INSURANCE AT ALL. NEVERTHELESS, DAYTON CHILDREN'S IS COMMITTED TO TREATING ALL CHILDREN AND SUBSIDIZES THE CARE OF UNINSURED OR UNDERINSURED CHILDREN. THAT'S WHY WE ARE KNOWN THROUGHOUT THE REGION AS A SAFETY NET FOR CHILDREN FROM LOW-INCOME AND UNEMPLOYED FAMILIES. 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, CARDIOLOGY, PLASTICS SURGERY, SPORTS



**Part VI Supplemental Information**

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MEDICINE, OUR SPECIALTY CLINICS AND GENERAL PEDIATRICS. 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. IN THE HEALTH CARE REFORM CONVERSATION WE MAKE SURE CHILDREN'S ISSUES, SUCH AS ACCESS TO APPROPRIATE CARE, ARE NOT FORGOTTEN. 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 REHABILITATION SERVICES. IN ADDITION, WE HAVE SUPPORTED MANY COMMUNITY YOUTH SPORTS TEAMS. KEY INITIATIVES IN 2013-2014 DESTINATION 2020 THIS

**Part VI Supplemental Information**

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PAST YEAR, DAYTON CHILDREN'S HAD GREAT MOMENTUM ON OUR STRATEGIC ROADMAP, DESTINATION 2020. DESTINATION 2020 OUTLINES THE MILESTONES WE NEED TO REACH TO SUCCESSFULLY MEET OUR MISSION AND DELIVER THE VERY BEST PEDIATRIC CARE TO ALL CHILDREN IN OUR REGION, REGARDLESS OF ABILITY TO PAY. THIS PLAN WAS DEVELOPED WITH INPUT FROM PHYSICIANS AND EMPLOYEES, AS WELL AS PARTNERS AND LEADERS IN THE COMMUNITY. EVERYONE SHARES THE SAME GOAL: TO HELP DAYTON CHILDREN'S REMAIN AN INDEPENDENT, LOCALLY-GOVERNED CHILDREN'S HOSPITAL. THERE ARE FOUR FOCUS AREAS OF DESTINATION 2020 -PATIENT EXPERIENCE, RIGHT SERVICES, PHYSICIAN INTEGRATION AND STRONG CARE ALLIANCES. TIED DIRECTLY TO THE COMMUNITY NEEDS IDENTIFIED THROUGH OUR CHNA, WE CHANGED SOME OF OUR INTERNAL PRACTICES AND PROCEDURES TO BETTER ADDRESS THESE NEEDS. AS OUR CHNA INDICATED, TWO IN FIVE KIDS IN OUR REGION ARE OVERWEIGHT OR OBESE. AS THE ONLY ORGANIZATION IN OUR COMMUNITY SOLELY DEDICATED TO THE HEALTH OF CHILDREN, IT IS OUR RESPONSIBILITY TO LEAD ON THIS CRITICAL HEALTH ISSUE. IN 2014, THE HEALTHY WAY INITIATIVE WAS LAUNCHED AND INCLUDES CLINICAL INTERVENTIONS, EMPLOYEE ROLE MODELING AND ACCESS TO HEALTHIER FOOD OPTIONS AT THE HOSPITAL - INCLUDING THE SIGNIFICANT DECISION TO ELIMINATE THE SALE OF

**Part VI Supplemental Information**

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SUGARSWEETENED BEVERAGES ON CAMPUS IN MAY 2014. THREE INFANTS DIE IN OHIO EVERY WEEK DUE TO UNSAFE SLEEP PRACTICES, CONTRIBUTING TO THE DEVASTATING RANK OF 47 OUT OF 50 FOR INFANT MORTALITY IN THE UNITED STATES. LAST YEAR DAYTON CHILDREN'S MADE SIGNIFICANT EFFORTS TO EDUCATE PATIENT FAMILIES ON THE IMPORTANCE OF SAFE SLEEP. OVER 3,500 FAMILIES WITH CHILDREN YOUNGER THAN 6 MONTHS OLD WERE EDUCATED ON SAFE SLEEP IN THE EMERGENCY DEPARTMENT. ONE IN FIVE KIDS IN OUR REGION HAS A MENTAL HEALTH DISORDER UNDERSCORING THE SERIOUS NEED FOR MORE MENTAL HEALTH SERVICES, PARTICULARLY PSYCHIATRY, IN OUR COMMUNITY. 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. WHEN A CHILD'S MENTAL HEALTH NEEDS ARE UNMET, IT CAN HAVE LIFELONG CONSEQUENCES. THESE CAN AFFECT THEIR SCHOOL, HOME AND PERSONAL LIVES IMMENSELY AND IT IS IMPERATIVE TO ADDRESS THESE ISSUES AS SOON AS POSSIBLE. THROUGH THE CENTER FOR MENTAL HEALTH RESOURCES, DAYTON

