

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning 07/01, 2011, and ending 06/30, 2012

B Check if applicable:	C Name of organization CHILDREN'S MEDICAL CENTER	D Employer identification number 31-0672132
<input type="checkbox"/> Address change	Doing Business As	E Telephone number (937) 641-3338
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	
<input type="checkbox"/> Initial return	ONE CHILDREN'S PLAZA	G Gross receipts \$ 340,251,312.
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4 DAYTON, OH 45404-1815	
<input type="checkbox"/> Amended return	F Name and address of principal officer: DEBORAH FELDMAN ONE CHILDREN'S PLAZA DAYTON, OH 45404-1815	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status:	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶
J Website:	WWW.CHILDRENSDAYTON.ORG	
K Form of organization:	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1967 M State of legal domicile: OH

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO IMPROVE THE HEALTH STATUS OF ALL CHILDREN THROUGH SERVICE, EDUCATION, RESEARCH AND ADVOCACY.			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	19.	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14.	
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	1,940.	
	6	Total number of volunteers (estimate if necessary)	6	893.	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	-5,607.	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	-5,607.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9	Program service revenue (Part VIII, line 2g)	10,540,270.	13,792,546.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	194,695,740.	202,208,573.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,188,402.	11,154,342.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,687,349.	5,350,065.	
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	216,111,761.	232,505,526.	
14		Benefits paid to or for members (Part IX, column (A), line 4)	100,525.	216,288.	
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0	
16a		Professional fundraising fees (Part IX, column (A), line 11e)	101,995,746.	104,630,679.	
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,073,749.	0	0	
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	74,336,688.	80,844,055.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	176,432,959.	185,691,022.	
	19	Revenue less expenses. Subtract line 18 from line 12	39,678,802.	46,814,504.	
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21		Total liabilities (Part X, line 26)	410,865,595.	428,519,704.	
22		Net assets or fund balances. Subtract line 21 from line 20.	38,047,015.	45,942,566.	

Part II Signature Block

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

Sign Here	▶ Signature of officer	Date			
	▶ DAVID T. MILLER Type or print name and title	VP FINANCE & CFO			
Paid Preparer Use Only	Print/Type preparer's name Christopher B. Boggs	Preparer's signature <i>Christopher B. Boggs</i>	Date 05/14/2013	Check if self-employed <input type="checkbox"/>	PTIN P00032493
	Firm's name ▶ ERNST & YOUNG U.S. LLP	EIN ▶ 34-6565596		Phone no. ▶ 317-681-7000	
	Firm's address ▶ 111 MONUMENT CIRCLE, SUITE 2600 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.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 207,790,860. including grants of \$ 216,288.) (Revenue \$ 202,208,573.)
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 207,790,860.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-14b regarding IRS filings, backup withholding, employee reporting, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (19), 1b (14), 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. [X] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: DAVID T. MILLER ONE CHILDREN'S PLAZA DAYTON, OH 45404-1815 937-641-3338

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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	X					0	0	0	
(2) JEFFREY CHRISTIAN, MD TRUSTEE	1.00	X					0	502,294.	51,900.	
(3) ELIZABETH H. EY, MD TRUSTEE	1.00	X					130,682.	0	0	
(4) JEAN IRELAND TRUSTEE	1.00	X					0	0	0	
(5) ROBERT P. MYERS, DO TRUSTEE	1.00	X					0	0	0	
(6) TIMOTHY G. PEPPER TRUSTEE	1.00	X					0	0	0	
(7) ARTHUR PICKOFF TRUSTEE	1.00	X					107,280.	0	0	
(8) COLLEEN RYAN ASSISTANT SECRETARY TREASURER	1.00	X					0	0	0	
(9) GREGORY SAMPLE TRUSTEE	1.00	X					0	0	0	
(10) BEVERLY SHILLITO TRUSTEE	1.00	X					0	0	0	
(11) ROSIE GOFORTH TRUSTEE	1.00	X					0	0	0	
(12) SCOTT KELLY TRUSTEE	1.00	X					0	0	0	
(13) THERESE MCNEA-WILEY TRUSTEE	1.00	X					0	0	0	
(14) MICHAEL SHANE TRUSTEE	1.00	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 (describe hours for related organizations in Schedule O)	(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) JERAD M. BARNETT ASST. TREASURER/1ST VICE CHAIR	1.00	X		X				0	0	0
16) CHARLES M. FOLEY CHAIRMAN TERM ENDED 10/31/2011	1.00	X		X				0	0	0
17) LAURENCE KLABEN TREASURER/SECRETARY TREASURER	1.00	X		X				0	0	0
18) NEIL A. MCLACHLAN 1ST VICE CHAIR UNTIL 10/31/11	1.00	X		X				0	0	0
19) VISHAL SOIN SECOND VICE CHAIR/CHAIRMAN	1.00	X		X				0	0	0
20) MARLA VICHICH ASST SECY UNTIL 10/31/2011	1.00	X		X				0	0	0
21) DEBBIE WATTS ROBINSON SECRETARY UNTIL 10/31/2011	1.00	X		X				0	0	0
22) DAVID KINSAUL PRESIDENT AND CEO	40.00	X		X				586,287.	0	363,120.
23) THOMAS MURPHY, MD VP MEDICAL AFFAIRS & CMO	40.00	X		X				335,704.	0	168,281.
24) DAVID T. MILLER VP FINANCE & CFO	40.00			X				301,050.	0	54,631.
25) MATTHEW GRAYBILL VP AND CHIEF OPERATING OFFICER	40.00			X				236,228.	0	102,363.
1b Sub-total								237,962.	502,294.	51,900.
c Total from continuation sheets to Part VII, Section A								2,972,989.	0	1,081,180.
d Total (add lines 1b and 1c)								3,210,951.	502,294.	1,133,080.

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 **14**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person	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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) LISA COFFEY VP CORPORATION SUPPORT SRVCS	40.00				X		183,160.	0	38,802.	
(27) RENAE PHILLIPS VP PATIENT CARE & CNO	40.00				X		237,478.	0	96,504.	
(28) GREGORY RAMEY VP OUTPATIENT SERVICES	40.00				X		230,840.	0	105,423.	
(29) VICKI GIAMBRONE VP MARKETING/EXTERNAL RELATION	40.00					X	229,806.	0	38,367.	
(30) MARGARET HEMMEN CRN ANESTHETIST	40.00					X	183,468.	0	13,030.	
(31) GREGORY HUFF DIRECTOR PHARMACY	40.00					X	159,085.	0	36,161.	
(32) ELIZABETH FREDETTE DIRECTOR INFO SVCS & CIO	40.00					X	145,501.	0	32,150.	
(33) CYNTHIA BURGER DIRECTOR CRITICAL CARE	40.00					X	144,382.	0	32,348.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 14

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	39,817.					
	b Membership dues	1b						
	c Fundraising events	1c	19,320.					
	d Related organizations	1d						
	e Government grants (contributions) . .	1e	822,952.					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	12,910,457.					
	g Noncash contributions included in lines 1a-1f: \$		65,433.					
	h Total. Add lines 1a-1f ▶			13,792,546.				
Program Service Revenue	Business Code							
	2a PATIENT SERVICES REVENUE		624100	117,284,224.	117,284,224.			
	b MEDICARE/MEDICAID		624100	84,929,956.	84,929,956.			
	c SURGERY CENTER		621400	-5,607.		-5,607.		
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f ▶			202,208,573.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			8,800,547.			8,800,547.	
	4 Income from investment of tax-exempt bond proceeds . . . ▶			0				
	5 Royalties ▶			0				
	6a Gross rents	(i) Real						
		(ii) Personal						
			351,346.					
		b Less: rental expenses		827,450.				
	c Rental income or (loss)		-476,104.					
	d Net rental income or (loss) ▶			-476,104.			-476,104.	
	7a Gross amount from sales of assets other than inventory	(i) Securities						
		(ii) Other						
			108,753,598.	23,196.				
		b Less: cost or other basis and sales expenses		106,402,721.	20,278.			
	c Gain or (loss)		2,350,877.	2,918.				
	d Net gain or (loss) ▶			2,353,795.			2,353,795.	
8a Gross income from fundraising events (not including \$ 19,320. of contributions reported on line 1c). See Part IV, line 18	a		335,692.					
	b Less: direct expenses	b	86,203.					
	c Net income or (loss) from fundraising events ▶			249,489.			249,489.	
9a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities ▶			0				
10a Gross sales of inventory, less returns and allowances	a		610,174.					
	b Less: cost of goods sold	b	409,134.					
	c Net income or (loss) from sales of inventory ▶			201,040.	201,040.			
Miscellaneous Revenue			Business Code					
11a HITECH MED RECORDS		900099	3,060,596.	3,060,596.				
b CAFETERIA/KIDS CARE		722210	1,360,697.	1,360,697.				
c DAY CARE CENTER		812930	692,094.	692,094.				
d All other revenue		624410	262,253.	262,253.				
e Total. Add lines 11a-11d ▶			5,375,640.					
12 Total revenue. See instructions ▶			232,505,526.	207,790,860.	-5,607.	10,927,727.		

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) but are not required to complete columns (B), (C), and (D).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	20,000.	20,000.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	196,288.	196,288.		
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	3,116,386.		3,116,386.	
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	79,816,942.	75,241,695.	3,953,364.	621,883.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,465,406.	4,209,441.	221,173.	34,792.
9 Other employee benefits	11,596,986.	11,042,773.	462,942.	91,271.
10 Payroll taxes	5,634,959.	5,311,953.	279,102.	43,904.
11 Fees for services (non-employees):				
a Management	0			
b Legal	258,042.		258,042.	
c Accounting	240,000.		240,000.	
d Lobbying	183,016.	183,016.		
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other	14,910,618.	14,626,882.	283,736.	
12 Advertising and promotion	738,723.	738,723.		
13 Office expenses	10,972,135.	9,913,804.	888,991.	169,340.
14 Information technology	3,958,910.	3,958,910.		
15 Royalties	0			
16 Occupancy	2,551,772.	2,442,562.	99,728.	9,482.
17 Travel	723,225.	343,458.	346,471.	33,296.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	150,480.	150,480.		
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	14,844,856.	14,319,692.	472,694.	52,470.
23 Insurance	1,327,803.	1,327,803.		
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>	20,108,023.	20,108,023.		
b <u>PURCHASED SERVICES</u>	6,266,846.	4,629,307.	1,620,228.	17,311.
c <u>STATE HOSPITAL ASSESSMENT</u>	3,620,514.	3,620,514.		
d <u>MISCELLANEOUS</u>	-10,908.		-10,908.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	185,691,022.	172,385,324.	12,231,949.	1,073,749.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	14,910.	1	15,010.
	2 Savings and temporary cash investments	29,801,992.	2	44,977,390.
	3 Pledges and grants receivable, net	1,738,641.	3	1,581,244.
	4 Accounts receivable, net	22,926,911.	4	27,615,433.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 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)	0	6	0
	7 Notes and loans receivable, net	98,419.	7	39,836.
	8 Inventories for sale or use	1,474,060.	8	1,755,147.
	9 Prepaid expenses and deferred charges	787,044.	9	565,886.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 185,414,204.		
	b Less: accumulated depreciation	10b 85,508,860.		
		102,432,828.	10c	99,905,344.
	11 Investments - publicly traded securities	217,666,263.	11	221,218,098.
	12 Investments - other securities. See Part IV, line 11	20,694,184.	12	24,091,921.
	13 Investments - program-related. See Part IV, line 11	2,071,712.	13	2,223,611.
	14 Intangible assets	0	14	0
15 Other assets. See Part IV, line 11	11,158,631.	15	4,530,784.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	410,865,595.	16	428,519,704.	
Liabilities	17 Accounts payable and accrued expenses	28,833,376.	17	30,218,758.
	18 Grants payable	0	18	0
	19 Deferred revenue	1,415.	19	1,415.
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	9,212,224.	25	15,722,393.
	26 Total liabilities. Add lines 17 through 25	38,047,015.	26	45,942,566.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	371,563,718.	27	380,726,993.
	28 Temporarily restricted net assets	1,254,862.	28	1,850,145.
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	372,818,580.	33	382,577,138.	
34 Total liabilities and net assets/fund balances	410,865,595.	34	428,519,704.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	232,505,526.
2	Total expenses (must equal Part IX, column (A), line 25)	2	185,691,022.
3	Revenue less expenses. Subtract line 2 from line 1	3	46,814,504.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	372,818,580.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-37,055,946.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	382,577,138.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
3b	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	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization CHILDREN'S MEDICAL CENTER	Employer identification number 31-0672132
--	---

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

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

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

- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

- a Type I b Type II c Type III - Functionally integrated d Type III - Other

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?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
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 support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

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) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (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) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (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; 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 2011; 15 Public support percentage from 2010 Schedule A; 16a 33 1/3% support test - 2011; b 33 1/3% support test - 2010; 17a 10%-facts-and-circumstances test - 2011; b 10%-facts-and-circumstances test - 2010; 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (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

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

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

Schedule of Contributors

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

2011

Name of the organization CHILDREN'S MEDICAL CENTER	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 Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization CHILDREN'S MEDICAL CENTER

Employer identification number

31-0672132

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 482,257.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 235,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 229,466.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 223,179.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ 218,776.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **CHILDREN'S MEDICAL CENTER**

Employer identification number

31-0672132

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 187,540.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	----- ----- -----	\$ 179,694.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	----- ----- -----	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	----- ----- -----	\$ 81,689.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	----- ----- -----	\$ 57,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	----- ----- -----	\$ 53,043.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **CHILDREN'S MEDICAL CENTER**

Employer identification number

31-0672132

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	----- ----- -----	\$ 35,834.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	----- ----- -----	\$ 35,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	----- ----- -----	\$ 35,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	----- ----- -----	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	----- ----- -----	\$ 34,908.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	----- ----- -----	\$ 34,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CHILDREN'S MEDICAL CENTER

Employer identification number

31-0672132

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	----- ----- -----	\$ 33,533.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	----- ----- -----	\$ 33,387.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	----- ----- -----	\$ 32,640.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	----- ----- -----	\$ 31,405.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	----- ----- -----	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	----- ----- -----	\$ 28,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	----- ----- -----	\$ 27,427.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	----- ----- -----	\$ 26,307.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	----- ----- -----	\$ 25,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	----- ----- -----	\$ 25,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CHILDREN'S MEDICAL CENTER

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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	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	----- ----- -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	----- ----- -----	\$ 22,590.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	----- ----- -----	\$ 22,385.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	----- ----- -----	\$ 20,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	----- ----- -----	\$ 20,086.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	----- ----- -----	\$ 20,040.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	----- ----- -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	----- ----- -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CHILDREN'S MEDICAL CENTER

