

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2016**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p align="center"><b>DAYTON CHILDREN'S HOSPITAL</b></p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p align="center"><b>ONE CHILDREN'S PLAZA</b></p> City or town, state or province, country, and ZIP or foreign postal code <p align="center"><b>DAYTON, OH 45404-1815</b></p> <b>F</b> Name and address of principal officer: <b>CHRIS BERGMAN</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <p align="center">31-0672132</p> <b>E</b> Telephone number <p align="center">937-641-5819</p> <b>G</b> Gross receipts \$ <b>370,871,175.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.CHILDRENSDAYTON.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1967</b>		<b>M</b> State of legal domicile: <b>OH</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO IMPROVE THE HEALTH STATUS OF ALL CHILDREN THROUGH SERVICE, EDUCATION, RESEARCH AND ADVOCACY.</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <span style="float:right">20</span> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <span style="float:right">16</span> <b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a) ..... <b>5</b> <span style="float:right">2583</span> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <span style="float:right">818</span> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <span style="float:right">0.</span> <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> <span style="float:right">0.</span>																									
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**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>CHRIS BERGMAN, VP FINANCE AND CFO</b> Type or print name and title	Date 6/29/2018			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>KAREN O. CRIM</b>	Preparer's signature 	Date 6/29/18	Check if self-employed <input type="checkbox"/>	PTIN <b>P00368385</b>
	Firm's name ▶ <b>RSM US LLP</b> Firm's address ▶ <b>6 S PATTERSON BLVD DAYTON, OH 45402</b>	Firm's EIN ▶ <b>42-0714325</b> Phone no. <b>937 298-0201</b>			

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

Part III Statement of Program Service Accomplishments

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

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 [X] No

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

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

4a (Code: ) (Expenses \$ 278,444,236. including grants of \$ 423,116. ) (Revenue \$ 296,957,293. ) DAYTON CHILDREN'S HOSPITAL IS A PEDIATRIC HOSPITAL LOCATED IN DOWNTOWN DAYTON, OHIO. THE HOSPITAL AND ITS STAFF ARE COMMITTED TO SERVING AS AN ADVOCATE FOR THE CHILDREN AND THEIR FAMILIES IN THE MIAMI VALLEY THROUGH A VARIETY OF DIFFERENT PROGRAMS. IT OFFERS INPATIENT, OUTPATIENT AND ANCILLARY SERVICES TO THE CHILDREN IN THE SURROUNDING 20 COUNTIES. SERVICES ARE PROVIDED TO PATIENTS WITHOUT REGARD TO THEIR ABILITY TO PAY. FOR THE FISCAL YEAR ENDING JUNE 30, 2017, THE HOSPITAL'S MIX OF PATIENTS WAS 56.7% MEDICAID, 37.5% COMMERCIAL, 4.0% OTHER GOVERNMENT PROGRAMS AND 1.8% 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

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 278,444,236.

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b> 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> .....	<b>1</b>	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	<b>2</b>	X	
<b>3</b> 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> .....	<b>3</b>		X
<b>4 Section 501(c)(3) organizations.</b> 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> .....	<b>4</b>	X	
<b>5</b> 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> .....	<b>5</b>		X
<b>6</b> 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> .....	<b>6</b>		X
<b>7</b> 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> .....	<b>7</b>		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>		X
<b>10</b> 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> .....	<b>10</b>	X	
<b>11</b> 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.			
<b>a</b> 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> .....	<b>11a</b>	X	
<b>b</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> .....	<b>11b</b>	X	
<b>c</b> 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> .....	<b>11c</b>		X
<b>d</b> 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> .....	<b>11d</b>		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b>	X	
<b>f</b> 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> .....	<b>11f</b>	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b>		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b>	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>		X
<b>b</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> .....	<b>14b</b>	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b>		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	<b>17</b>		X
<b>18</b> 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> .....	<b>18</b>	X	
<b>19</b> 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> .....	<b>19</b>		X

# AS AMENDED

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

		Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	X	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b>	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b>	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>23</b>	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>		X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>		X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>		X
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X	
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X	
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	X	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	<b>38</b>	X	