**Part VI Supplemental Information**

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CHILDREN'S AND OUR PARTNERS WILL BE ABLE TO BETTER DETERMINE THE COMMUNITY NEEDS AND HOW TO BEST MEET THOSE NEEDS - ULTIMATELY IMPROVING THE QUALITY OF LIFE FOR KIDS IN OUR REGION. CARE HOUSE, MONTGOMERY COUNTY'S CHILDREN'S ADVOCACY CENTER, OPENED DOORS TO ITS NEW BUILDING ON FEBRUARY 14, 2014. WITH THE SUPPORT OF THE COMMUNITY, THE "BUILDING A PROMISE" CAMPAIGN EXCEEDED ITS GOAL, RAISING MORE THAN \$2.3 MILLION TO BUILD THE NEW FACILITY SPECIALLY DESIGNED FOR THE COMMUNITY'S MOST VULNERABLE CHILDREN. EACH DAY, 13 CHILDREN ARE REPORTED ABUSED OR NEGLECTED IN MONTGOMERY COUNTY- 13 CHILDREN WHO HAVE TO RELIVE THEIR NIGHTMARE AS THEY TELL THEIR PAINFUL STORY TO THOSE WHO WILL AND NEED TO LISTEN. IT'S FOR THE WORST OF THESE CASES THAT CARE HOUSE EXISTS - ROUGHLY 600 CHILDREN EACH YEAR. CARE HOUSE INVOLVES A PARTNERSHIP WITH DAYTON CHILDREN'S, MONTGOMERY COUNTY PROSECUTOR'S OFFICE, DAYTON POLICE DEPARTMENT, MONTGOMERY COUNTY SHERIFF'S OFFICE AND MONTGOMERY COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES. IN ADDITION TO THESE FOUNDING PARTNERS, ALL LAW ENFORCEMENT AGENCIES IN MONTGOMERY COUNTY UTILIZE CARE HOUSE FOR THEIR CHILD ABUSE INVESTIGATIONS. AT DAYTON CHILDREN'S, WE CONTINUE TO RECEIVE NATIONALLY-RECOGNIZED VERIFICATIONS AND DESIGNATIONS.

**Part VI Supplemental Information**

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THESE PROGRAMS, WHICH ALLOW US TO OFFER EXCEPTIONAL CARE TO CHILDREN, MUST MEET RIGOROUS STANDARDS AND PROTOCOL BY NATIONAL CREDENTIALING ORGANIZATIONS.

-THE DAYTON CHILDREN'S NEUROLOGY DEPARTMENT EARNED DESIGNATION BY THE NATIONAL ASSOCIATION OF EPILEPSY CENTERS AS A LEVEL 3 CENTER FOR THE TREATMENT OF COMPLEX PEDIATRIC EPILEPSY, WITH THE GOAL TO REDUCE THE FREQUENCY OF SEIZURES. WE ARE ONE OF ONLY 160 EPILEPSY CENTERS IN THE UNITED STATES.

-DAYTON CHILDREN'S TRAUMA PROGRAM RECEIVED REVERIFICATION FROM THE AMERICAN COLLEGE OF SURGEONS' (ACS) COMMITTEE ON TRAUMA AS A LEVEL II PEDIATRIC TRAUMA CENTER. AS THE ONLY PEDIATRIC TRAUMA CENTER IN THE REGION, THIS NATIONAL REVERIFICATION RECOGNIZES THAT DAYTON CHILDREN'S IS THE BEST PLACE FOR CHILDREN WHEN THEY ARE SERIOUSLY INJURED AND NEED IMMEDIATE CARE. IN FISCAL YEAR 2013-2014, WE ALSO DEVELOPED STRATEGIC COLLABORATIONS TO BETTER DELIVER PEDIATRIC CARE WHILE AVOIDING DUPLICATION OF SERVICES.