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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	----- ----- -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	----- ----- -----	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	----- ----- -----	\$ 19,992.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	----- ----- -----	\$ 16,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	----- ----- -----	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	----- ----- -----	\$ 15,926.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	----- ----- -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54	----- ----- -----	\$ 14,361.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	----- ----- -----	\$ 14,210.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56	----- ----- -----	\$ 13,205.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57	----- ----- -----	\$ 12,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58	----- ----- -----	\$ 12,848.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59	----- ----- -----	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60	----- ----- -----	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	----- ----- -----	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62	----- ----- -----	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63	----- ----- -----	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64	----- ----- -----	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65	----- ----- -----	\$ 11,775.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66	----- ----- -----	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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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	----- ----- -----	\$ 10,549.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
68	----- ----- -----	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69	----- ----- -----	\$ 10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
70	----- ----- -----	\$ 10,077.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
71	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
72	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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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	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
74	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
75	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
76	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
77	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
78	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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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 if there is a noncash contribution.)
80	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
81	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
82	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
83	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
84	----- ----- -----	\$ ----- 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **CHILDREN'S MEDICAL CENTER**

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
85	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
86	----- ----- -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
87	----- ----- -----	\$ 9,844.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
88	----- ----- -----	\$ 9,497.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
89	----- ----- -----	\$ 9,284.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
90	----- ----- -----	\$ 9,262.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	----- ----- -----	\$ 9,254.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
92	----- ----- -----	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
93	----- ----- -----	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
94	----- ----- -----	\$ 8,855.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
95	----- ----- -----	\$ 8,722.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
96	----- ----- -----	\$ 8,660.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	----- ----- -----	\$ 8,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
98	----- ----- -----	\$ 8,615.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
99	----- ----- -----	\$ 8,366.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
100	----- ----- -----	\$ 8,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
101	----- ----- -----	\$ 8,268.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
102	----- ----- -----	\$ 8,156.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	----- ----- -----	\$ 8,112.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
104	----- ----- -----	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
105	----- ----- -----	\$ 7,666.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
106	----- ----- -----	\$ 7,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
107	----- ----- -----	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
108	----- ----- -----	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	----- ----- -----	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
110	----- ----- -----	\$ 7,335.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
111	----- ----- -----	\$ 7,332.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
112	----- ----- -----	\$ 7,204.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
113	----- ----- -----	\$ 7,102.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
114	----- ----- -----	\$ 7,055.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	----- ----- -----	\$ 7,014.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
116	----- ----- -----	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
117	----- ----- -----	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
118	----- ----- -----	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
119	----- ----- -----	\$ 6,886.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
120	----- ----- -----	\$ 6,803.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	----- ----- -----	\$ 6,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
122	----- ----- -----	\$ 6,551.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
123	----- ----- -----	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
124	----- ----- -----	\$ 6,434.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
125	----- ----- -----	\$ 6,404.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
126	----- ----- -----	\$ 6,360.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	----- ----- -----	\$ 6,251.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
128	----- ----- -----	\$ 6,170.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
129	----- ----- -----	\$ 6,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
130	----- ----- -----	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
131	----- ----- -----	\$ 5,907.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
132	----- ----- -----	\$ 5,832.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133	----- ----- -----	\$ 5,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
134	----- ----- -----	\$ 5,541.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
135	----- ----- -----	\$ 5,539.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
136	----- ----- -----	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
137	----- ----- -----	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
138	----- ----- -----	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139	----- ----- -----	\$ 5,479.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
140	----- ----- -----	\$ 5,475.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
141	----- ----- -----	\$ 5,464.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
142	----- ----- -----	\$ 5,432.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
143	----- ----- -----	\$ 5,394.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
144	----- ----- -----	\$ 5,310.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CHILDREN'S MEDICAL CENTER

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	----- ----- -----	\$ 5,264.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
146	----- ----- -----	\$ 5,252.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
147	----- ----- -----	\$ 5,219.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
148	----- ----- -----	\$ 5,212.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
149	----- ----- -----	\$ 5,187.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
150	----- ----- -----	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CHILDREN'S MEDICAL CENTER

Employer identification number

31-0672132

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151	----- ----- -----	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
152	----- ----- -----	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
153	----- ----- -----	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
154	----- ----- -----	\$ 5,087.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
155	----- ----- -----	\$ 5,005.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
156	----- ----- -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **CHILDREN'S MEDICAL CENTER**

Employer identification number

31-0672132

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

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

Name of organization **CHILDREN'S MEDICAL CENTER**

Employer identification number

31-0672132

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

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

Name of organization CHILDREN'S MEDICAL CENTER

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 if there is a noncash contribution.)
170	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
171	----- ----- -----	\$ ----- 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
172	----- ----- -----	\$ ----- 50,272.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
173	----- ----- -----	\$ ----- 10,078.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
174	----- ----- -----	\$ ----- 5,083.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CHILDREN'S MEDICAL CENTER

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
172	STOCK _____ _____ _____	\$ 50,272.	06/30/2012
173	STOCK _____ _____ _____	\$ 10,078.	06/30/2012
174	STOCK _____ _____ _____	\$ 5,083.	06/30/2012
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization CHILDREN'S MEDICAL CENTER

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

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.**

2011

Open to Public Inspection

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 CHILDREN'S MEDICAL CENTER	Employer identification number 31-0672132
---	--

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2011

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

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

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 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

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

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C SUPPLEMENTAL INFORMATION

SCHEDULE C, PART II-B

LINE 1F:

OHIO HOSPITAL ASSOCIATION	\$3,084
OHIO CHILDREN'S HOSPITAL ASSOCIATION	\$141,611
NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS	\$18,033
TOTAL:	\$162,728

LINE 1G:

MANAGEMENT TIME	\$13,513
NACH 2012 FAMILY ADVOCACY DAYS	\$2,773
TOTAL:	\$16,286

LINE 1H:

MANAGEMENT TIME	\$1,019
CONSULTING EXPENSE	\$17,265
PRINTING AND SUPPLIES	\$250
TOTAL:	\$18,534

TOTAL LINE 1J:	\$197,548
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990. See separate instructions.

Name of the organization

CHILDREN'S MEDICAL CENTER

Employer identification number

31-0672132

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two Yes/No questions regarding donor advisement.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions about purpose of easements, monitoring, and expenses.

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.

Table with 3 columns: Line number, Description, Amount. Includes questions about reporting art and historical treasures.

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

Schedule D (Form 990) 2011

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 XIV.

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?

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?

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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIV.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g Balance and changes.

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 %

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

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

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

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

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a-1e Land, Buildings, Leasehold improvements, Equipment, Other.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) HIRTLE CALLAGHAN-OFFSHORE	11,328,041.	FMV
(B) HIRTLE CALLAGHAN-COMMODITIES	10,501,353.	FMV
(C) HIRTLE CALLAGHAN-REAL ESTATE	2,262,527.	FMV
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	24,091,921.	

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) RESERVE FOR PROFESSIONAL LIABILITY	5,658,596.
(3) ESTIMATED REIMB/MEDICAID PROGRAMS	251,075.
(4) PENSION LIABILITY	1,345,904.
(5) DEFERRED COMPENSATION PAYABLE	1,677,810.
(6) SERP PENSION ACCRUAL	3,947,547.
(7) REINSURANCE	2,841,461.
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	15,722,393.

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

Table with 10 rows for reconciliation of net assets. Columns include description, line number, and a blank column for values.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows for revenue reconciliation, including sub-rows (a-e) for adjustments. Columns include description, sub-row labels, and a blank column for values.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows for expense reconciliation, including sub-rows (a-e) for adjustments. Columns include description, sub-row labels, and a blank column for values.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Horizontal dashed lines for providing supplemental information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

SUPPLEMENTAL INFORMATION

PART V, LINE 4

THE ENDOWMENTS ARE HELD BY THE CHILDREN'S MEDICAL CENTER FOUNDATION, A
SUBSIDIARY OF CHILDREN'S MEDICAL CENTER. THE FUNDS ARE USED EXCLUSIVELY
TO SUPPORT CHILDREN'S MEDICAL CENTER 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 F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

CHILDREN'S MEDICAL CENTER

31-0672132

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN	1.	2.	INVESTMENTS		54,245,472.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	1.	2.			54,245,472.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1.	2.			54,245,472.

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

Schedule F (Form 990) 2011

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
 Part II can be duplicated if additional space is needed.

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

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

3 Enter total number of other organizations or entities

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

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

Part IV Foreign Forms

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

Part V **Supplemental Information**

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

CHILDREN'S MEDICAL CENTER

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Employer identification number

31-0672132

Part I

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" 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		GALA	2.		
		(event type)		(event type)	(total number)		
Revenue	1	Gross receipts	145,981.	125,125.	83,906.	355,012.	
	2	Less: Charitable contributions	9,100.	10,220.	0	19,320.	
	3	Gross income (line 1 minus line 2)	136,881.	114,905.	83,906.	335,692.	
Direct Expenses	4	Cash prizes			0		
	5	Noncash prizes			999.	999.	
	6	Rent/facility costs	22,703.		5,080.	27,783.	
	7	Food and beverages	12,037.	19,442.	4,148.	35,627.	
	8	Entertainment		1,000.	0	1,000.	
	9	Other direct expenses	5,792.	13,442.	1,560.	20,794.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)					(86,203.)
	11	Net income summary. Combine line 3, column (d), and line 10					249,489.

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	1	Gross revenue						
Direct Expenses	2	Cash prizes						
	3	Noncash prizes						
	4	Rent/facility costs						
	5	Other direct expenses						
	6	<input type="checkbox"/>	Yes _____%	<input type="checkbox"/>	Yes _____%	<input type="checkbox"/>	Yes _____%	
	<input type="checkbox"/>	No	<input type="checkbox"/>	No	<input type="checkbox"/>	No		
	7	Direct expense summary. Add lines 2 through 5 in column (d)					()	
	8	Net gaming income summary. Combine line 1, column d, and line 7						

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization CHILDREN'S MEDICAL CENTER	Employer identification number 31-0672132
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Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
1b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) to determine 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 Did the organization use FPG to determine 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	
c If the organization did not use FPG to determine 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, to determine eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
6b If "Yes," did the organization make it available to the public?	X	

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
a Financial Assistance at cost (from Worksheet 1)			651,018.		651,018.	.35
b Medicaid (from Worksheet 3, column a)			93,167,651.	82,984,886.	10,182,765.	5.40
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			93,818,669.	82,984,886.	10,833,783.	5.75
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			375,652.		375,652.	.20
f Health professions education (from Worksheet 5)			3,675,203.	3,067,407.	607,796.	.33
g Subsidized health services (from Worksheet 6)			14,409,850.	5,985,690.	8,424,160.	4.54
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			174,840.		174,840.	.09
j Total. Other Benefits			18,635,545.	9,053,097.	9,582,448.	5.16
k Total. Add lines 7d and 7j.			112,454,214.	92,037,983.	20,416,231.	10.91

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule H (Form 990) 2011

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			777.		777.	
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members			3,927.		3,927.	
6 Coalition building			1,353.		1,353.	
7 Community health improvement advocacy			19,193.		19,193.	.01
8 Workforce development			18,805.		18,805.	.01
9 Other						
10 Total			44,055.		44,055.	.02

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?
- 2 Enter the amount of the organization's bad debt expense
- 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.

	Yes	No
1		X
2		
3		
5		
6		
7		
9a	X	
9b	X	

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME)
- 6 Enter Medicare allowable costs of care relating to payments on line 5
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall)
- 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:
 Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

- 9a Did the organization have a written debt collection policy during the tax year?
- 9b 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

Part IV Management Companies and Joint Ventures (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 listed in Part V, Section A)

Name of Hospital Facility: CHILDRENS MEDICAL CENTER

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 If "Yes," indicate what the Needs Assessment describes (check all that apply):	1	
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 <u> </u> <u> </u>		
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	5	
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
Financial Assistance Policy			
8	Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u>1</u> <u>0</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	9	X

Part V Facility Information (continued) CHILDRENS MEDICAL CENTER

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

Billing and Collections

14 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	
15 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):		
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued) CHILDRENS MEDICAL CENTER

Policy Relating to Emergency Medical Care

		Yes	No
18	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?	X	
If "No," indicate why:			
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?		X
If "Yes," explain in Part VI.			
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient?		X
If "Yes," explain in Part VI.			

Part V Facility Information (continued)**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 10

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

Schedule H (Form 990) 2011

Part VI Supplemental Information

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SCHEDULE H PART VI

PART I, LINE 7G

DAYTON CHILDREN'S INCLUDED \$14,409,850 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

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

-CASH AND IN KIND CONTRIBUTIONS WERE VALUED AT THE ACTUAL CASH COSTS, INCLUDING DIRECTLY ASSIGNABLE PAYROLL COSTS, RELATED TO THESE ACTIVITIES.

NO OVERHEAD ALLOCATION WAS CHARGED TO ANY AMOUNT INCLUDED IN THIS COMPUTATION.

PART III, LINE 4:

THE COSTING METHODOLOGY USED IN PREPARATION OF BAD DEBT ATTRIBUTABLE TO PATIENT ACCOUNTS IS THE COST TO CHARGE RATIO, RATIO OF PATIENT COST-TO-CHARGE. THE CHILDREN'S MEDICAL CENTER'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

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THE REPORTED AMOUNTS OF REVENUE AND EXPENSES DURING THE REPORTD PERIOD.

LIKewise, AN ALLOWANCE FOR BAD DEBT IS SHOWN ON THE BALANCE SHEET UNDER

THE SAME PRINCIPLE AFFECTING THE REPORTED AMOUNTS OF ASSETS AND

LIABILITIES DURING THE REPORTED PERIOD.

PART III, LINE 8:

THE COSTS REPORTED FOR SERVICES PROVIDED TO MEDICARE PATIENTS COME FROM SCHEDULE E OF THE FACILITY'S COST REPORT AS FILED. SINCE CHILDREN'S MEDICAL CENTER 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 BEFORE SERVICES ARE PROVIDED THROUGH MEANS SUCH AS ONSITE FINANCIAL COUNSELORS AND BROCHURES PROVIDED IN THE REGISTRATION

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AREAS. EACH OF THESE AVENUES OF COMMUNICATION INCLUDES DETAILED

INSTRUCTIONS ON HOW PATIENTS AND FAMILIES MAY APPLY FOR ASSISTANCE.

THE HOSPITAL'S POLICIES ON BILLING AND COLLECTIONS SPECIFY WHEN

COLLECTION ACTION MAY BE TAKEN AND MAKES IT CLEAR THAT THESE MEASURES

WILL ONLY OCCUR AFTER DAYTON CHILDREN'S HAS MADE REASONABLE EFFORTS TO

CONTACT A FAMILY ABOUT ITS BILL AND THE AVAILABILITY OF FINANCIAL

ASSISTANCE PROGRAMS. THESE PRACTICES APPLY TO ALL PATIENTS IN GENERAL,

NOT ONLY PATIENTS WHO MIGHT BE ELIGIBLE FOR FINANCIAL ASSISTANCE.