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance**

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

			Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b>	188		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b>	0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>		X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	2583		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>		X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	<b>3b</b>			
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X	
<b>b</b> If "Yes," enter the name of the foreign country: <b>BERMUDA</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>			X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter:				
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter:				
<b>a</b> Gross income from members or shareholders	<b>11a</b>			
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>			

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 20		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 16		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	X	
<b>16b</b>		X	

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **OH**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **CHRIS BERGMAN - 937-641-5819**  
**ONE CHILDREN'S PLAZA, DAYTON, OH 45404**

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

 Check if Schedule O contains a response or note to any line in this Part VII 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAURENCE KLABEN CHAIRMAN	1.00 0.00	X		X				0.	0.	0.
(2) LINDA BLACK-KUREK VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(3) JAMES WHALEN SECRETARY/TREASURER	1.00 0.00	X		X				0.	0.	0.
(4) MICHAEL MCQUISTON (BEG 10/16) ASST SECRETY/TREASURER	1.00 0.00	X		X				0.	0.	0.
(5) CLINTON BROWN TRUSTEE	1.00 0.00	X						0.	0.	0.
(6) MARK CHILSON TRUSTEE	1.00 0.00	X						0.	0.	0.
(7) GREGORY EBERHART, MD TRUSTEE	1.00 0.00	X						0.	0.	0.
(8) ELIZABETH EY, MD (END 10/16) TRUSTEE	1.00 0.00	X						0.	0.	0.
(9) THOMAS KRZMARZICK, MD TRUSTEE	1.00 0.00	X					20,000.	0.	0.	0.
(10) JOHN DUBY, MD TRUSTEE	1.00 0.00	X					0.	0.	0.	0.
(11) CHRISTINE SOWARD (BEG 10/16) TRUSTEE	1.00 0.00	X					0.	0.	0.	0.
(12) THERESE MCNEA-WILEY TRUSTEE	1.00 0.00	X					0.	0.	0.	0.
(13) GREGORY SAMPLE (END 10/16) TRUSTEE	1.00 0.00	X					0.	0.	0.	0.
(14) MICHAEL SHANE TRUSTEE	1.00 0.00	X					0.	0.	0.	0.
(15) MATTHEW HARDWICK, MD (BEG 7/16) TRUSTEE	1.00 0.00	X					0.	0.	0.	0.
(16) BEVERLY SHILLITO TRUSTEE	1.00 0.00	X					0.	0.	0.	0.
(17) VISHAL SOIN TRUSTEE	1.00 0.00	X					0.	0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TIMOTHY PEPPER TRUSTEE	1.00 0.00	X						0.	0.	0.
(19) JAMES MCGREGOR (BEG 10/16) TRUSTEE	1.00 0.00	X						0.	0.	0.
(20) TIFFANY KELLNER TRUSTEE	1.00 0.00	X						0.	0.	0.
(21) ADAM MEZOFF, MD CMO	40.00 0.00	X						532,949.	0.	270,181.
(22) DEBORAH FELDMAN CEO	40.00 0.00	X		X				679,353.	0.	346,151.
(23) CHRIS BERGMAN CFO	40.00 0.00			X				388,033.	0.	14,900.
(24) BEN GOODSTEIN CHIEF AMBULATORY OFFICER	40.00 0.00				X			225,937.	0.	43,007.
(25) MATTHEW GRAYBILL VP HR AND CHIEF ADMINISTRATIVE OFFIC	40.00 0.00				X			352,516.	0.	252,529.
(26) CYNTHIA BURGER VP PATIENT & FAMILY EXPERIENCE	40.00 0.00				X			237,605.	0.	155,592.
<b>1b Sub-total</b>								2,436,393.	0.	1082360.
<b>c Total from continuation sheets to Part VII, Section A</b>								1,247,655.	0.	182,529.
<b>d Total (add lines 1b and 1c)</b>								3,684,048.	0.	1264889.