-DAYTON CHILDREN'S AND MIAMI VALLEY HOSPITAL JOINED TOGETHER TO FORM THE SOUTHWEST OHIO NEONATAL COLLABORATIVE BRINGING TOGETHER OUR EXPERTISE IN

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COMPLEX NEONATAL AND PEDIATRIC SUBSPECIALTY CARE AND MIAMI VALLEY'S EXPERTISE IN HIGH-RISK OBSTETRICS. WITH THE LAUNCH OF THE FETAL TO NEWBORN CARE CENTER, WE'RE HELPING MOTHERS FACING HIGH-RISK PREGNANCIES NAVIGATE A COMPLEX SYSTEM DURING A CHALLENGING TIME. WE'RE ALSO JOINING WITH OUR PARTNERS AT MIAMI VALLEY TO BETTER ADDRESS THE NEEDS OF BABIES BORN WITH EXPOSURE TO DRUGS IN OUR REGION.

-THROUGH THE OHIO PEDIATRIC CARE ALLIANCE, DAYTON CHILDREN'S AND NATIONWIDE CHILDREN'S HOSPITAL ARE COLLABORATING TO IMPROVE HEALTH CARE FOR ALL SPRINGFIELD AREA FAMILIES. THE OHIO PEDIATRIC CARE ALLIANCE REDUCES THE DUPLICATION OF SERVICES, IMPROVES EFFICIENCIES AND ALLOWS FOR THE TWO INDEPENDENT CHILDREN'S HOSPITALS TO WORK TOGETHER IN THE SPRINGFIELD AREA TO IMPROVE ACCESS TO SUBSPECIALTY PEDIATRIC CARE, EXECUTE SHARED INITIATIVES AND EVALUATE NEEDS FOR NEW SERVICES.

-DAYTON CHILDREN'S HOSPITAL JOINED WRIGHT STATE UNIVERSITY AND PREMIER HEALTH AS AN AFFILIATE OF THE NEUROSCIENCE INSTITUTE IN AN EXCITING EFFORT TO BOOST PEDIATRIC NEUROSCIENCE RESEARCH IN THE REGION AND ENHANCE PEDIATRIC CARE. DAYTON CHILDREN'S CLINICIANS AND RESEARCHERS WILL FORMALLY PARTICIPATE IN A BROAD RANGE OF RESEARCH AND EDUCATIONAL

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PROGRAMS WHILE PROVIDING ACCESS TO THE REGION'S ONLY 3 TESLA MRI HOUSED ON DAYTON CHILDREN'S CAMPUS. IN ADDITION, DAYTON CHILDREN'S WILL BE FUNDING A PEDIATRIC NEUROSCIENCE PROFESSORSHIP FOR A MINIMUM OF FIVE YEARS. THIS NEW PROFESSOR WILL FOCUS 75 PERCENT OF HIS OR HER TIME TO PEDIATRIC NEUROLOGICAL DISORDERS, WHICH RANGE FROM EPILEPSY TO MOVEMENT DISORDERS. 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.

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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

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) DAYTON DEVELOPMENT COAL 900 KETTERING TOWER DAYTON, 45423	31-1423890	501(C)(6)	10,000.				CORPORATE SPONSORSHIP
(2) RONALD MCDONALD HOUSE 555 VALLEY ST DAYTON, 45404	31-0964793	501(C)(3)	10,000.				CORPORATE DONATION
(3) CULTURE WORKS 110 N. MAIN STREET DAYTON, 45402	23-7412338	501(C)(3)	6,500.				CORPORATE PLEDGE
(4) THE LEUKEMIA & LYMPHOMA SOCIETY 1311 MAMARONECK AVENUE WHITE PLAINS, 10605	13-5644916	501(C)(3)	7,500.				MAN & WOMAN OF THE YEAR
(5) UNITED WAY OF GREATER DAYTON 184 SALEM AVENUE DAYTON, 45406	31-0536658	501(C)(3)	21,000.				CORPORATE PLEDGE
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 4

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) (2013)