IN ADDITION, PATIENTS ARE INFORMED OF THE AVAILABILITY OF FINANCIAL

ASSISTANCE PROGRAMS THROUGH SIGNS DISPLAYED IN REGISTRATION AREAS AND

THROUGH MESSAGES APPEARING ON BILLING STATEMENTS MAILED BY THE HOSPITAL.

FINALLY, THE HOSPITAL EMPLOYS ON-SITE FINANCIAL COUNSELORS WHO CONTACT

PATIENTS WITHOUT COVERAGE IN ORDER TO DISCUSS THEIR ELIGIBILITY FOR

FINANCIAL ASSISTANCE PROGRAMS VIA PHONE OR THROUGH FACE-TO-FACE

INTERVIEWS. THESE FINANCIAL COUNSELORS WILL ASSIST FAMILIES IN APPLYING

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FOR FINANCIAL ASSISTANCE PROGRAMS IF DESIRED.

PART V: SECTION B, LINE 19D

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

PART V:

DAYTON CHILDREN'S HAS 10 HEALTH CARE FACILITIES OTHER THAN THOSE REQUIRED TO BE LICENSED, REGISTERED, OR SIMILARLY RECOGNIZED AS A HEALTH CARE FACILITY UNDER STATE LAW. WE HAVE 5 TESTING CENTERS, 4 OFFSITE CLINICS, AND 1 URGENT CARE CENTER (50 % OWNED).

#2. NEEDS ASSESSMENT

DESCRIBE HOW THE ORGANIZATION ASSESSES THE HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES. IMPROVING THE HEALTH STATUS OF CHILDREN IS A KEY COMPONENT OF THE CHILDREN'S MEDICAL CENTER OF DAYTON'S MISSION. TO HELP

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

WE WORKED WITH SCHWARTZ CONSULTING PARTNERS AND COMMUNITY HEALTH ADVOCATES, SUCH AS THE WRIGHT STATE SCHOOL OF MEDICINE, CARESOURCE, READYSETSOAR AND PUBLIC HEALTH DAYTON & MONTGOMERY COUNTY TO DEVELOP THE QUESTIONNAIRE. THE SURVEY WAS ADMINISTERED ONLINE AND VIA TELEPHONE TO 600 PARENTS WITH CHILDREN UNDER 14 YEARS OF AGE IN OUR SERVICE AREA TO REPRESENT THE COMMUNITY SERVED BY THE HOSPITAL.

NOTE: PREVIOUS WAVES OF THE ASSESSMENT HAVE BEEN CONDUCTED EXCLUSIVELY USING RANDOM TELEPHONE INTERVIEWING. HOWEVER IN RECENT YEARS THE PROPORTION OF FAMILIES WHO RELY EXCLUSIVELY ON MOBILE PHONES HAS INCREASED DRAMATICALLY, LEADING TO DECLINES IN TELEPHONE SURVEY RESPONSES, ESPECIALLY AMONG PARENTS OF YOUNG CHILDREN. THIS HAS LED HEALTH AND EPIDEMIOLOGICAL ORGANIZATIONS SUCH AS THE NATIONAL CENTER FOR

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HEALTH STATISTICS TO RECOMMEND MIXED ONLINE AND TELEPHONE SAMPLING METHODS. THE COMBINATION OF ONLINE AND TELEPHONE SAMPLING METHODS, COUPLED WITH DEMOGRAPHIC WEIGHTING, ALLOWED THIS STUDY TO COME WITHIN ONE OR TWO PERCENTAGE POINTS OF THE MOST RECENT CENSUS FIGURES FOR KEY DEMOGRAPHIC STATISTICS FOR THE MIAMI VALLEY AREA (BASED ON 2009 U.S. CENSUS RESULTS FOR 13 COUNTIES SERVED BY DAYTON CHILDREN'S).

THE HOSPITAL USES THE INSIGHT FROM THE ASSESSMENT TO LEARN MORE ABOUT THE HEALTH STATUS OF THE REGION'S CHILDREN, TO DETERMINE A COURSE OF ACTION TO MEET THEIR NEEDS, AND TO IMPROVE CHILDREN'S QUALITY OF LIFE AND GIVE CHILDREN A VOICE REGARDING THEIR HEALTH AND SAFETY.

OUR 2011 STUDY REVEALS THREE AREAS REQUIRING GREATER ATTENTION:

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

THESE AREAS SUGGEST A FOCUS FOR THE REGION'S PEDIATRIC HEALTH AGENDA FOR

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THE COMING YEARS, PARTICULARLY IN AREAS WHERE WE ARE ABLE TO PREVENT THE PREVENTABLE. THESE FINDINGS ARE USED TO PLAN MUCH OF OUR COMMUNITY HEALTH AND OUTREACH PROGRAMMING.

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

BECAUSE THE 2011 REGIONAL PEDIATRIC HEALTH ASSESSMENT TAKES A LOOK AT A

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VARIETY OF ISSUES FACING THE STATUS OF CHILDREN'S HEALTH IN OUR COMMUNITY, THERE ARE MANY ISSUES WE ARE UNABLE TO ADDRESS FOR A VARIETY OF REASONS. FOR INSTANCE, WE KNOW MENTAL HEALTH ISSUES ARE A KEY CONCERN IN OUR COMMUNITY, BUT GIVEN OUR RESOURCE THIS AN ISSUE WE ARE CURRENTLY UNABLE TO ADDRESS. DENTAL HEALTH IS ALSO A CONCERN, BUT CURRENTLY THIS IS ANOTHER AREA WITH LIMITED RESOURCES.

THIS SURVEY IS VERY ROBUST AND ONE OF THE FEW ASSESSMENTS THAT DIRECTLY ADDRESSES CHILDREN'S HEALTH NEEDS AND PARENT PERCEPTIONS IN OUR COMMUNITY. DAYTON CHILDREN'S SHARES THE DATA WITH COMMUNITY LEADERS AND POTENTIAL PARTNERS SO THAT ADDITIONAL PROGRAMMING CAN BE DEVELOPED THROUGHOUT OUR REGION. THE ASSESSMENT IS INTENDED TO PROVIDE COMMUNITY HEALTH ADVOCATES WITH A GUIDE TO THE HEALTH ISSUES IMPACTING THE REGION'S CHILDREN AND TO SUGGEST SOME AREAS OF FOCUS FOR FUTURE PROGRAMMING AND EDUCATION BEYOND THE WALLS OF DAYTON CHILDREN'S.

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THE HOSPITAL'S POLICIES ON BILLING AND COLLECTIONS SPECIFY WHEN COLLECTION ACTION MAY BE TAKEN AND MAKES IT CLEAR THAT THESE MEASURES WILL ONLY OCCUR AFTER DAYTON CHILDREN'S HAS MADE REASONABLE EFFORTS TO CONTACT A FAMILY ABOUT ITS BILL AND THE AVAILABILITY OF FINANCIAL ASSISTANCE PROGRAMS. THESE PRACTICES APPLY TO ALL PATIENTS IN GENERAL, NOT ONLY PATIENTS WHO MIGHT BE ELIGIBLE FOR FINANCIAL ASSISTANCE.

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

FINALLY, THE HOSPITAL EMPLOYS ON-SITE FINANCIAL COUNSELORS WHO CONTACT

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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

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

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

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

WE ARE THE ONLY PEDIATRIC HEALTH CARE PROVIDER AND THE LARGEST PROVIDER OF MEDICAL CARE TO LOW-INCOME CHILDREN IN THE REGION. CURRENTLY, WE SERVE A DISPROPORTIONATE SHARE OF CHILDREN FROM LOW-INCOME FAMILIES. CURRENTLY, 53% OF THE PATIENTS AT DAYTON CHILDREN'S ARE COVERED BY MEDICAID. IN ADDITION, DAYTON CHILDREN'S SERVES AS THE PEDIATRIC RESOURCE FOR MILITARY FAMILIES STATIONED AT NEARBY WRIGHT-PATTERSON AIR FORCE BASE. DAYTON CHILDREN'S HAS ALWAYS BELIEVED THAT INFANTS, CHILDREN AND TEENS NEED TO BE CARED FOR BY PEDIATRIC SPECIALISTS IN A PEDIATRIC FACILITY. WITH IMPROVED ACCESS TO PEDIATRIC SPECIALTY SERVICES, WE ARE ABLE TO PROVIDE EXPERT CARE TO MORE THAN 290,000 CHILDREN IN OUR 20-COUNTY REGION. OUR

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OUTPATIENT AND ALTERNATIVE SERVICES, INCLUDING PEDIATRIC LABORATORY AND IMAGING, COMPLEMENT OUR INPATIENT SERVICES. MANY PROGRAMS HAVE RECEIVED CERTIFICATIONS AND ACCREDITATIONS FROM ORGANIZATIONS SETTING THE STANDARDS OF QUALITY CARE; OUR SCORES FROM THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS ARE CONSISTENTLY AMONG THE NATION'S HIGHEST.

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

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

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

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EXPERTISE INTO THE COMMUNITY TO SOLVE PROBLEMS AND CREATE A HEALTHY COMMUNITY FOR OUR CHILDREN. OUR COMMUNITY RELATIONSHIPS DEMONSTRATE OUR COMMITMENT TO THE DAYTON AND SURROUNDING COMMUNITY - A COMMUNITY WE HAVE CALLED HOME FOR OVER 40 YEARS. DAYTON CHILDREN'S IS COMMITTED TO WORKING WITH OUR MANY VALUED PARTNERS TO HELP ENSURE DAYTON REMAINS A GREAT CITY TO LIVE, WORK AND PLAY.

DAYTON CHILDREN'S WORKS TO EDUCATE THE COMMUNITY ABOUT THE UNIQUENESS OF PEDIATRIC HEALTH CARE. OUR STAFF SERVES ON PROFESSIONAL ORGANIZATIONS AND HEALTHCARE ADVISORY BOARDS TO MAKE SURE CHILDREN'S HEALTH ISSUES ARE NOT FORGOTTEN AND TO EDUCATE FUTURE CLINICIANS ABOUT PEDIATRIC ISSUES.

PROFESSIONAL ORGANIZATIONS AND ADVISORY BOARDS INCLUDE AMERICAN ORGANIZATIONS OF NURSE EXECUTIVES, ASSOCIATION FOR WOMEN'S HEALTH OBSTETRIC AND NEONATAL NURSING, COMMUNITY BLOOD CENTER/COMMUNITY TISSUE SERVICES BOARD, DAYTON ORGANIZATION OF NURSING EXECUTIVES, OAKWOOD BOARD OF HEALTH, OHIO ACTION COALITION (THE FUTURE OF NURSING), OHIO ORGANIZATION OF NURSING EXECUTIVES, SOUTH CENTRAL ASSOCIATION OF CLINICAL MICROBIOLOGY, AND THE SOUTHWEST OHIO HEMOPHILIA FOUNDATION.

AS IT IS NATIONALLY, OBESITY CONTINUES TO BE A MAJOR PEDIATRIC HEALTH

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CONCERN FOR OUR REGION. ACCORDING TO OUR 2011 REGIONAL PEDIATRIC HEALTH ASSESSMENT, 37 PERCENT OF THE REGION'S CHILDREN ARE OVERWEIGHT OR OBESE. IN ADDITION, 34 PERCENT OF PARENTS IDENTIFIED NUTRITION AND DIET AS THE NUMBER-ONE COMMUNITY HEALTH ISSUE FACING CHILDREN YOUNGER THAN AGE 15. THROUGH COMMUNITY BUILDING ACTIVITIES WITH ORGANIZATIONS SUCH AS GET UP MONTGOMERY COUNTY, CREATING HEALTHY COMMUNITIES COALITION, HEALTHY PEOPLE OUTCOMES COMMITTEE, YMCA AND OHIO ACTION FOR HEALTHY KIDS, WE HAVE WORKED WITH PARTNERS TO ADDRESS THIS COMMUNITY ISSUE. DAYTON CHILDREN'S PROVIDES UNIQUE PEDIATRIC EXPERTISE RELATING TO CHILDHOOD OBESITY AND ITS COMORBIDITIES IN ORDER TO GIVE PARENTS AND CHILDREN IN OUR COMMUNITY ACTIONABLE TIPS AND TOOLS TO REDUCE CHILDHOOD OBESITY IN OUR REGION. ANOTHER FINDING OF OUR REGIONAL PEDIATRIC HEALTH ASSESSMENT WAS THAT ALLERGIES AFFECT 10 PERCENT OF OUR PEDIATRIC POPULATION AND THAT ASTHMA AFFECTS 9.2 PERCENT OF THE PEDIATRIC POPULATION. IN ADDITION, 7 PERCENT OF CHILDREN HAVE BEEN DIAGNOSED WITH DEVELOPMENTAL DELAYS/LEARNING DISABILITIES. IN ADDITION TO PROVIDING COMMUNITY HEALTH IMPROVEMENT SERVICES THAT ADDRESS THESE ISSUES, DAYTON CHILDREN'S WORKS WITH A VARIETY OF COMMUNITY PARTNERS SUCH AS THE AMERICAN CANCER SOCIETY,

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GOODWILL EASTER SEALS, OHIO ASTHMA COALITION, SEIZURE EDUCATION CLASS AND SUPPORT GROUPS, EPILEPSY FOUNDATION OF WESTERN OHIO, AND THE SPEAK LANGUAGE HEARING ASSOCIATION GOVERNMENT AFFAIRS COALITION TO GIVE PARENTS AND CHILDREN IN OUR SERVICE AREA GREATER RESOURCES TO ADDRESS SPECIAL NEEDS ISSUES.

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

BEYOND PARTICIPATION IN ORGANIZATIONS THAT DIRECTLY IMPACT CHILDREN AND

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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 COMMUNITY ASSET BOARD, MONTGOMERY COUNTY FAMILY, AND CHILDREN'S FIRST, UNIVERSITY OF DAYTON CENTER FOR CATHOLIC EDUCATION URBAN 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.

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

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-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.

AS A NOT-FOR-PROFIT HOSPITAL, WE KNOW THAT STATUS COMES WITH A PRICE; THE PRICE IS THAT WE MUST ALWAYS DO WHAT IS IN THE BEST INTEREST OF THE PATIENTS AND THE COMMUNITY. DAYTON CHILDREN'S IS A LEADER IN IMPROVING ACCESS TO HEALTH INSURANCE FOR CHILDREN AND FAMILIES THROUGH ITS ADVOCACY EFFORTS. WE HAVE 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.