**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 117

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
CHILDREN'S CARE GROUP 1 CHILDREN'S PLAZA, DAYTON, OH 45404	PHYSICIAN SERVICES	20,592,064.
CHILDREN'S ANESTHESIA GROUP 1 CHILDREN'S PLAZA, DAYTON, OH 45404	PHYSICIAN SERVICES	5,743,897.
WRIGHT STATE PHYSICIANS PO BOX 1144, DAYTON, OH 45401	PHYSICIAN SERVICES	1,974,634.
CHILDREN'S EMERGENCY SERVICES 1 CHILDREN'S PLAZA, DAYTON, OH 45404	PHYSICIAN SERVICES	706,780.
VALENCE HEALTH, 540 W MADISON ST STE 1500, CHICAGO, IL 60661	CONSULTING	696,746.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 30

**SEE PART VII, SECTION A CONTINUATION SHEETS**



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 22,516.				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b> 737,406.				
	<b>d</b> Related organizations .....	<b>1d</b> 6,090,126.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b> 1,257,024.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 16,138,904.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....					
	<b>h Total.</b> Add lines 1a-1f .....		24,245,976.			
	<b>Program Service Revenue</b>	<b>2 a</b> PATIENT SERVICE REVENUE .....	<b>Business Code</b> 624100	197,351,497.	197,351,497.	
<b>b</b> MEDICARE/MEDICAID .....		624100	108,040,180.	108,040,180.		
<b>c</b> .....						
<b>d</b> .....						
<b>e</b> .....						
<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			305,391,677.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		8,771,029.		8,771,029.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....					
	<b>6 a</b> Gross rents .....	(i) Real	527,910.			
		(ii) Personal				
		<b>b</b> Less: rental expenses .....	1,201,476.			
		<b>c</b> Rental income or (loss) .....	-673,566.			
	<b>d</b> Net rental income or (loss) .....		-673,566.		-673,566.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	28,274,079.			
		(ii) Other	28,510.			
		<b>b</b> Less: cost or other basis and sales expenses .....	25,127,946.	188,182.		
		<b>c</b> Gain or (loss) .....	3,146,133.	-159,672.		
	<b>d</b> Net gain or (loss) .....		2,986,461.		2,986,461.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 737,406. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	308,370.			
		<b>b</b> Less: direct expenses .....	160,592.			
<b>c</b> Net income or (loss) from fundraising events .....			147,778.		147,778.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....					
	<b>c</b> Net income or (loss) from gaming activities .....					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>	158,468.				
	<b>b</b> Less: cost of goods sold .....	223,972.				
	<b>c</b> Net income or (loss) from sales of inventory .....		-65,504.		-65,504.	
Miscellaneous Revenue		<b>Business Code</b>				
<b>11 a</b> CAFETERIA/KIDS CARE .....		900099	1,347,376.		1,347,376.	
	<b>b</b> CHILD CARE CENTER .....		812930	794,527.		794,527.
		<b>c</b> MEDICAL RECORDS .....		900099	349,454.	
	<b>d</b> All other revenue .....		900099	673,799.	673,799.	
	<b>e Total.</b> Add lines 11a-11d .....			3,165,156.		
<b>12 Total revenue.</b> See instructions. ....			343,969,007.	306,065,476.	0.	

# AS AMENDED

**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	108,575.	108,575.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	314,541.	314,541.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,251,567.		2,251,567.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	118,076.	118,076.		
<b>7</b> Other salaries and wages	124,301,100.	112,143,229.	11,180,167.	977,704.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,510,982.	8,428,632.	1,009,115.	73,235.
<b>9</b> Other employee benefits	12,397,932.	10,987,047.	1,315,421.	95,464.
<b>10</b> Payroll taxes	8,406,780.	7,450,089.	891,959.	64,732.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	971,371.		971,371.	
<b>c</b> Accounting	312,000.		312,000.	
<b>d</b> Lobbying	143,488.	143,488.		
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	1,758,444.		1,758,444.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	43,437,895.	40,073,500.	2,794,858.	569,537.
<b>12</b> Advertising and promotion	1,379,895.	1,379,895.		
<b>13</b> Office expenses	9,162,922.	7,337,114.	1,589,562.	236,246.
<b>14</b> Information technology	7,777,232.	7,777,232.		
<b>15</b> Royalties				
<b>16</b> Occupancy	4,870,073.	4,626,569.	243,504.	
<b>17</b> Travel	1,300,321.	803,950.	434,689.	61,682.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	19,059,098.	18,164,480.	852,483.	42,135.
<b>23</b> Insurance	1,245,597.	1,245,597.		
<b>24</b> 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.)				
<b>a</b> <b>MEDICAL SUPPLIES AND DR</b>	34,580,069.	34,580,069.		
<b>b</b> <b>BAD DEBT EXPENSE</b>	9,108,183.	9,108,183.		
<b>c</b> <b>REPAIRS AND MAINTENANCE</b>	8,804,819.	8,391,873.	393,575.	19,371.
<b>d</b> <b>STATE HOSPITAL ASSESSME</b>	5,262,097.	5,262,097.		
<b>e</b> All other expenses				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	306,583,057.	278,444,236.	25,998,715.	2,140,106.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