**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	317.	81,652.			
2 MEALS/FOOD	806.	35,385.			
3 TRANSPORTATION	1,103.	41,399.			
4 RENT/UTILITIES	87.	43,619.			
5 SPECIAL EQUIPMENT	2.	4,308.			
6 OTHER	6.	4,824.			
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

**Compensation Information**

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

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

DAYTON CHILDREN'S HOSPITAL

Employer identification number

31-0672132

**Part I Questions Regarding Compensation**

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

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

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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 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 checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2013

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JEFFREY CHRISTIAN, M.D. TRUSTEE	(i)	0	0	0	0	0	0	0
	(ii)	484,840.	0	35,979.	36,351.	26,059.	583,229.	0
2 ELIZABETH EY, M.D. TRUSTEE	(i)	158,188.	0	0	0	0	158,188.	0
	(ii)	0	0	0	0	0	0	0
3 DAVID KINSAUL FORMER PRESIDENT AND CEO	(i)	0	0	307,652.	0	9,138.	316,790.	88,125.
	(ii)	0	0	0	0	0	0	0
4 DEBORAH FELDMAN PRESIDENT AND CEO	(i)	364,633.	150,000.	26,079.	15,300.	0	556,012.	0
	(ii)	0	0	0	0	0	0	0
5 THOMAS MURPHY, M.D. (END VP MEDICAL AFFAIRS AND CMO	(i)	169,042.	52,191.	1,473,534.	7,875.	8,838.	1,711,480.	1,468,372.
	(ii)	0	0	0	0	0	0	0
6 DAVID T. MILLER VP FINANCE AND CFO	(i)	213,748.	49,877.	57,849.	120,573.	21,214.	463,261.	0
	(ii)	0	0	0	0	0	0	0
7 MATTHEW GRAYBILL VP AND CHIEF OPERATING OFFICER	(i)	209,332.	80,015.	23,147.	135,125.	26,512.	474,131.	0
	(ii)	0	0	0	0	0	0	0
8 ADAM MEZOFF (BEG 11/01) VP MEDICAL AFFAIRS CMO	(i)	245,721.	0	1,161.	4,844.	12,087.	263,813.	0
	(ii)	0	0	0	0	0	0	0
9 LISA COFFEY VP CORPORATE SUPPORT SERVICES	(i)	148,489.	30,167.	15,275.	24,557.	23,983.	242,471.	0
	(ii)	0	0	0	0	0	0	0
10 RENAE PHILLIPS VP PATIENT CARE CNO	(i)	189,610.	39,560.	24,441.	140,341.	19,845.	413,797.	0
	(ii)	0	0	0	0	0	0	0
11 GREGORY RAMEY VP OUTPATIENT SERVICES	(i)	165,474.	43,401.	32,597.	86,336.	24,701.	352,509.	0
	(ii)	0	0	0	0	0	0	0
12 VICKI GIAMBRONE VP MAKTNG EXTERNAL RELATIONS	(i)	165,417.	39,023.	47,169.	34,438.	10,191.	296,238.	0
	(ii)	0	0	0	0	0	0	0
13 MARAGRET HEMMEN CR NURSE ANESTHETIST	(i)	183,687.	0	12,289.	17,402.	124.	213,502.	0
	(ii)	0	0	0	0	0	0	0
14 GREGORY HUFF DIRECTOR PHARMACY	(i)	141,429.	7,526.	20,569.	15,254.	19,591.	204,369.	0
	(ii)	0	0	0	0	0	0	0
15 ERIKA GREEN CR NURSE ANESTHETIST	(i)	146,038.	0	18,591.	9,575.	6,708.	180,912.	0
	(ii)	0	0	0	0	0	0	0
16 ELIZABETH FREDETTE DIRECTOR INFO SERVICES CIO	(i)	137,144.	8,792.	17,030.	15,247.	27,683.	205,896.	0
	(ii)	0	0	0	0	0	0	0

**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.

SCHEDULE J, PART I, LINE 4A

DAVID KINSAUL - 223,462

SCHEDULE J, PART I, LINE 4B A) PARTICIPANTS IN A SUPPLEMENTAL

NONQUALIFIED RETIREMENT PLAN AND THE INCREASE IN ACTUARIAL VALUE:

DEBORAH FELDMAN - 0

ADAM MEZOFF - 0

DAVID T. MILLER - 110,373

GREGORY RAMEY - 78,520

VICKI GIAMBRONE - 26,104

MATTHEW GRAYBILL - 125,957

RENAE PHILLIPS - 131,934

LISA COFFEY - 17,860

B) RECEIVED PAYMENT FROM A NONQUALIFIED RETIREMENT PLAN:

THOMAS MURPHY - 1,234,671

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

**Transactions With Interested Persons**

OMB No. 1545-0047

**2013**

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

**Open To Public Inspection**

Name of the organization  
DAYTON CHILDREN'S HOSPITAL

Employer identification number  
31-0672132

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

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

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

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

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

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

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

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

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

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

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

Schedule L (Form 990 or 990-EZ) 2013

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CARRELL PICKOFF	SPOUSE OF TRUSTEE	14,173.	EMPLOYMENT		X
(2) JARED BARNETT	TRUSTEE & OFFICER	261,695.	BUILDING CONSTRUCTION		X
(3) JARED BARNETT	TRUSTEE & OFFICER	86,623.	LEASING PROPERTY		X
(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

**2013**

**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](http://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	3.	94,759.	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
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2013)

JSA

3E1298 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.

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SUPPLEMENTAL INFORMATION

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

DAYTON CHILDREN'S HOSPITAL

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

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Employer identification number

31-0672132

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, 2014, THE HOSPITAL'S MIX OF PATIENTS WAS 50.4% MEDICAID, 39.8% COMMERCIAL, 8.7% OTHER GOVERNMENT PROGRAMS AND 1.1% SELF PAY. THE HOSPITAL PROVIDES A LEVEL III NEONATAL NURSERY FOR PREMATURE NEWBORNS AS WELL AS CRITICAL CARE AND GENERAL PEDIATRIC INPATIENT BEDS. A 24 HOUR EMERGENCY DEPARTMENT IS AVAILABLE TO ALL CHILDREN IN THE AREA. SOME OF THE SPECIALTIES OFFERED AT THE HOSPITAL ARE NEUROSURGERY, HEMATOLOGY/ONCOLOGY, PULMONARY, GASTROENTEROLOGY, NEUROLOGY, UROLOGY, DEVELOPMENTAL DISORDERS, PSYCHOLOGY, 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, 2014 ARE AS FOLLOWS: # OF BEDS: 155, INPATIENT DAYS: 26,891, ADMISSIONS: 6,466 AVERAGE LENGTH OF STAY: 4.24 DAYS. AVERAGE DAILY CENSUS: 74, OCCUPANCY

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

RATE: 47.8%, SURGERIES PERFORMED: 10,393, X-RAY STUDIES: 63,076, LAB TEST: 798,035, RESPIRATORY THERAPY PROCEDURES: 86,251, PHARMACY DOSES DISPENSED: 3,300,465, CARDIOLOGY PROCEDURES: 35,882, NEUROLOGY PROCEDURES: 3,998, URGENT CARE VISITS: 13,097, EMERGENCY DEPARTMENT VISITS: 71,362, OUTPATIENT CLINICS: 68,098.

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 05/15/15.

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.

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

COMPENSATION FOR THE HOSPITAL'S CHIEF EXECUTIVE OFFICER (CEO) IS SET BY

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

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

AVAILABILITY OF FINANCIAL STATEMENTS, CONFLICT OF INTEREST, ORGANIZING DOCUMENTS

FORM 990, PART VI, LINE 19

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

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

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

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

FORM 990, PART XI

TRANSFER TO DAYTON CHILDREN'S HOSPITAL FOUNDATION	(7,318,732)
RESTRICTED NET ASSETS USED FOR PURCHASE OF PP&E	3,407,541
TEMPORARILY RESTRICTED NET ASSETS	(5,243,811)
CHANGE IN PENSION BENEFIT OBLIGATION AND PLAN ASSETS	(4,762,111)
OTHER	29
TOTAL ADJUSTMENT	(13,917,113)

ATTACHMENT 1

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CHILDREN'S CARE GROUP 1 CHILDREN'S PLAZA DAYTON, OH 45404	PHYSICIAN SERVICES	11,890,406.