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DAYTON CHILDREN'S HEALTH CLINIC IS A PRIMARY CARE PROVIDER FOR MANY OF THE REGION'S INFANTS, CHILDREN AND TEENS. NOT ONLY IS CHILDREN'S HEALTH CLINIC A "SAFETY NET" FOR MANY FAMILIES WITH OVER 16,000 VISITS EACH YEAR, BUT 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 60 MEDICAL RESIDENTS FROM THE WRIGHT STATE UNIVERSITY BOONSHOFT SCHOOL OF MEDICINE. IN ADDITION, DAYTON CHILDREN'S HOUSES THIS COUNTRY'S ONLY CIVILIAN/MILITARY INTEGRATED PEDIATRIC RESIDENCY PROGRAM WITH WRIGHT PATTERSON AIR FORCE BASE. PHYSICIANS TRAINED AT DAYTON CHILDREN'S ARE SAVING LIVES THROUGHOUT THE WORLD. TRAINING RESIDENT PHYSICIANS INVOLVES SIGNIFICANT COSTS FAR BEYOND THOSE USUALLY ASSOCIATED WITH PATIENT CARE - HOWEVER WE KNOW THAT TRAINING THE NEXT GENERATION OF HEALTH CARE WORKERS IS ESSENTIAL TO THE OVERALL HEALTH OF OUR COMMUNITY.

AT DAYTON CHILDREN'S, 100 PERCENT OF OUR ACTIVE STAFF PHYSICIANS ARE

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BOARD CERTIFIED OR BOARD ELIGIBLE IN AT LEAST ONE KEY PEDIATRIC SPECIALTY AREA. THESE PEDIATRIC SPECIALISTS ARE THE CORE OF OUR CENTERS OF EXCELLENCE.

-THERE ARE 11 ACCREDITED PEDIATRIC CANCER CARE PROGRAMS IN THE NATION HOUSED IN FREE-STANDING CHILDREN'S HOSPITAL - DAYTON CHILDREN'S COMPREHENSIVE CARE CENTER OF CANCER AND BLOOD DISORDERS IS ONE OF THEM. THIS MEANS WE SHARE THE LATEST PROTOCOLS, RESEARCH AND CLINICAL TRIALS SO A CHILD WITH CANCER IN DAYTON GETS THE SAME CARE AS HE OR SHE WOULD AT ANY OTHER TOP CENTER IN THE COUNTRY.

-OUR DESIGNATED LEVEL III NICU PROVIDES A STATE-OF-THE-ART, DEVELOPMENTALLY-CENTERED UNIT WHICH OFFERS A FULL RANGE OF NEWBORN CARE, INCLUDING EMERGENCY AND CONTINUING CARE FOR PREMATURE AND CRITICALLY ILL NEWBORNS.

-DAYTON CHILDREN'S HOUSES THE REGIONAL CENTERS FOR CYSTIC FIBROSIS, HEMOPHILIA AND SICKLE CELL

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

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-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.

OUR SOIN PEDIATRIC TRAUMA AND EMERGENCY CENTER (PTEC) IS THE REGION'S ONLY PEDIATRIC TRAUMA CENTER AND AN ACCREDITED LEVEL II PEDIATRIC TRAUMA CENTER; THE CLOSEST PEDIATRIC TRAUMA CENTER IS 53 MILES SOUTH. CHILDREN COME TO PTEC TO RECEIVE TREATMENT FOR COMMON, EVERYDAY EMERGENCIES - BREATHING DIFFICULTIES AND ASTHMA, SEIZURES AND DEHYDRATION - AS WELL AS TRAUMA CONDITIONS RESULTING FROM MOTOR VEHICLE CRASHES, BURNS, NEAR DROWNS, PLAYGROUND- AND SPORTS-RELATED ACCIDENTS, FRACTURES AND CHILD ABUSE. THESE CHILDREN NEED CARE FROM STAFF TRAINED TO USE CHILD-SIZED

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MEDICAL EQUIPMENT, PEDIATRIC PROTOCOLS THAT LIMIT RADIATION EXPOSURE AND WEIGHT-BASED MEDICATION DOSAGES. EMERGENCY ROOMS AT ADULT HOSPITALS ARE NOT WELL EQUIPPED OR STAFFED TO CARE FOR SERIOUSLY ILL CHILDREN. THESE FACILITIES MAY PROVIDE INITIAL, STABILIZING TREATMENT, BUT OFTEN THE NEXT STEP IS CONTACTING DAYTON CHILDREN'S TO PROVIDE A HIGHER LEVEL OF CARE. PTEC'S SERVICES CAN MAKE THE DIFFERENCE BETWEEN LIFE AND DEATH SINCE STUDIES SHOW THAT CHILDREN HAVE A HIGHER SURVIVAL RATE AT PEDIATRIC TRAUMA CENTERS THAN AT ADULT TRAUMA CENTERS. HOSPITAL WIDE, 50 PERCENT OF PATIENTS ARE ON MEDICAID. BUT AT PTEC, THE MAJORITY OF PATIENTS - 60 PERCENT - RELY ON MEDICAID, WHICH IS REIMBURSED AT JUST HALF THE AMOUNT OF COMMERCIAL INSURANCE; AN ADDITIONAL 4 PERCENT OF PTEC PATIENTS HAVE NO INSURANCE AT ALL. NEVERTHELESS, DAYTON CHILDREN'S IS COMMITTED TO TREATING ALL CHILDREN, REGARDLESS OF ABILITY TO PAY, AND SUBSIDIZES THE CARE OF UNINSURED OR UNDERINSURED CHILDREN. THAT'S WHY WE ARE KNOWN THROUGHOUT THE REGION AS A SAFETY NET FOR LOW-INCOME AND UNEMPLOYED FAMILIES.

TO PROVIDE THE BEST CARE FOR CHILDREN, DAYTON CHILDREN'S OFFERS MANY CLINICAL PROGRAMS DESPITE FINANCIAL LOSS BECAUSE THEY MEET AN IDENTIFIED

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

COMMUNITY HEALTH NEED. THESE SPECIALTY PROGRAMS INCLUDE PEDIATRIC PULMONARY, ENDOCRINOLOGY, HEMATOLOGY/ONCOLOGY, GASTROENTEROLOGY, PSYCHIATRY, NEPHROLOGY, UROLOGY, SURGERY, CHILD ABUSE, NEUROLOGY, DEVELOPMENTAL PEDIATRICS, OUR SPECIALTY CLINIC AND OUR CHILDREN'S HEALTH CLINIC.

DAYTON CHILDREN'S JOINS WITH OTHER CHILDREN'S HOSPITALS ACROSS THE COUNTRY TO ADDRESS ISSUES UNIQUE TO THE POPULATION THAT WE SERVE. WE WORK WITH THE CHILD HEALTH CARE CORPORATION OF AMERICA, THE OHIO CHILDREN'S HOSPITAL ASSOCIATION (OCHA), OHIO HOSPITAL ASSOCIATION (OHA), AND THE NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS (NACHRI) TO MAKE SURE THAT CHILDREN HAVE A VOICE IN THE POLICY MATTERS. IN THE HEALTH CARE REFORM CONVERSATION WE MAKE SURE THAT CHILDREN'S ISSUES SUCH AS ACCESS TO APPROPRIATE CARE ARE NOT FORGOTTEN.

DAYTON CHILDREN'S COMMITMENT TO CARING FOR CHILDREN BEYOND OUR WALLS AND IN THE COMMUNITY IS A KEY PART OF OUR MISSION. OUR COMMUNITY HEALTH IMPROVEMENT SERVICES ALLOW US TO PREVENT INJURIES, IMPROVE HEALTH LITERACY AND ENGAGE THE COMMUNITY ON IMPORTANT HEALTH INITIATIVES.

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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DAYTON CHILDREN'S FURTHER SUPPORTS COMMUNITY EFFORTS TO IMPROVE THE HEALTH AND SAFETY OF CHILDREN THROUGHOUT THE REGION THROUGH DONATIONS AND SPONSORSHIPS MADE TO PROGRAMS THAT SUPPORT, HELP AND IMPROVE THE HEALTH STATUS OF CHILDREN AND IMPROVE THE QUALITY OF LIFE FOR CHILDREN AND THEIR FAMILIES. DAYTON CHILDREN'S HAS ASSISTED THE FOLLOWING: A SPECIAL WISH, AMERICAN CANCER SOCIETY, AMERICNA RED CROSS, ARTEMIS, CLOTHES THAT WORK, CRAYONS TO CLASSROOMS, CF FOUNDATION, EPILEPSY FOUNDATION, FAMILY SERVICES, FOR LOVE OF CHILDREN, JUVENILE DIABETES RESEARCH FOUNDATION, LEUKEMIA & LYMPHOMA SOCIETY, MARCH OF DIMES, NCCJ, UNITED REHABILITATION. IN ADDITION, WE HAVE SUPPORTED COMMUNITY YOUTH SPORTS TEAMS.

KEY INITIATIVES IN 2011 -2012

PATIENT SAFETY INITIATIVE

BECAUSE KIDS COUNT, DAYTON CHILDREN'S HAS JOINED THE SEVEN OTHER OHIO CHILDREN'S HOSPITALS IN A COLLABORATIVE TO REDUCE SERIOUS SAFETY EVENTS (SSES) BY 95 PERCENT BY DECEMBER 31, 2015. THIS WORK WILL FURTHER

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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ESTABLISH OHIO CHILDREN'S HOSPITALS AT THE FOREFRONT NATIONALLY. TO OUR KNOWLEDGE, THIS IS THE FIRST TIME A STATEWIDE COLLABORATIVE HAS FOCUSED ON REDUCTION OF SSES AND CREATION OF A STATEWIDE PATIENT HARM INDEX FOR CHILDREN. SSES ARE DEVIATIONS FROM STANDARD CARE RESULTING IN SEVERE HARM. A SUBSTANTIAL REDUCTION IN SSES IN OHIO'S CHILDREN'S HOSPITAL WILL TAKE UNNECESSARY COSTS OUT OF THE HEALTH CARE SYSTEM AND - MOST IMPORTANTLY - SAVE COUNTLESS LIVES.

IN FEBRUARY 2011, OUR PATIENT SAFETY JOURNEY BEGAN WHEN 100 STAFF MEMBERS MET WITH REPRESENTATIVES FROM HEALTHCARE PERFORMANCE IMPROVEMENT (HPI) TO START AN AMBITIOUS PATIENT SAFETY COLLABORATIVE CALLED OHIO CHILDREN'S HOSPITALS SOLUTIONS FOR PATIENT SAFETY (OCHSPS). HPI IS AN ORGANIZATION THAT SPECIALIZES IN HELPING HOSPITALS DEVELOP HIGHLY RELIABLE PROCESSES AND A CULTURE THAT SUPPORTS ALL STAFF ADDRESSING PATIENT SAFETY ISSUES. HPI BELIEVE THAT GOOD SYSTEMS CREATE GOOD PERFORMANCE ROUTINELY - NOT JUST NOW AND THEN. DURING THIS FISCAL YEAR, EVERY STAFF MEMBER RECEIVED ERROR PREVENTION TRAINING AS PART OF THIS IMPORTANT INITIATIVE.

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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MEADWESTVACO FAMILY RESOURCE CENTER

IN JANUARY 2012, DAYTON CHILDREN'S RENOVATED OUR MEADWESTVACO RESOURCE CENTER (FSC), FURTHERING OUR COMMITMENT TO IMPROVING THE HEALTH LITERACY OF FAMILIES IN OUR COMMUNITY, THE FRC IS A FREE FAMILY LIBRARY THAT OFFERS BOOKS, DVDS, INTERNET ACCESS AND OTHER MATERIALS TO HELP PARENTS, FAMILIES, CAREGIVERS AND PARTNERS BETTER UNDERSTAND CHILD HEALTH, SAFETY AND PSYCHOSOCIAL ISSUES. THE CENTER ALSO OFFERS GUEST SERVICES SUCH AS FREE ACCESS TO INTERNET, FAX AND PHONES FOR FAMILIES OF CHILDREN BEING TREATED.

THE CENTER PROVIDES SUPPORT AND INFORMATION FOR PARENTS AND FAMILIES OF RECENTLY DIAGNOSED CHILDREN TO SUPPORT THEIR UNDERSTANDING OF THE ILLNESS OR CONDITION. THE FRC STAFF CAN PROVIDE INFORMATION TAILORED TO THE PARENTS' OR FAMILIES' NEEDS AND CAN CONNECT THEM TO SUPPORT GROUPS OR OTHER COMMUNITY RESOURCES. RESEARCH DEMONSTRATES THAT TRUSTED INFORMATION ABOUT A CHILD'S DIAGNOSIS AND TREATMENT HELP PARENTS AND FAMILIES BECOME MORE INVOLVED IN THEIR CHILD'S CARE, WHICH CONTRIBUTES TO QUALITY

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

OUTCOMES .

SCOLIOSIS SCREENING

DAYTON CHILDREN'S, AS AN ADVOCATE FOR THE COMMUNITY, HAS RECOGNIZED THE NEED FOR SCOLIOSIS SCREENING IN THE AREA SCHOOLS. DUE TO BUDGET CUTS IN MANY OF OUR LOCAL SCHOOLS, THE NURSES MUST FOREGO SCOLIOSIS SCREENING TO FOCUS ON IMMEDIATE MEDICAL NEEDS OF THE STUDENTS. REALIZEING THE IMPORTANCE OF SCOLIOSIS SCREENING, DAYTON CHILDREN'S HAS PARTNERED WITH THE SCHOOLS IN THE COUNTIES WE SERVE TO PROVIDE THIS VITAL SERVICE. DURING THE 2011-2012 SCHOOL YEAR WE SCREENED AT 53 SCHOOLS. TOTAL CHILDREN SCREENED WERE 5,768 CHILDREN WITH 480 POSITIVES NOTED. THERE HAVE BEEN 3 CHILDREN SCREENED THAT HAVE REQUIRED SURGERY DUE TO SUCH SEVERE SCOLIOSIS. THE SCHOOL NURSES ARE SO THANKFUL FOR THE ASSISTANCE THAT DAYTON CHILDREN'S HAS PROVIDED

MARCH TO MAGNET

DAYTON CHILDREN'S IS WORKING TOWARD MAGNET RECOGNITION FROM THE AMERICAN

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

NURSES CREDENTIALING CENTER (ANCC), THE WORLD'S LARGEST AND MOST PRESTIGIOUS CREDENTIALING CENTER. THE PROGRAM WAS DESIGNED TO RECOGNIZE EXCELLENCE IN NURSING PRACTICE. DAYTON CHILDREN'S BEGAN THE MAGNET JOURNEY IN AUGUST 2009, WHEN WE SUBMITTED OUR APPLICATION TO THE ANCC. AFTER ACCEPTING OUR APPLICATION, WE BEGAN EDUCATION OUR LEADERSHIP TEAM ABOUT MAGNET AND PREPARING OUR WRITTEN DOCUMENTATION THAT WAS SUBMITTED ON FEBRUARY 1, 2012. APRIL 30TH AND MAY 1ST, WE CONDUCTED A MOCK SITE VISIT WITH AN ANCC CONSULTANT, VICKI GEORGE, PHD. IN LATE MAY, WE RECEIVED NOTIFICATION FROM THE ANCC THAT WE NEEDED TO REVISE AND AMPLIFY OUR MAGNET DOCUMENTATION IN ORDER TO SCORE IN THE RANGE OF EXCELLENCE. WE HAV EENGAGED THE ASSISTANCE OF ANOTHER ANCC CONSULTANT, KATHLEEN STOLZENBERGER, PHD, TO ASSIST US WITH IMPROVING OUR DOCUMENTATION TO SCORE IN THE RANGE OF EXCELLENCE AND TO BE GRANTED A SITE VISIT. WE WILL RESUBMIT OUR MAGNET DOCUMENTATION ON FEBRUARY 1, 2013. THREE ANCC APPRAISERS WILL REVIEW OUR DOCUMENTATION FOR APPROXIMATELY FOUR MONTHS AND, PENDING APPROVAL, WILL COME TO DAYTON CHILDREN'S FOR A SITE VISIT TO SEE OUR EXCELLENT HOSPITAL. WE TENTATIVELY ANTICIPATE A FINAL DECISION FROM ANCC TO RECOGNIZE US AS A MAGNET HOSPITAL BY THE END OF 2013.