# AS AMENDED

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	15,047.	<b>1</b>	17,297.	
	<b>2</b> Savings and temporary cash investments .....	43,401,742.	<b>2</b>	8,349,988.	
	<b>3</b> Pledges and grants receivable, net .....	12,686,320.	<b>3</b>	10,471,232.	
	<b>4</b> Accounts receivable, net .....	55,637,213.	<b>4</b>	48,159,354.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....			<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....			<b>7</b>	
	<b>8</b> Inventories for sale or use .....	2,755,392.	<b>8</b>	3,393,889.	
	<b>9</b> Prepaid expenses and deferred charges .....	614,926.	<b>9</b>	1,730,977.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 408,393,353.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 105,231,763.	192,970,989.	<b>10c</b>	303,161,590.
	<b>11</b> Investments - publicly traded securities .....	276,629,671.	<b>11</b>	307,463,532.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	76,387,943.	<b>12</b>	78,307,363.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	3,691,172.	<b>13</b>	22,996,131.	
	<b>14</b> Intangible assets .....			<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	4,188,011.	<b>15</b>	1,726,579.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	668,978,426.	<b>16</b>	785,777,932.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	48,219,377.	<b>17</b>	29,637,479.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....	65,757,804.	<b>20</b>	142,534,863.	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....			<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	31,587,483.	<b>25</b>	26,265,257.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	145,564,664.	<b>26</b>	198,437,599.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	508,210,423.	<b>27</b>	571,435,320.	
	<b>28</b> Temporarily restricted net assets .....	15,203,339.	<b>28</b>	15,905,013.	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	523,413,762.	<b>33</b>	587,340,333.		
<b>34</b> Total liabilities and net assets/fund balances .....	668,978,426.	<b>34</b>	785,777,932.		

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	343,969,007.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	306,583,057.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	37,385,950.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	523,413,762.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	22,935,762.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	3,604,859.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	587,340,333.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b> 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.			
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>		<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	<b>X</b>	
<b>c</b> 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.	<b>2c</b>	<b>X</b>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	<b>3a</b>		<b>X</b>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	<b>3b</b>		



**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**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	
<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 33 1/3% support test - 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** 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 - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	

Section B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d <b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

Section C - Distributable Amount	(A) Prior Year	(B) Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	Current Year
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

# AS AMENDED

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			



Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2016

Name of the organization

DAYTON CHILDREN ' S HOSPITAL

Employer identification number

31-0672132

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

# AS AMENDED

Name of organization <b>DAYTON CHILDREN'S HOSPITAL</b>	Employer identification number <b>31-0672132</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JACK T. WHEELER 1933 STAYMAN DRIVE DAYTON, OH 45440	\$ 1,350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MATHILE FAMILY FOUNDATION 6450 SAND LAKE RD STE 200 DAYTON, OH 45414-2645	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	SPEEDWAY LLC 500 SPEEDWAY DR ENON, OH 45323-1056	\$ 513,501.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ROBERT W. MILLS 2037 BEAVER VALLEY RD DAYTON, OH 45434-6986	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	JAMES T. MCDONALD 117 TRUMPET DR DAYTON, OH 45449-2252	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	STATE OF OH-OFFICE OF BUDGET & MANAGEMENT 30 E BROAD ST FL 34 COLUMBUS, OH 43215-3457	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# AS AMENDED