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

ATTACHMENT 1 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
WRIGHT STATE PHYSICIANS PO BOX 1144 DAYTON, OH 45401	PHYSICIAN SERVICES	2,038,415.
WRIGHT STATE UNIVERSITY PO BOX 927 DAYTON, OH 45401	PHYSICIAN SERVICES	1,324,829.
ORTHOPAEDIC CENTER FOR SPINAL & PED CARE 1 CHILDREN'S PLAZA DAYTON, OH 45404	PHYSICIAN SERVICES	485,858.
MIDWEST LAUNDRY INC P.O. BOX 932696 CLEVELAND, OH 44193	LAUNDRY SERVICE	517,478.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2013**

**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.**      ▶ **See separate instructions.**
- ▶ **Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://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 31-1356037 ONE CHILDREN'S PLAZA DAYTON, OH 45404	HOME CARE	OH	501(C)(3)	9	DCH	X	
(2) DAYTON CHILDREN'S HOSPITAL FOUNDATION 31-1045247 ONE CHILDREN'S PLAZA DAYTON, OH 45404	SUPPORT	OH	501(C)(3)	11A	DCH	X	
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2013

**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) MIDDLETOWN SURGERY CENTER, LLC 5950 INNOVATION DRIVE	SURGERY CTR	OH	N/A					X	0			10.0000
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" 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	15,454,159.	9,099,596.	100.0000	X	
(2) CHILDREN'S ANESTHESIA GROUP ----- 26-0887231 ONE CHILDREN'S PLAZA DAYTON, OH 45404	ANESTHESIA SV	OH	DCH	C-CORP	6,282,003.	2,237,653.	100.0000	X	
(3) PEDIATRIC ASSURANCE COMPANY, LTD. ----- 98-0478183 BUTTERFIELD BANK BLDG, 6TH FLOOR HM12 HAMILTON, BERMUDA B	SELF-INSURANC	BD	DCH	N/A	1,317,957.	50,888,773.	100.0000	X	
(4) DAYTON CHILDREN'S ORTHOPAEDIC ----- 45-3934418 ONE CHILDREN'S PLAZA DAYTON, OH 45404	ORTHO SERVICE	OH	DCH	C-CORP	6,727,447.	320,599.	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
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s)	X	
<b>d</b> Loans or loan guarantees to or for related organization(s)	X	
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses	X	
<b>r</b> Other transfer of cash or property to related organization(s)	X	
<b>s</b> Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DAYTON CHILDREN'S HOSPITAL FOUNDATION	B	7,318,732.	FMV
(2) DAYTON CHILDREN'S HOSPITAL FOUNDATION	C	6,015,972.	CASH
(3) DAYTON ORTHOPAEDICS	J	143,579.	CASH
(4) CHILDREN'S HOME CARE OF DAYTON	M	404,291.	CASH
(5) DAYTON CHILDREN'S HOSPITAL FOUNDATION	L	75,550.	FMV
(6) CHILDREN'S CARE GROUP	M	11,932,554.	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
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s)	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s)	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s)	<b>1e</b>	
<b>f</b> Dividends from related organization(s)	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s)	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s)	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s)	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s)	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s)	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s)	<b>1s</b>	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHILDREN'S ANESTHESIA GROUP	M	6,279,002.	CASH
(2) CHILDREN'S CARE GROUP	O	151,736.	FMV
(3) CHILDREN'S ANESTHESIA GROUP	O	913,704.	FMV
(4) CHILDREN'S HOME CARE OF DAYTON	Q	11,274,942.	CASH
(5) CHILDREN'S CARE GROUP	Q	2,247,345.	CASH
(6) DAYTON ORTHOPAEDICS	Q	580,000.	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
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s)	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s)	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s)	<b>1e</b>	
<b>f</b> Dividends from related organization(s)	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s)	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s)	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s)	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s)	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s)	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s)	<b>1s</b>	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHILDREN'S ANESTHESIA GROUP	R	295,000.	FMV
(2) CHILDREN'S HOME CARE OF DAYTON	R	162,493.	FMV
(3) DAYTON ORTHOPAEDICS	R	499,249.	FMV
(4) DAYTON CHILDREN'S HOSPITAL FOUNDATION	D	2,232,000.	FMV
(5) CHILDREN'S HOME CARE OF DAYTON	R	2,714,889.	FMV
(6) DAYTON ORTHOPAEDICS	K	109,428.	CASH

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

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

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

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

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

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