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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SCHEDULE H, PART VI, LINE 7

OHIO

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2011

**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.

Name of the organization

CHILDREN'S MEDICAL CENTER

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. Check this box if no one recipient 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)	GOODWILL EASTER SEALS 1511 KUNTZ RD DAYTON, OH 45404	37-0537112	501(C)(3)	10,000.				N/A
(2)	DAYTON SOCIETY OF NATURAL HISTORY 2600 DEWEESE PKWY DAYTON, OH 45414	31-0585917	501(C)(3)	10,000.				N/A
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

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

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

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

Schedule I (Form 990) (2011)

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	273.	59,845.			
2 MEALS/FOOD	459.	51,010.			
3 TRANSPORTATION	929.	42,404.			
4 RENT/UTILITIES	34.	24,438.			
5 SPECIAL EQUIPMENT	59.	15,376.			
6 OTHER	10.	3,214.			
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SUPPLEMENTAL INFORMATION

SCHEDULE I, PART I, LINE 2

THE FINANCE COMMITTEE AND COMMUNITY RELATIONS MANAGER APPROVE ALL GRANTS

AND CHARITABLE DONATIONS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

CHILDREN'S MEDICAL CENTER

Employer identification number

31-0672132

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. 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
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2011

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	(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, MD	(i)	0	0	0	0	0	0
	(ii)	426,926.	300.	75,068.	29,873.	22,027.	554,194.
2 DAVID KINSAUL	(i)	366,999.	150,645.	68,643.	341,496.	21,624.	949,407.
	(ii)	0	0	0	0	0	0
3 THOMAS MURPHY, MD	(i)	227,136.	53,456.	55,112.	151,631.	16,650.	503,985.
	(ii)	0	0	0	0	0	0
4 DAVID T. MILLER	(i)	202,001.	49,725.	49,324.	32,474.	22,157.	355,681.
	(ii)	0	0	0	0	0	0
5 LISA COFFEY	(i)	144,089.	30,256.	8,815.	20,143.	18,659.	221,962.
	(ii)	0	0	0	0	0	0
6 RENAE PHILLIPS	(i)	190,421.	39,564.	7,493.	77,946.	18,558.	333,982.
	(ii)	0	0	0	0	0	0
7 GREGORY RAMEY	(i)	155,163.	44,084.	31,593.	82,723.	22,700.	336,263.
	(ii)	0	0	0	0	0	0
8 VICKI GIAMBRONE	(i)	154,579.	37,212.	38,015.	28,452.	9,915.	268,173.
	(ii)	0	0	0	0	0	0
9 MATTHEW GRAYBILL	(i)	187,893.	37,060.	11,275.	81,114.	21,249.	338,591.
	(ii)	0	0	0	0	0	0
10 MARGARET HEMMEN	(i)	181,584.	300.	1,584.	12,726.	304.	196,498.
	(ii)	0	0	0	0	0	0
11 GREGORY HUFF	(i)	134,417.	7,124.	17,544.	11,260.	24,901.	195,246.
	(ii)	0	0	0	0	0	0
12 ELIZABETH FREDETTE	(i)	128,054.	6,113.	11,334.	10,421.	21,729.	177,651.
	(ii)	0	0	0	0	0	0
13 CYNTHIA BURGER	(i)	130,745.	6,465.	7,172.	10,202.	22,146.	176,730.
	(ii)	0	0	0	0	0	0
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Part III Supplemental Information

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

SUPPLEMENTAL INFORMATION

SCHEDULE J, PART I, QUESTION 4B

PARTICIPANTS IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN AND THE

INCREASE IN ACTUARIAL VALUE:

DAVID KINSAUL 336,738

DAVID MILLER 27,753

THOMAS MURPHY 146,783

GREGORY RAMEY 79,115

VICKI GIAMBRONE 24,687

MATTHEW GRAYBILL 77,241

RENAE PHILLIPS 74,087

LISA COFFEY 17,096

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

2011

Open To Public Inspection

Name of the organization

CHILDREN'S MEDICAL CENTER

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) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

- 2 Enter the amount of tax imposed on 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, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

1	(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
		To	From			Yes	No	Yes	No	Yes	No
		(1)									
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

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

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type 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) 2011

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CARRELL PICKOFF	SPOUSE OF TRUSTEE	16,494.	EMPLOYMENT		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2011

Open To Public Inspection

Name of the organization
CHILDREN'S MEDICAL CENTER

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.	63,521.	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) (2011)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SUPPLEMENTAL INFORMATION

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

CHILDREN'S MEDICAL CENTER

Employer identification number

31-0672132

SUPPLEMENTAL INFORMATION

FORM 990, PART III, LINE 4A

THE CHILDREN'S MEDICAL CENTER IS A PEDIATRIC HOSPITAL LOCATED IN DOWNTOWN DAYTON, OHIO. THE MEDICAL CENTER 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 ANCILLIARY 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, 2012, THE HOSPITAL'S MIX OF PATIENTS WAS 53.1% MEDICAID, 39.0% COMMERCIAL, 6.7% OTHER GOVERNMENT PROGRAMS AND 1.2% 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 SPECIALITIES OFFERED AT THE HOSPITAL ARE NEUROSURGERY, HEMATOLOGY/ONCOLOGY, PULMONARY, GASTROENTEROLOGY, NEUROLOGY, DEVELOPMENTAL DISORDERS, PSYCHOLOGY, ENDOCRINOLOGY, GENETICS, CARDIOLOGY, AND GENERAL SURGERY. WITHOUT CHILDREN'S MEDICAL CENTER, MANY CHILDREN IN THE AREA WOULD HAVE TO TRAVEL A GOOD DISTANCE TO RECEIVE THESE SERVICES. THE MEDICAL CENTER ALSO OFFERS A PEDIATRIC RESIDENCY PROGRAM THAT TRAINS NEW PEDIATRICIANS WHO WILL CARE FOR THE NEXT GENERATION OF CHILDREN. CHILDREN'S ALSO SPONSORS MANY COMMUNITY EVENTS WHERE CHILDREN'S HEALTH AND SAFETY ARE PROMOTED. SOME STATISTICS FOR THE FISCAL YEAR ENDING JUNE 30, 2012 ARE AS FOLLOWS:

OF BEDS: 155, INPATIENT DAYS: 28,868, ADMISSIONS: 6,952, AVERAGE LENGTH

Name of the organization CHILDREN'S MEDICAL CENTER	Employer identification number 31-0672132
---	--

OF STAY: 4.26 DAYS. AVERAGE DAILY CENSUS: 81 OCCUPANCY RATE: 52%,
 SURGERIES PERFORMED: 11,488, X-RAY STUDIES: 66,872, LAB TEST: 865,750,
 RESPIRATORY THERAPY PROCEDURES: 101,177, PHARMACY DOSES DISPENSED:
 3,525,382 CARDIOLOGY PROCEDURES: 37,471 NEUROLOGY PROCEDURES: 3,472,
 URGENT CARE VISITS: 14,630, EMERGENCY DEPARTMENT VISITS: 71,360,
 OUTPATIENT CLINICS: 75,442.

FORM 990, PART VI, LINES 11A

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 05/15/13.

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 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 CHILDREN'S MEDICAL CENTER'S MANY CONSTITUENTS. THE BOARD ANNUALLY EVALUATES ITS OWN PERFORMANCE.

Name of the organization CHILDREN'S MEDICAL CENTER	Employer identification number 31-0672132
---	--

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

COMPENSATION FOR THE HOSPITAL'S CHIEF EXECUTIVE OFFICER (CEO) IS SET BY AN EXECUTIVE COMPENSATION COMMITTEE (THE COMMITTEE) MADE UP OF THREE INDEPENDENT TRUSTEES WHO ARE ALSO OFFICERS OF THE BOARD. THIS COMMITTEE ALSO APPROVES COMPENSATION LEVELS, INCENTIVE PLAN PAYOUTS AND EXECUTIVE BENEFITS FOR EACH EXECUTIVE EMPLOYED BY THE HOSPITAL. THE COMMITTEE OPERATES UNDER A FORMAL CHARTER AND KEEPS CONTEMPORANEOUS MINUTES OF ITS PROCEEDINGS. THE COMMITTEE USES A TOTAL COMPENSATION PHILOSOPHY TO GUIDE ALL DECISIONS RELATED TO EXECUTIVE COMPENSATION AT DAYTON CHILDREN'S MEDICAL CENTER (DCMC), 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.

PART VI, LINE 19

Name of the organization CHILDREN'S MEDICAL CENTER	Employer identification number 31-0672132
---	--

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

FORM 990, PART VII

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

-ELIZABETH EY MD IS EMPLOYED BY DAYTON PEDIATRIC IMAGING. CHILDREN'S
MEDICAL CENTER CONTRACTS WITH DAYTON PEDIATRIC IMAGING FOR DR. EY TO
PROVIDE SERVICES AT CHILDREN'S MEDICAL CENTER AS THE MEDICAL DIRECTOR OF
RADIOLOGY.

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

FORM 990 PART XI

TOTAL ADJUSTMENT

UNREALIZED GAIN ON INVESTMENT (10,388,607)

TRANSFER TO CHILDREN'S

MEDICAL CENTER FOUNDATION (7,681,015)

NET ASSETS RELEASED FROM

RESTRICTIONS USED FOR PURCHASE OF

PROPERTY & EQUIPMENT 824,045

Name of the organization CHILDREN'S MEDICAL CENTER	Employer identification number 31-0672132
---	--

NET ASSETS RELEASED FROM RISTRCTIONS

-TEMPORARILY RESTRICTED NET ASSETS (2,892,891)

CHANGE IN PENSION BENEFIT OBLIGATION

AND PLAN ASSETS (16,917,478)

TOTAL (37,055,946)

ATTACHMENT 1

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
CHILDREN'S CARE GROUP 1 CHILDREN'S PLAZA DAYTON, OH 45404	PHYSICIAN SERVICES	11,419,992.
WRIGHT STATE PHYSICIANS PO BOX 1144 DAYTON, OH 45401	PHYSICIAN SERVICES	1,813,488.
DAYTON CHILDREN'S CARDIOLOGY 1 CHILDREN'S PLAZA DAYTON, OH 45404	PHYSICIAN SERVICES	1,716,612.
WRIGHT STATE UNIVERSITY PO BOX 927 DAYTON, OH 45401	PHYSICIAN SERVICES	1,302,399.
ORTHOPAEDIC CENTER FOR SPINAL & PED CARE 1 CHILDREN'S PLAZA DAYTON, OH 45404	PHYSICIAN SERVICES	409,178.
	TOTAL COMPENSATION	<u>16,661,669.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

CHILDREN'S MEDICAL CENTER

Employer identification number

31-0672132

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

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

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

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

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

Schedule R (Form 990) 2011

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) MIDDLETOWN SURGERY CENTER, LLC 5950 INNOVATION DRIVE	SURGERY CENTER	OH	N/A	RELATED	-5,607.	0		X	0		X	10.0000
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) CHILDREN'S CARE GROUP 31-1411364 ONE CHILDREN'S PLAZA DAYTON, OH 45404	SPEC PHYS GROUP	OH	CMC	C-CORP	12,353,599.	6,202,168.	100.0000
(2) CHILDREN'S ANESTHESIA GROUP 26-0887231 ONE CHILDREN'S PLAZA DAYTON, OH 45404	ANESTHESIA SVCS	OH	CMC	C-CORP	3,610,042.	1,819,526.	100.0000
(3) PEDIATRIC ASSURANCE COMPANY, LTD. 98-0478183 BUTTERFIELD BANK BLDG, 6TH FLOOR HM12 HAMILTON, BERMUDA B	SELF-INSURANCE	BD	CMC	N/A	1,247,779.	38,415,976.	100.0000
(4) DAYTON CHILDREN'S ORTHOPAEDIC CENTER 45-3934418 ONE CHILDREN'S PLAZA DAYTON, OH 45404	ORTHO SERVICES	OH	CMC	C-CORP	1,753,109.	430,302.	100.0000
(5) -----							
(6) -----							
(7) -----							

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

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

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

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) CHILDRENS MEDICAL CENTER FOUNDATION	B	7,681,016.	FMV
(2) CHILDRENS MEDICAL CENTER FOUNDATION	C	5,423,329.	CASH
(3) CHILDRENS HOME CARE OF DAYTON	L	424,907.	CASH
(4) CHILDRENS MEDICAL CENTER FOUNDATION	L	71,953.	CASH
(5) CHILDRENS CARE GROUP	L	9,340,553.	CASH
(6) CHILDRENS ANESTHESIA GROUP	L	3,610,042.	CASH

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

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

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

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) CHILDRENS CARE GROUP	N	121,476.	FMV
(2) CHILDRENS ANESTHESIA GROUP	N	536,479.	FMV
(3) CHILDRENS HOME CARE OF DAYTON	P	9,914,196.	CASH
(4) CHILDRENS CARE GROUP	P	1,889,624.	CASH
(5) DAYTON ORTHOPAEDICS	P	212,234.	CASH
(6) CHILDRENS ANESTHESIA GROUP	Q	165,000.	FMV

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

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

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

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

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	CHILDRENS HOME CARE OF DAYTON	Q	89,059.	FMV
(2)	DAYTON ORTHOPAEDICS	Q	1,810,000.	FMV
(3)	DAYTON ORTHOPAEDICS	I	60,839.	CASH
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

Part VII **Supplemental Information**

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



CONSOLIDATED FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION

The Children's Medical Center, Dayton, Ohio
and Subsidiaries
Years Ended June 30, 2012 and 2011
With Report of Independent Auditors

Ernst & Young LLP

 **ERNST & YOUNG**

The Children’s Medical Center, Dayton, Ohio and Subsidiaries

Consolidated Financial Statements and
Supplementary Information

Years Ended June 30, 2012 and 2011

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Report of Independent Auditors

The Board of Trustees
The Children's Medical Center, Dayton, Ohio

We have audited the accompanying consolidated balance sheets of The Children's Medical Center, Dayton, Ohio and Subsidiaries (the Medical Center) as of June 30, 2012 and 2011, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of the Medical Center's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. We were not engaged to perform an audit of the Medical Center's internal control over financial reporting. Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Medical Center's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of The Children's Medical Center, Dayton, Ohio and Subsidiaries at June 30, 2012 and 2011, and the consolidated results of its operations and changes in net assets and its cash flows for the years then ended, in conformity with U.S. generally accepted accounting principles.