Name of organization <b>DAYTON CHILDREN'S HOSPITAL</b>	Employer identification number <b>31-0672132</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	VIRGINIA B. TOULMIN FOUNDATION  C/O WILLIAM VILAFRANCO, TRUSTEE  NEW YORK, NY 10022-9129	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	THE CONNOR GROUP KIDS AND COMMUNITY PARTNERS  10510 SPRINGBORO PIKE  MIAMISBURG, OH 45342-4956	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	THE HOUTZ FAMILY FOUNDATION, INC.  55 WALLS DR FL 3  FAIRFIELD, CT 06824-5163	\$ 135,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	THE WALLACE FOUNDATION  82 REMICK BLVD  SPRINGBORO, OH 45066-9168	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	TWIGS AUXILIARY  1 CHILDRENS PLZ  DAYTON, OH 45404-1815	\$ 110,798.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	LINDA BLACK-KUREK FOUNDATION  C/O LINDA BLACK-KUREK  DAYTON, OH 45458-9162	\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# AS AMENDED

Name of organization <b>DAYTON CHILDREN'S HOSPITAL</b>	Employer identification number <b>31-0672132</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	CHARLES D. BERRY 4150 RONDEAU RIDGE DR DAYTON, OH 45429-1326	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	DPL INC 1065 WOODMAN DR DAYTON, OH 45432-1423	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	THE BERRY FAMILY FOUNDATION 3055 KETTERING BLVD STE 418 DAYTON, OH 45439-1900	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	THE MAXON FOUNDATION ML CN-OH-W10X CINCINNATI, OH 45201-1118	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	GREGORY F. ATKINSON 3377 MCLEAN RD FRANKLIN, OH 45005-4763	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	LEON A. WHITNEY 3507 INDIAN HILL DR DAYTON, OH 45429-1507	\$ 80,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# AS AMENDED

Name of organization <b>DAYTON CHILDREN'S HOSPITAL</b>	Employer identification number <b>31-0672132</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	ROBERT A. GOLDENBERG  103 RUE MARSEILLE  DAYTON, OH 45429-1882	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	JAMES D. WHALEN  944 E SCHANTZ AVE  DAYTON, OH 45419-3821	\$ 62,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	CARL W. MERCURIO  2594 LANTZ RD  BEAVERCREEK, OH 45434-6806	\$ 56,285.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	LAURENCE R. KLABEN  109 N MAIN ST APT 1700  DAYTON, OH 45402-1178	\$ 50,325.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	JOHN W. BERRY  598 W DAVID PKWY  DAYTON, OH 45429-1977	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	STEVEN D. COBB  2475 DEEP HOLLOW RD  DAYTON, OH 45419-1304	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# AS AMENDED

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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	LEE & PATTI SCHEAR FAMILY FOUNDATION, INC. <hr/> 205 SUGAR CAMP CIR <hr/> OAKWOOD, OH 45409-1970	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	TROYAL G. BROOKS <hr/> 3310 W END AVE STE 400 <hr/> NASHVILLE, TN 37203-1074	\$ 48,030.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	SPIRIT HALLOWEEN <hr/> 6826 BLACK HORSE PIKE <hr/> EGG HARBOR TOWNSHIP, NJ 08234-4132	\$ 47,672.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	MARTHA J. APPLE <hr/> 6451 FAR HILLS AVE <hr/> DAYTON, OH 45459-2792	\$ 47,016.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	HELEN B. LABELLE <hr/> 5157 PEBBLE BROOK DR <hr/> ENGLEWOOD, OH 45322-3634	\$ 43,725.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	TIMOTHY L. WHITE <hr/> 2 RIVER PL STE 444 <hr/> DAYTON, OH 45405-4936	\$ 42,929.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# AS AMENDED

Name of organization <b>DAYTON CHILDREN'S HOSPITAL</b>	Employer identification number <b>31-0672132</b>
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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	<b>SUGARPLUM FESTIVAL OF TREES</b>  1 CHILDRENS PLZ  DAYTON, OH 45404-1873	\$ 35,198.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<b>DAY AIR CREDIT UNION, INC.</b>  PO BOX 292980  DAYTON, OH 45429-8980	\$ 33,594.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<b>DEBORAH A. FELDMAN</b>  3601 WOOD HOLLOW RD  DAYTON, OH 45429-1243	\$ 31,425.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<b>PEDIATRIX MEDICAL GROUP</b>  1301 CONCORD TER  SUNRISE, FL 33323-2843	\$ 31,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<b>MIKE R. SHANE</b>  301 FAIRFOREST CIRCLE  OAKWOOD, OH 45419	\$ 30,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<b>DRT HOLDINGS</b>  618 GREENMOUNT BLVD  DAYTON, OH 45419-3271	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# AS AMENDED