Ernst & Young LLP

September 12, 2012

The Children's Medical Center, Dayton, Ohio and Subsidiaries

Consolidated Balance Sheets

	June 30	
	2012	2011
Assets		
Current assets:		
Cash and cash equivalents	\$ 47,865,081	\$ 31,696,386
Investments	157,024,275	163,637,527
Accounts receivable, net of allowances for doubtful accounts of (\$14,273,000 in 2012 and \$13,263,000 in 2011)	17,960,058	17,713,486
Pledges receivable from donors	823,608	864,160
Inventories	2,030,672	1,602,776
Prepaid expenses and other assets	570,444	787,044
Estimated net reimbursement due from Medicare and Medicaid programs	–	1,466,008
Total current assets	226,274,138	217,767,387
Assets whose use is limited:		
By board for self-insurance and additions to property, plant, and equipment	88,285,743	74,722,920
By board and donors for research and salary support	190,289,379	187,671,176
Pledges receivable from donors, net	757,636	874,481
	279,332,758	263,268,577
Prepaid pension	–	8,029,437
Other assets	11,579,103	11,626,863
Property, plant, and equipment:		
Land and land improvements	7,355,968	6,940,160
Buildings	49,032,544	49,130,270
Equipment	127,601,273	125,917,247
Construction-in-progress	2,274,664	804,168
Accumulated depreciation	(86,335,077)	(80,341,613)
	99,929,372	102,450,232
Total assets	\$ 617,115,371	\$ 603,142,496

	June 30	
	2012	2011
Liabilities and net assets		
Current liabilities:		
Accounts payable and accrued expenses	\$ 8,191,157	\$ 8,532,253
Salaries, wages, and withholdings	5,917,519	6,236,855
Accrued compensated absences	12,274,448	10,908,835
Estimated net reimbursement due to Medicare and Medicaid programs	251,075	-
Total current liabilities	<u>26,634,199</u>	25,677,943
Reserve for professional liability	8,500,057	6,899,586
Pension liability	1,345,904	-
Other liabilities	12,145,001	11,593,842
Total liabilities	<u>48,625,161</u>	44,171,371
Net assets:		
Unrestricted	565,202,533	556,206,433
Temporarily restricted	3,287,677	2,764,692
Total net assets	<u>568,490,210</u>	558,971,125

Total liabilities and net assets

\$ 617,115,371 \$ 603,142,496

See accompanying notes.

The Children's Medical Center, Dayton, Ohio and Subsidiaries

Consolidated Statements of Operations
and Changes in Net Assets

	Year Ended June 30	
	2012	2011
Unrestricted revenue and other support:		
Net patient service revenue (net of contractual allowance)	\$ 227,339,269	\$ 214,173,532
Provision for bad debts	(7,480,555)	(5,222,728)
Net patient service revenue less provision for bad debts	219,858,714	208,950,804
Other operating revenue	7,472,920	4,240,359
Unrestricted contributions and net assets released from restrictions used for operations	5,740,705	4,808,006
Total unrestricted revenue and other support	233,072,339	217,999,169
Expenses:		
Salaries and benefits	125,890,123	120,005,094
Depreciation	15,046,826	14,720,662
Professional fees	5,552,564	5,424,714
Drugs	18,982,310	14,923,555
General supplies	5,780,395	5,448,431
Utilities	2,752,846	2,635,439
Equipment repair and rentals	7,024,149	6,527,304
Medical supplies	8,821,716	9,060,979
Purchased services	10,028,941	8,750,907
State assessment	3,854,932	2,076,563
Other expenses	6,068,895	4,945,031
Total expenses	209,803,697	194,518,679
Excess of unrestricted revenue and other support over expenses before investment income	23,268,642	23,480,490
Investment income	1,820,891	71,610,929
Excess of unrestricted revenue and other support over expenses	25,089,533	95,091,419

Continued on next page.

The Children's Medical Center, Dayton, Ohio and Subsidiaries

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

	Year Ended June 30	
	2012	2011
Unrestricted net assets		
Excess of unrestricted revenue and other support over expenses	\$ 25,089,533	\$ 95,091,419
Change in pension plan obligation and plan assets	(16,917,478)	22,540,651
Net assets released from restrictions used for purchase of property and equipment	<u>824,045</u>	956,889
Increase in unrestricted net assets	8,996,100	118,588,959
Temporarily restricted net assets		
Contributions	3,488,174	3,461,645
Net assets released from restrictions	(2,892,891)	(3,068,254)
Change in market value of investments held	<u>(72,298)</u>	226,073
Increase in temporarily restricted net assets	522,985	619,464
Increase in net assets	9,519,085	119,208,423
Net assets at beginning of year	<u>558,971,125</u>	439,762,702
Net assets at end of year	<u>\$ 568,490,210</u>	<u>\$ 558,971,125</u>

See accompanying notes.

The Children's Medical Center, Dayton, Ohio and Subsidiaries

Consolidated Statements of Cash Flows

	Year Ended June 30	
	2012	2011
Operating activities		
Increase in net assets	\$ 9,519,085	\$ 119,208,423
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation	15,046,826	14,720,662
Provisions for bad debt	7,480,555	5,222,728
Change in market value of assets whose use is limited and investments	20,087,975	(54,105,809)
Change in pension plan obligation and plan assets	16,917,478	(22,540,651)
Changes in assets and liabilities:		
Accounts receivable	(8,265,866)	(5,111,823)
Pledges receivable	157,397	426,819
Assets whose use is limited and investments	(29,655,750)	(31,675,762)
Inventories and other current assets	(211,296)	(346,012)
Other assets	47,030	(2,639,021)
Estimated net reimbursement due to/from Medicare and Medicaid programs	1,717,083	1,652,610
Accounts payable and other current liabilities	1,244,651	1,966,451
Other long-term liabilities	(5,390,507)	3,172,783
Net cash provided by operating activities	28,694,661	29,951,398
Investing activities		
Additions to property, plant, and equipment, net of nominal disposals	(12,525,966)	(11,878,649)
Increase in cash and cash equivalents	16,168,695	18,072,749
Cash and cash equivalents at beginning of year	31,696,386	13,623,637
Cash and cash equivalents at end of year	\$ 47,865,081	\$ 31,696,386

See accompanying notes.

The Children's Medical Center, Dayton, Ohio and Subsidiaries

Notes to Consolidated Financial Statements

Years Ended June 30, 2012 and 2011

1. Accounting Policies

Consolidation

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

Use of Estimates

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

Fair Value Measurements

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

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

The Children's Medical Center, Dayton, Ohio and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Accounting Policies (continued)

The three levels are defined as follows:

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

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

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

Any changes to the valuation methodology are reviewed by management to confirm the changes are justified. The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Medical Center believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

The Children's Medical Center, Dayton, Ohio and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Accounting Policies (continued)

Cash and Cash Equivalents

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

Investments

Investments in equity securities and debt securities have been measured at fair value in the consolidated balance sheets. Fair values are based on quoted market prices. The Medical Center accounts for alternative investments (hedge fund and private equity fund) held in operating investments using the equity method of accounting. Amounts recorded represent the percentage ownership in the net asset value of the respective alternative investment. Investment income or loss (including realized gains and losses on investments, changes in market value of investments, and interest and dividends) is included in excess of unrestricted revenue and other support over expenses unless the income or loss is restricted by donor or by law.

Net Patient Accounts Receivable

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

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

The Children's Medical Center, Dayton, Ohio and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Accounting Policies (continued)

After satisfaction of amounts due from insurance and reasonable efforts to collect from the patients themselves have been exhausted, the Medical Center may place certain past-due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by the Medical Center. Patient accounts receivable are written off after collection efforts have been followed in accordance with the Medical Center's policies. The total write-offs for charity care and for uncollectible accounts and allowances on self-pay patient accounts, as a percentage of net patient service revenue for the fiscal year ended June 30, 2012, are consistent with prior years' results.

Inventories

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

Assets Whose Use Is Limited

Assets limited as to use primarily represent funds designated for a specific purpose by the Board of Trustees over which the Board retains control and may at its discretion subsequently use for other purposes. The Medical Center's Board has established several of these funds which represent designations for future capital improvements, self-insurance and research. Other designated funds are also used to provide annual income to support educational activities as well as the salaries of certain subspecialty physicians who serve in key roles or whom meet critical community needs. These funds are invested using guidelines similar to those described in Note 6, and pay out income to the Medical Center annually of between 3.5% and 5% of the average market value of the fund assets.

Property, Plant, and Equipment

Property, plant, and equipment is stated at cost. The Medical Center provides for depreciation using the straight-line method over the following estimated useful lives:

Buildings	15 – 40 years
Equipment	3 – 25 years

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

The Children's Medical Center, Dayton, Ohio and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Accounting Policies (continued)

Net Assets

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

Temporarily restricted net assets are available for the following purposes:

	June 30	
	2012	2011
Purchase of equipment and other capital	\$ 1,097,259	\$ 243,115
Health care services and research	2,190,418	2,521,577
	<u>\$ 3,287,677</u>	<u>\$ 2,764,692</u>

Net Patient Service Revenue

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

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

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

The Children's Medical Center, Dayton, Ohio and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Accounting Policies (continued)

Uncompensated Care

The Medical Center has a policy of treating certain patients regardless of their ability to pay. Patients are classified as charity patients based on their ability to pay as defined by established policies of the Medical Center. Charity care amounts are not included in net patient service revenue. The cost to the Medical Center to provide charity care was approximately \$1,980,000 and \$1,189,000 for the years ended June 30, 2012 and 2011, respectively. The cost to the Medical Center to provide charity care was determined through application of the ratio of patient costs to charges, consistent with Schedule H of Form 990 filed with the Internal Revenue Service, to current-year charity care write-offs.

Excess of Unrestricted Revenue and Other Support over Expenses

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

Pledges Receivable From Donor

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

The Children's Medical Center, Dayton, Ohio and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Accounting Policies (continued)

Other Operating Revenue

The American Recovery and Reimbursement Act of 2009 established incentive payments under the Medicaid program for certain professionals and hospitals that meaningfully use certified electronic health record technology. Payments under the Medicaid program are calculated based upon estimated discharges, charity care and other input data and are predicated upon the Medical Center's attainment of program and attestation criteria and are subject to regulatory audit. The Medical Center has opted to follow a gain contingency accounting method, under ASC 450, *Contingencies*, which provides for recognition once attainment of program and attestation criteria has been achieved and amounts can be reasonably estimated. As a result, management estimated and recognized revenue of \$3,061,000 and \$0 within other operating revenue for the years ended June 30, 2012 and 2011, respectively. Amounts recognized are subject to change, with such changes impacting operations in the period in which they occur.

Tax-Exempt Status

All subsidiaries of the Medical Center except Children's Care Group (CCG) and Children's Anesthesia Group (CAG) are exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code (the Code). The wholly owned for-profit subsidiaries CCG and CAG had no taxable income in 2012 or 2011.

The Medical Center 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, 2012 or 2011.

Reclassification

Certain reclassifications were made to the 2011 consolidated financial statement presentation to conform to the 2012 presentation.

The Children's Medical Center, Dayton, Ohio and Subsidiaries

Notes to Consolidated Financial Statements (continued)

1. Accounting Policies (continued)

Recent Accounting Pronouncements

The FASB has issued Accounting Standards Update (ASU) No. 2010-24, *Health Care Entities (Topic 954): Presentation of Insurance Claims and Related Insurance Recoveries* (ASU 2010-24). The amendments in ASU 2010-24 clarify that a health care entity may not net insurance recoveries against related claim liabilities. In addition, the amount of the claim liability must be determined without consideration of insurance recoveries. The ASU is effective for fiscal years, and interim periods within those fiscal years, beginning after December 15, 2010. The Medical Center adopted the provisions of the ASU 2010-24 as of June 30, 2012. The adoption did not have a material impact on the consolidated financial statements and the 2011 amounts were reclassified for comparability purposes.

The FASB has issued ASU No. 2010-23, *Health Care Entities (Topic 954): Measuring Charity Care for Disclosure* (ASU 2010-23). ASU 2010-23 is intended to reduce the diversity in practice regarding the measurement basis used in the disclosure of charity care. ASU 2010-23 requires that cost, identified as the direct and indirect costs of providing the charity care, be used as the measurement basis for disclosure purposes. ASU 2010-23 also requires disclosure of the method used to identify such costs. ASU 2010-23 is effective for fiscal years beginning after December 15, 2010. The Medical Center has adopted the provisions of ASU 2010-23 in the current year and made the appropriate disclosures in the consolidated financial statements.

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

2. Net Patient Service Revenue

Revenue from Medicaid and Medicare programs accounted for approximately 53% and 1%, respectively, of the Medical Center's gross patient service revenue for the year ended June 30, 2012 (52% and 1%, for the year ended June 30, 2011).

The Children's Medical Center, Dayton, Ohio and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Net Patient Service Revenue (continued)

Net patient service revenue includes amounts estimated by management to be reimbursable by the Ohio Department of Job and Family Services (ODJFS) under the Medicaid program. Final determination of revenue earned is subject to audit by the fiscal intermediary. ODJFS reports have been audited and settled through 2007. In the opinion of management, adequate provision has been made in the financial statements for any adjustments, which might result from the respective intermediary audits. The Medical Center settled prior year's Medicare and Medicaid cost reports for amounts different than previously estimated. The effect of these settlements was to decrease net patient service revenue by approximately \$81,900 in fiscal 2012 and \$228,200 in fiscal 2011.

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

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

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

The Medical Center has included approximately \$3,754,000 for Hospital Care Assurance Program in net patient service revenue for the year ended June 30, 2012 (\$3,513,000 in 2011).

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

The Children's Medical Center, Dayton, Ohio and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Net Patient Service Revenue (continued)

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

Net patient service revenue is summarized as follows for the years ended June 30:

	<u>2012</u>	<u>2011</u>
Inpatient revenue	\$ 154,292,388	\$ 144,193,877
Outpatient revenue	208,580,479	193,421,651
Patient service revenue at established rates	362,872,867	337,615,528
Net deductions from revenue:		
Third-party allowances	(138,154,109)	(127,660,549)
Children's Hospitals Graduate Medical Education grant	2,466,895	2,866,826
Charity care at established rates	(3,600,558)	(2,161,275)
Hospital Care Assurance Program	3,754,174	3,513,002
Net deductions from revenue	(135,533,598)	(123,441,996)
Net patient service revenue	\$ 227,339,269	\$ 214,173,532

The Children’s Medical Center, Dayton, Ohio and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Net Patient Service Revenue (continued)

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

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

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

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

	<u>2012</u>	<u>2011</u>
Medicaid and Medicaid related plans	\$ 80,932,779	\$ 74,746,563
Anthem	62,518,299	55,685,118
Self-pay	909,358	642,521
Commercial and other	82,978,833	83,099,330
Net patient service revenue	<u>\$ 227,339,269</u>	<u>\$ 214,173,532</u>

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

The Children's Medical Center, Dayton, Ohio and Subsidiaries

Notes to Consolidated Financial Statements (continued)

3. Fair Value Measurements

The following table presents the investments and assets limited as to use carried at fair value as of June 30, 2012 and 2011, by ASC 820 valuation hierarchy defined above:

	June 30, 2012			Total Fair Value
	Level 1	Level 2	Level 3	
Cash and cash equivalents	\$ 16,681,546	\$ —	\$ —	\$ 16,681,546
Equity mutual funds:				
U.S. stocks – large cap value fund	51,122,712	—	—	51,122,712
U.S. stocks – large cap growth fund	55,499,062	—	—	55,499,062
U.S. stocks – small cap fund	9,499,670	—	—	9,499,670
Foreign stocks-developed markets fund	96,912,482	—	—	96,912,482
Foreign stocks – emerging markets fund	30,172,336	—	—	30,172,336
Commodities fund	20,087,738	—	—	20,087,738
Real estate fund	2,805,271	—	—	2,805,271
Bond mutual funds:				
Fixed income opportunity fund	26,458,081	—	—	26,458,081
Treasury inflation protected securities fund	26,328,232	—	—	26,328,232
Real estate fund	1,507,747	—	—	1,507,747
Corporate bonds	—	19,468,514	—	19,468,514
U.S. government securities	—	30,805,214	—	30,805,214
Mortgage-backed securities:				
Governmental agencies	—	14,265,882	—	14,265,882
Private issuers	—	12,248,116	—	12,248,116
Total assets at fair value	<u>\$ 337,074,877</u>	<u>\$ 76,787,726</u>	<u>\$ —</u>	<u>\$ 413,862,603</u>

The Children's Medical Center, Dayton, Ohio and Subsidiaries

Notes to Consolidated Financial Statements (continued)

3. Fair Value Measurements (continued)

	June 30, 2011			Total Fair Value
	Level 1	Level 2	Level 3	
Cash and cash equivalents	\$ 24,241,128	\$ –	\$ –	\$ 24,241,128
Equity mutual funds:				
U.S. stocks-large cap value fund	45,286,535	–	–	45,286,535
U.S. stocks – large cap growth fund	55,643,491	–	–	55,643,491
U.S. stocks – small cap fund	8,565,275	–	–	8,565,275
Foreign stocks – developed markets fund	88,304,711	–	–	88,304,711
Foreign stocks – emerging markets fund	21,586,516	–	–	21,586,516
Commodities fund	15,905,847	–	–	15,905,847
Real estate fund	5,358,377	–	–	5,358,377
Bond mutual funds:				
Fixed income opportunity fund	21,968,822	–	–	21,968,822
Treasury inflation protected securities fund	37,743,860	–	–	37,743,860
Real estate fund	2,883,307	–	–	2,883,307
Corporate bonds	–	22,171,800	–	22,171,800
U.S. government securities	–	29,397,283	–	29,397,283
Mortgage-backed securities:				
Governmental agencies	–	16,548,485	–	16,548,485
Private issuers	–	14,689,343	–	14,689,343
Total assets at fair value	<u>\$ 327,487,869</u>	<u>\$ 82,806,911</u>	<u>\$ –</u>	<u>\$ 410,294,780</u>

The Children's Medical Center, Dayton, Ohio and Subsidiaries

Notes to Consolidated Financial Statements (continued)

3. Fair Value Measurements (continued)

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

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

Following is the summary of the inputs and valuation techniques as of June 30, 2012 and 2011, used for valuing Level 2 securities in the portfolio:

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

The methods described above may produce a fair value that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Medical Center believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the consolidated balance sheet date.

The Children's Medical Center, Dayton, Ohio and Subsidiaries

Notes to Consolidated Financial Statements (continued)

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

Investments and AWUIL at June 30 are summarized as follows:

	<u>2012</u>	<u>2011</u>
Investments	\$ 157,024,275	\$ 163,637,527
Assets whose use is limited:		
By board for self-insurance and additions to property, plant, and equipment	88,285,743	74,722,920
By board for endowments and research	187,001,702	184,906,484
By donors for endowments and research	3,287,677	2,764,692
	<u>\$ 435,599,397</u>	<u>\$ 426,031,623</u>
Cash and cash equivalents	\$ 16,681,546	\$ 24,241,128
Equity mutual funds:		
U.S. stocks – large cap value fund	51,122,712	45,286,535
U.S. stocks – large cap growth fund	55,499,062	55,643,491
U.S. stocks – small cap fund	9,499,670	8,565,275
Foreign stocks – developed markets fund	96,912,482	88,304,711
Foreign stocks – emerging markets fund	30,172,336	21,586,516
Commodities fund	20,087,738	15,905,847
Real estate fund	2,805,271	5,358,377
Bond mutual funds:		
Fixed income opportunity fund	26,458,081	21,968,822
Treasury inflation protected securities fund	26,328,232	37,743,860
Real estate fund	1,507,747	2,883,307
Corporate bonds	19,468,514	22,171,800
U.S. government securities	30,805,214	29,397,283
Mortgage-backed securities:		
Governmental agencies	14,265,882	16,548,485
Private issuers	12,248,116	14,689,343
Alternative investments:		
Equity hedge	14,405,480	14,900,799
Fixed income hedge	4,649,279	–
Private equity	2,682,035	836,044
	<u>\$ 435,599,397</u>	<u>\$ 426,031,623</u>

The Children's Medical Center, Dayton, Ohio and Subsidiaries

Notes to Consolidated Financial Statements (continued)

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

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

	June 30	
	2012	2011
Interest and dividend income	\$ 13,138,839	\$ 10,877,600
Net realized gains on sales of securities	8,770,027	6,627,520
Investment (loss) gain from the change in market value of trading securities	(20,087,975)	54,105,809
Total investment gain	<u>\$ 1,820,891</u>	<u>\$ 71,610,929</u>

At June 30, 2012, the Medical Center has committed capital yet to be called of approximately \$24,500,000 to private equity funds over the next one to six years.

5. Leases

The Medical Center leases office equipment, medical equipment, and office space under operating leases.

Future minimum payments of the Medical Center's noncancelable operating leases as of June 30, 2012, are as follows:

2013	\$ 1,430,187
2014	1,389,575
2015	1,179,245
2016	928,766
2017	788,259
Subsequent years	2,512,978
Total minimum lease payments	<u>\$ 8,229,010</u>

Rent expense was approximately \$1,535,000 for the year-ended June 30, 2012 (\$1,428,000 in 2011). No interest was paid for the years ended June 30, 2012 or 2011.

The Children's Medical Center, Dayton, Ohio and Subsidiaries

Notes to Consolidated Financial Statements (continued)

6. Pension Plan

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

Effective June 30, 2011, the Medical Center made several amendments to its defined benefit pension plan. Employees hired on or after July 1, 2011, will no longer be able to participate in the Plan. Employees as of June 30, 2011, will remain participants in the Plan, subject to plan vesting provisions, but the formula for valuing pension service rendered after July 1, 2011, was changed to a career average formula from a final average pay formula. The impact of these changes reduced the projected benefit obligation as of June 30, 2011 by \$14,516,798 from what it would have been under the previous plan provisions.

The net loss and prior service credit recognized in unrestricted net assets for the year ended June 30, 2012, were \$29,271,971 and \$13,363,218, respectively, (\$13,510,557 net loss and \$14,506,043 prior service credit, in 2011). Included in unrestricted net assets at June 30, 2012, are the following amounts that have not yet been recognized in the net periodic benefit cost: unrecognized actuarial loss of \$17,399,912, prior service credit of \$1,353,939, and \$1,128,037 amortization of net actuarial gain (unrecognized actuarial gain of \$6,987,246, prior service credit of \$123,776, and \$1,160,383 amortization of net actuarial gain in 2011). The actuarial loss and prior service credit expected to be recognized during the year ended June 30, 2013, are \$2,301,005 and \$1,282,458, respectively.

The Children's Medical Center, Dayton, Ohio and Subsidiaries

Notes to Consolidated Financial Statements (continued)

6. Pension Plan (continued)

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

	<u>2012</u>	<u>2011</u>
Projected benefit obligations		
Benefit obligation at beginning of year	\$ (53,577,826)	\$ (63,501,824)
Service cost	(3,848,278)	(4,429,570)
Interest cost	(3,084,174)	(3,719,576)
Actuarial (loss) gain	(12,379,292)	570,017
Benefits paid	2,546,529	2,986,329
Change in plan provision	–	14,516,798
Benefit obligation at end of year	<u>(70,343,041)</u>	<u>(53,577,826)</u>
Fair value of plan assets		
Fair value of plan assets at beginning of year	61,607,263	48,678,494
Actual return on plan assets	(63,597)	10,915,098
Employer contributions	10,000,000	5,000,000
Benefits paid	(2,546,529)	(2,986,329)
Fair value of plan assets at end of year	<u>68,997,137</u>	<u>61,607,263</u>
Funded status of the plan	<u>\$ (1,345,904)</u>	<u>\$ 8,029,437</u>

The accumulated benefit obligation was \$69,681,056 and \$53,577,826 at June 30, 2012 and 2011, respectively.

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

	<u>2012</u>	<u>2011</u>
Service cost	\$ 3,848,278	\$ 4,429,570
Interest cost	3,084,174	3,719,576
Expected return on plan assets	(4,306,929)	(4,371,144)
Amortization of prior service (credit) cost	(1,282,458)	2,690
Recognized net actuarial loss	1,128,037	1,160,383
Benefit cost included in employee benefit expense	<u>\$ 2,471,102</u>	<u>\$ 4,941,075</u>

The Children's Medical Center, Dayton, Ohio and Subsidiaries

Notes to Consolidated Financial Statements (continued)

6. Pension Plan (continued)

Actuarial assumptions at June 30, were as follows:

	2012	2011
Weighted-average assumptions used to determine benefit obligations at year end:		
Discount rate	4.85%	5.92%
Rate of compensation increases	3.50%	3.50%
Expected long-term return on plan assets	7.80%	8.50%
Weighted-average assumptions used to determine net periodic pension cost:		
Discount rate	5.92%	5.77%
Rate of compensation increase	3.50%	3.50%
Expected long-term return on plan assets	7.80%	8.50%

The Plan assets are allocated as follows:

	Allowable Allocation Range	Percentage of Plan Assets at June 30	
		2012	2011
Asset category:			
Equity securities	50 – 70%	60%	64%
Debt securities	30 – 50%	40	36
Total		100%	100%

The Children's Medical Center, Dayton, Ohio and Subsidiaries

Notes to Consolidated Financial Statements (continued)

6. Pension Plan (continued)

The fair values of the Plan's assets at June 30, 2012 and 2011, by asset category, were as follows:

	June 30, 2012			Total Fair Value
	Level 1	Level 2	Level 3	
Cash and cash equivalents	\$ 12,763,260	\$ —	\$ —	\$ 12,763,260
Equity mutual funds:				
U.S. stocks – large cap value fund	7,595,496	—	—	7,595,496
U.S. stocks – large cap growth fund	8,237,991	—	—	8,237,991
U.S. stocks – small cap fund	1,392,139	—	—	1,392,139
Foreign stocks – developed markets fund	14,403,574	—	—	14,403,574
Foreign stocks – emerging markets fund	4,384,990	—	—	4,384,990
Commodities fund	2,942,659	—	—	2,942,659
Real estate fund	409,808	—	—	409,808
Bond mutual funds:				
Fixed income opportunity fund	3,928,608	—	—	3,928,608
Real estate fund	220,666	—	—	220,666
Corporate bonds	—	4,962,232	—	4,962,232
U.S. government securities	—	967,706	—	967,706
Mortgage-backed securities:				
Governmental agencies	—	1,560,640	—	1,560,640
Private issuers	—	3,045,998	—	3,045,998
Equity hedge	—	2,181,370	—	2,181,370
Total assets at fair value	<u>\$ 56,279,191</u>	<u>\$ 12,717,946</u>	<u>\$ —</u>	<u>\$ 68,997,137</u>

The Children's Medical Center, Dayton, Ohio and Subsidiaries

Notes to Consolidated Financial Statements (continued)

6. Pension Plan (continued)

	June 30, 2011			Total Fair Value
	Level 1	Level 2	Level 3	
Cash and cash equivalents	\$ 5,786,551	\$ –	\$ –	\$ 5,786,551
Equity mutual funds:				
U.S. stocks – large cap value fund	7,065,133	–	–	7,065,133
U.S. stocks – large cap growth fund	8,715,498	–	–	8,715,498
U.S. stocks – small cap fund	1,268,689	–	–	1,268,689
Foreign stocks – developed markets fund	13,668,328	–	–	13,668,328
Foreign stocks – emerging markets fund	3,352,631	–	–	3,352,631
Commodities fund	2,528,412	–	–	2,528,412
Real estate fund	775,233	–	–	775,233
Bond mutual funds:				
Fixed income opportunity fund	3,482,302	–	–	3,482,302
Real estate fund	417,433	–	–	417,433
Corporate bonds	–	6,437,165	–	6,437,165
U.S. government securities	–	542,009	–	542,009
Mortgage-backed securities:				
Governmental agencies	–	1,321,488	–	1,321,488
Private issuers	–	3,994,028	–	3,994,028
Equity hedge	–	2,252,363	–	2,252,363
Total assets at fair value	<u>\$ 47,060,210</u>	<u>\$ 14,547,053</u>	<u>\$ –</u>	<u>\$ 61,607,263</u>

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

The Children's Medical Center, Dayton, Ohio and Subsidiaries

Notes to Consolidated Financial Statements (continued)

6. Pension Plan (continued)

Following is the summary of the inputs and valuation techniques as of June 30, 2012 and 2011 used for valuing Level 2 securities in the portfolio:

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

The Medical Center's equity hedge is not necessarily readily marketable; however, management has determined that the net asset value (NAV) is an appropriate estimate of the fair value of this investment at June 30, 2012 and 2011, based on the fact that the equity hedge is audited and accounted for at fair value by the administrator of the equity hedge. Since the Medical Center has the ability to redeem its investment in the equity hedge at NAV with no significant restrictions on the redemption at the consolidated balance sheet date, the Medical Center has categorized the equity hedge as a Level 2 measurement in the fair value hierarchy.