Name of organization <b>DAYTON CHILDREN'S HOSPITAL</b>	Employer identification number <b>31-0672132</b>
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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	LUTHERAN SCHOOL OF THE MIAMI VALLEY PTO  239 WAYNE AVE  DAYTON, OH 45402-2939	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	GARY L. VAN GUNDY  PO BOX 291905  DAYTON, OH 45429-0905	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	COSTCO  5300 CORNERSTONE NORTH BLVD.  CENTERVILLE, OH 45440	\$ 28,069.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	MULAKKAN D. YOHANNAN  7007 CHERBOURG PL  CENTERVILLE, OH 45459-3154	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	KURT L. FRIEDMANN  8079 RED LION 5 POINTS RD  SPRINGBORO, OH 45066-9648	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	BRIAN R. WILLIAMSON CHARITABLE CHECKING FUND AT THE TROY FDN  1600 W MAIN ST STE B  TROY, OH 45373-2895	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# AS AMENDED

Name of organization <b>DAYTON CHILDREN'S HOSPITAL</b>	Employer identification number <b>31-0672132</b>
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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	CELINA GLASS CO 6828 E LIVINGSTON ST CELINA, OH 45822-1996	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	MIAMI VALLEY COMBINED FEDERAL CAMPAIGN 33 W 1ST ST STE 500 DAYTON, OH 45402-1235	\$ 22,516.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	ANTHONY R. KENNEY 500 SPEEDWAY DR ENON, OH 45323-1056	\$ 22,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	VDA HOLDING CO LLC 33 W 1ST ST STE 600 DAYTON, OH 45402-1235	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	THE GOSIGER FOUNDATION 108 MCDONOUGH ST DAYTON, OH 45402-2246	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	STUART ROSE FOUNDATION 7720 PARAGON RD DAYTON, OH 45459-4050	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# AS AMENDED

Name of organization  <b>DAYTON CHILDREN'S HOSPITAL</b>	Employer identification number  <b>31-0672132</b>
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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	GALA OF HOPE FOUNDATION  3500 PENTAGON BLVD STE 500  BEAVERCREEK, OH 45431-2375	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	HIRTLE CALLAGHAN & CO, LLC  300 BARR HARBOR DR STE 500  CONSHOHOCKEN, PA 19428-2984	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	NIELS AND RUTH LUNGGARD CHARITABLE TRUST  C/O FIFTH THIRD BANK  PIQUA, OH 45356-1117	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	HARRISON'S HEROES  496 KREIDER DR  FAIRBORN, OH 45324-2149	\$ 19,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	PHYSICIANS' CHARITABLE FOUNDATION OF THE MIAMI VALLEY  40 N MAIN ST STE 500  DAYTON, OH 45423-1038	\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	HANDYMAN ACE HARDWARE  508 S BURNETT RD  SPRINGFIELD, OH 45505-2720	\$ 17,119.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# AS AMENDED

Name of organization <b>DAYTON CHILDREN'S HOSPITAL</b>	Employer identification number <b>31-0672132</b>
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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	NOON OPTIMIST CLUB - CENTERVILLE  PO BOX 750492  DAYTON, OH 45475-0492	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	BUNNY AND WOODY WOODALL FUND  THE DAYTON FOUNDATION  DAYTON, OH 45423-1038	\$ 15,323.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	MORRIS FURNITURE COMPANY  2377 COMMERCE CENTER BLVD  FAIRBORN, OH 45324-6353	\$ 15,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	WARREN COUNTY FOUNDATION  PO BOX 495  LEBANON, OH 45036-0495	\$ 15,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	EVENFLO CO INC  225 BYERS ROAD  MIAMISBURG, OH 45342	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	MIDDLETOWN COMMUNITY FOUNDATION  300 N MAIN ST STE 300  MIDDLETOWN, OH 45042	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# AS AMENDED