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

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

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

The Children's Medical Center, Dayton, Ohio and Subsidiaries

Notes to Consolidated Financial Statements (continued)

6. Pension Plan (continued)

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

The Medical Center does not expect to make contributions to the plan in 2013.

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

2013	\$ 3,340,225
2014	3,717,370
2015	4,068,410
2016	4,360,487
2017	4,869,985
2018 – 2021	28,816,072

The Medical Center had a defined contribution thrift (401a) plan covering substantially all employees. The Medical Center's contributions to the Plan were based on each participant's salary together with certain voluntary contributions made by participants. Pension expense related to this plan was \$674,000 in 2012 (\$1,365,000 in 2011).

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

7. Commitments and Contingencies

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

The Children's Medical Center, Dayton, Ohio and Subsidiaries

Notes to Consolidated Financial Statements (continued)

8. Professional Liability Self-Insurance

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

The reserve for professional liability claims reflects the estimated liability (undiscounted) for such claims based on an actuarial assessment of the data. Management believes that the self-insurance reserve, \$8,500,057 and \$6,899,586 at June 30, 2012 and 2011, respectively, is adequate to settle claims currently filed against the Medical Center and claims that may be asserted based on the occurrence of events, which are not known to management or legal counsel at this time. In accordance with applicable accounting guidance, the Medical Center has recorded the reserve for professional liability without consideration of insurance recoveries.

9. Functional Expenses

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

	<u>2012</u>	<u>2011</u>
Health care services:		
Direct patient care	\$ 128,109,451	\$ 116,552,739
Support services	45,913,505	45,657,901
	<u>174,022,956</u>	<u>162,210,640</u>
Fiscal and administration	17,426,087	14,308,793
Education and research	2,540,314	2,577,304
Fund-raising	767,514	701,280
Depreciation	15,046,826	14,720,662
	<u>\$ 209,803,697</u>	<u>\$ 194,518,679</u>

The Children's Medical Center, Dayton, Ohio and Subsidiaries

Notes to Consolidated Financial Statements (continued)

10. Concentrations of Credit Risk

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

	<u>2012</u>	<u>2011</u>
Medicaid and Medicaid related plans	44%	31%
Anthem	20	29
Commercial	33	38
Other federal	3	2
	<u>100%</u>	<u>100%</u>

11. Federal Income Tax

All subsidiaries of the Medical Center except CCG, CAG, and selected joint venture entities are exempt from federal income taxes under Section 501(c)(3) of the Code. The wholly owned for-profit subsidiaries CCG and CAG had no taxable income in 2012 and 2011. The provision for income taxes for the joint venture entities is not significant to the Medical Center.

12. Subsequent Events

The Medical Center has evaluated and disclosed subsequent events through September 12, 2012, which is the date the consolidated financial statements were issued and made available. No recognized or nonrecognized subsequent events were identified for recognition or disclosure in the consolidated financial statements.

Supplementary Information

Report of Independent Auditors on Supplementary Information

The Board of Trustees
The Children's Medical Center, Dayton, Ohio

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying consolidating balance sheet and consolidating statement of operations and changes in net assets are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Ernst & Young LLP

September 12, 2012

The Children's Medical Center, Dayton, Ohio and Subsidiaries

Details of Consolidated Balance Sheet

June 30, 2012

	The Children's Medical Center, Dayton, Ohio and Pediatric Assurance Company, Ltd.	Children's Care Group/ Anesthesia Group	Children's Home Care of Dayton, Ohio	Children's Medical Center Foundation	Eliminations	Consolidated
Assets						
Current assets:						
Cash and cash equivalents	\$ 44,992,400	\$ 651,222	\$ 2,044,536	\$ 176,923	\$ -	\$ 47,865,081
Investments	157,024,276	389	4,958,767	-	(4,959,157)	157,024,275
Accounts receivable, net of allowances for doubtful accounts	27,615,433	-	687,536	-	(10,342,911)	17,960,058
Pledges receivable from donors	823,608	-	-	-	-	823,608
Inventories	1,755,147	-	275,525	-	-	2,030,672
Prepaid expenses and other assets	565,886	4,558	-	-	-	570,444
Total current assets	<u>232,776,750</u>	<u>656,169</u>	<u>7,966,364</u>	<u>176,923</u>	<u>(15,302,068)</u>	<u>226,274,138</u>
Assets whose use is limited:						
By board for self-insurance and additions to property, plant and equipment	88,285,743	-	-	-	-	88,285,743
By board and donors for research and salary support	-	-	-	190,289,379	-	190,289,379
Pledges receivable from donors, net	757,636	-	-	-	-	757,636
	<u>89,043,379</u>	<u>-</u>	<u>-</u>	<u>190,289,379</u>	<u>-</u>	<u>279,332,758</u>
Other assets	6,794,231	7,795,777	-	-	(3,010,905)	11,579,103
Property, plant, and equipment:						
Land and land improvements	7,355,968	-	-	-	-	7,355,968
Buildings	49,032,544	-	-	-	-	49,032,544
Equipment	126,751,028	191,575	658,670	-	-	127,601,273
Construction-in-progress	2,274,664	-	-	-	-	2,274,664
Accumulated depreciation	(85,508,860)	(191,525)	(634,692)	-	-	(86,335,077)
	<u>99,905,344</u>	<u>50</u>	<u>23,978</u>	<u>-</u>	<u>-</u>	<u>99,929,372</u>
Total assets	<u>\$ 428,519,704</u>	<u>\$ 8,451,996</u>	<u>\$ 7,990,342</u>	<u>\$ 190,466,302</u>	<u>\$ (18,312,973)</u>	<u>\$ 617,115,371</u>

The Children's Medical Center, Dayton, Ohio and Subsidiaries

Details of Consolidated Balance Sheet (continued)

June 30, 2012

	The Children's Medical Center, Dayton, Ohio and Pediatric Assurance Company, Ltd.	Children's Care Group/ Anesthesia Group	Children's Home Care of Dayton, Ohio	Children's Medical Center Foundation	Eliminations	Consolidated
Liabilities and net assets						
Current liabilities:						
Accounts payable and accrued expenses	\$ 12,860,094	\$ 9,447,569	\$ 1,815,782	\$ 5,188	\$ (15,937,476)	\$ 8,191,157
Salaries, wages, and withholdings	5,289,669	743,729	36,007	-	(151,886)	5,917,519
Accrued compensated absences	12,068,995	-	205,453	-	-	12,274,448
Estimated net reimbursement due to Medicare and Medicaid programs	251,075	-	-	-	-	251,075
Total current liabilities	30,469,833	10,191,298	2,057,242	5,188	(16,089,362)	26,634,199
Reserve for professional liability	8,500,057	-	-	-	-	8,500,057
Pension liability	1,345,904	-	-	-	-	1,345,904
Other liabilities	5,626,772	6,518,229	-	-	-	12,145,001
Total liabilities	45,942,566	16,709,527	2,057,242	5,188	(16,089,362)	48,625,161
Net assets (deficit):						
Unrestricted	380,726,993	(8,257,531)	5,933,100	189,023,582	(2,223,611)	565,202,533
Temporarily restricted	1,850,145	-	-	1,437,532	-	3,287,677
Total net assets (deficit)	382,577,138	(8,257,531)	5,933,100	190,461,114	(2,223,611)	568,490,210
Total liabilities and net assets (deficit)	\$ 428,519,704	\$ 8,451,996	\$ 7,990,342	\$ 190,466,302	\$ (18,312,973)	\$ 617,115,371

The Children's Medical Center, Dayton, Ohio and Subsidiaries

Details of Consolidated Statement of Operations and Changes in Net Assets

Year Ended June 30, 2012

	The Children's Medical Center, Dayton, Ohio and Pediatric Assurance Company, Ltd.	Children's Care Group/ Anesthesia Group	Children's Home Care of Dayton, Ohio	Children's Medical Center Foundation	Eliminations	Consolidated
Unrestricted revenue and other support:						
Net patient service revenue (net of contractual allowance)	\$ 208,228,184	\$ 10,849,697	\$ 11,169,204	\$ –	\$ (2,907,816)	\$ 227,339,269
Provision for bad debts	(7,480,555)	–	–	–	–	(7,480,555)
Net patient service revenue less provision for bad debts	200,747,629	10,849,697	11,169,204	–	(2,907,816)	219,858,714
Other operating revenue	11,614,790	6,867,055	75,492	–	(11,084,417)	7,472,920
Unrestricted contributions and net assets released from restrictions used for operations	6,745,700	–	–	–	(1,004,995)	5,740,705
Total unrestricted revenue and other support	219,108,119	17,716,752	11,244,696	–	(14,997,228)	233,072,339
Expenses:						
Salaries and benefits	105,215,470	18,562,806	2,111,847	–	–	125,890,123
Depreciation	14,844,856	191,525	10,445	–	–	15,046,826
Professional fees	14,897,233	–	–	–	(9,344,669)	5,552,564
Drugs	11,844,532	–	7,137,778	–	–	18,982,310
General supplies	5,653,711	106,916	19,768	–	–	5,780,395
Utilities	2,747,729	–	5,117	–	–	2,752,846
Equipment repair and rentals	6,975,053	149,177	14,009	–	(114,090)	7,024,149
Medical supplies	8,444,039	–	377,677	–	–	8,821,716
Purchased services	7,429,620	1,963,839	193,824	5,940,479	(5,498,821)	10,028,941
State assessment	3,854,932	–	–	–	–	3,854,932
Other expenses	5,020,431	767,275	320,837	–	(39,648)	6,068,895
Total expenses	186,927,606	21,741,538	10,191,302	5,940,479	(14,997,228)	209,803,697
Excess (deficiency) of unrestricted revenue and other support over expenses before investment income	32,180,513	(4,024,786)	1,053,394	(5,940,479)	–	23,268,642
Investment income	757,210	–	91,435	972,246	–	1,820,891
Excess (deficiency) of unrestricted revenue and other support over expenses	32,937,723	(4,024,786)	1,144,829	(4,968,233)	–	25,089,533

Continued on next page.

The Children's Medical Center, Dayton, Ohio and Subsidiaries

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

Year Ended June 30, 2012

	The Children's Medical Center, Dayton, Ohio and Pediatric Assurance Company, Ltd.	Children's Care Group/ Anesthesia Group	Children's Home Care of Dayton, Ohio	Children's Medical Center Foundation	Eliminations	Consolidated
Unrestricted net assets						
Excess (deficiency) of unrestricted revenue and other support over expenses	\$ 32,937,723	\$ (4,024,786)	\$ 1,144,829	\$ (4,968,233)	\$ -	\$ 25,089,533
Change in pension plan obligation and plan assets	(16,917,478)	-	-	-	-	(16,917,478)
Capital contribution	-	189,630	-	-	(189,630)	-
Transfers	(7,681,015)	-	-	7,681,015	-	-
Net assets released from restrictions used for purchase of property and equipment	824,045	-	-	-	-	824,045
Increase (decrease) in unrestricted net assets	9,163,275	(3,835,156)	1,144,829	2,712,782	(189,630)	8,996,100
Temporarily restricted net assets						
Contributions	3,488,174	-	-	-	-	3,488,174
Net assets released from restrictions	(2,892,891)	-	-	-	-	(2,892,891)
Change in market value of investments held	-	-	-	(72,298)	-	(72,298)
Increase in temporarily restricted net assets	595,283	-	-	(72,298)	-	522,985
Increase (decrease) in net assets	9,758,558	(3,835,156)	1,144,829	2,640,484	(189,630)	9,519,085
Net assets (deficit) at beginning of year	372,818,580	(4,422,375)	4,788,271	187,820,630	(2,033,981)	558,971,125
Net assets (deficit) at end of year	<u>\$ 382,577,138</u>	<u>\$ (8,257,531)</u>	<u>\$ 5,933,100</u>	<u>\$ 190,461,114</u>	<u>\$ (2,223,611)</u>	<u>\$ 568,490,210</u>

The Children's Medical Center, Dayton, Ohio and Subsidiaries

Details of Consolidated Statement of Cash Flows

Year Ended June 30, 2012

	The Children's Medical Center, Dayton, Ohio and Pediatric Assurance Company, Ltd	Children's Care Group/ Anesthesia Group	Children's Home Care of Dayton, Ohio	Children's Medical Center Foundation	Eliminations	Consolidated
Operating activities						
Change in net assets	\$ 9,758,558	\$ (3,835,156)	\$ 1,144,829	\$ 2,640,484	\$ (189,630)	\$ 9,519,085
Adjustments to reconcile change in net assets to net cash provided by operating activities:						
Depreciation	14,844,856	191,525	10,445	-	-	15,046,826
Provisions for bad debt	7,480,555	-	-	-	-	7,480,555
Change in market value of assets whose use is limited and investments	10,388,607	-	-	9,699,368	-	20,087,975
Change in pension plan obligation and plan assets	16,917,478	-	-	-	-	16,917,478
Accounts receivable	(12,169,077)	-	(27,298)	-	3,930,509	(8,265,866)
Pledges receivable	157,397	-	-	-	-	157,397
Assets whose use is limited and investments	(17,338,179)	(6)	(86,894)	(12,317,571)	86,900	(29,655,750)
Inventories and other current assets	(59,929)	(4,558)	(146,809)	-	-	(211,296)
Other assets	(619,879)	76,933	-	-	589,976	47,030
Estimated net reimbursement due to/from Medicare and Medicaid programs	1,717,083	-	-	-	-	1,717,083
Accounts payable and other current liabilities	1,385,382	4,177,787	108,816	(9,579)	(4,417,755)	1,244,651
Other long-term liabilities	(4,969,982)	(420,525)	-	-	-	(5,390,507)
Net cash provided by operating activities	27,492,870	186,000	1,003,089	12,702	-	28,694,661
Investing activities						
Additions to property, plant, and equipment, net of nominal disposals	(12,317,372)	(191,575)	(17,019)	-	-	(12,525,966)
Increase (decrease) in cash and cash equivalents	15,175,498	(5,575)	986,070	12,702	-	16,168,695
Cash and cash equivalents at beginning of year	29,816,902	656,797	1,058,466	164,221	-	31,696,386
Cash and cash equivalents at end of year	\$ 44,992,400	\$ 651,222	\$ 2,044,536	\$ 176,923	\$ -	\$ 47,865,081

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