Name of organization <b>DAYTON CHILDREN'S HOSPITAL</b>	Employer identification number <b>31-0672132</b>
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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	MARION'S PIAZZA 721 SHROYER RD DAYTON, OH 45419-3611	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	CYNTHIA A. PRETEKIN 329 RUE MARSEILLE DAYTON, OH 45429-1884	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	ERIK G. FREUDENBERG 446 GLEN ABBEY LN MAINEVILLE, OH 45039-6200	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	ELIZABETH H. EY 461 TWELVE OAKS TRL BEAVERCREEK, OH 45434-7340	\$ 14,285.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	THE LITTLE EXCHANGE INC. 45 PARK AVE DAYTON, OH 45419-3427	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	SPEEDWAY 4382 NATIONAL RD E RICHMOND, IN 47374-3728	\$ 13,729.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# AS AMENDED

Name of organization <b>DAYTON CHILDREN'S HOSPITAL</b>	Employer identification number <b>31-0672132</b>
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	MEDISYNC MIDWEST, LLC  25 MERCHANT ST STE 220  CINCINNATI, OH 45246-3740	\$ 13,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	WALMART STORE #1264  2281 US ROUTE 68 S  BELLEFONTAINE, OH 43311-8904	\$ 12,858.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	ROBERT E BROWNING FAMILY FOUNDATION  PO BOX 1118  CINCINNATI, OH 45201-1118	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	MOMS 4 MIRACLES  215 BECKLEY FARM WAY  SPRINGBORO, OH 45066-9486	\$ 12,285.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	GREENE COUNTY PROSECUTOR'S OFFICE  61 GREENE ST  XENIA, OH 45385-3172	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	ZELLER MANAGEMENT  3876 N DIXIE DR  DAYTON, OH 45414-5237	\$ 11,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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Name of organization <b>DAYTON CHILDREN'S HOSPITAL</b>	Employer identification number <b>31-0672132</b>
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	TROY FOOTBALL PARENT'S ASSOCIATION  PO BOX 793  TROY, OH 45373-0793	\$ 11,144.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	SPEEDWAY  126 SW 5TH ST  RICHMOND, IN 47374-4103	\$ 10,572.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	PEPSI BOTTLING GROUP  1 PEPSI WAY STE 1  SOMERS, NY 10589-2201	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	PANDA EXPRESS  5381 CORNERSTONE NORTH BLVD  DAYTON, OH 45440-2269	\$ 10,273.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	WALMART STORE #1410  1801 W MAIN ST  TROY, OH 45373-2346	\$ 10,142.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	ADAMS-ROBINSON ENTERPRISE  2735 NEEDMORE RD  DAYTON, OH 45414-4241	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	HONDA OF AMERICA MFG, INC.  24000 HONDA PKWY  MARYSVILLE, OH 43040-9251	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	THE TURNER FOUNDATION  4 W MAIN ST STE 800  SPRINGFIELD, OH 45502-2302	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	THE TROY FOUNDATION  216 W FRANKLIN ST  TROY, OH 45373-3234	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	MARGARET K. MCQUISTON  101 HADLEY RD  DAYTON, OH 45419-1348	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	MARY H. KITTREDGE FUND OF THE DAYTON FOUNDATION  40 N MAIN ST STE 500  DAYTON, OH 45423-1038	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	GEOFFREY J. HYMAN  1775 SUGAR MAPLE PL  BELLBROOK, OH 45305-9801	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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85	ERIC J. LUNDGREN  3432 SOUTHERN BLVD  KETTERING, OH 45429-1220	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	STOUDER MEMORIAL FOUNDATION  C/O THE TROY FOUNDATION  TROY, OH 45373-3234	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	RALPH E. WADE INSURANCE AGENCY, INC  PO BOX 217  SPRINGBORO, OH 45066-0217	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	HARTZELL NORRIS CHARITABLE TRUST  PO BOX 1117  PIQUA, OH 45356-1117	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	THE WALTER S. QUINLAN FOUNDATION  98 BIRCH HILL RD  WARNER, NH 03278-6401	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	THE CHRIS SHILLITO LEGACY FUND  C/O SEBALY SHILLITO + DYER  DAYTON, OH 45423-1013	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	DOUGLAS C. PRINCE 5496 WINDING CAPE WAY MASON, OH 45040-5037	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	JOHN E. STATEN 2359 SPRING ROSE DR DAYTON, OH 45459-2874	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	THE TILLER FAMILY FOUNDATION 185 CHARTER OAK DR NEW CANAAN, CT 06840-6704	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	AMERICAN TESTING SERVICES LTD 2000 OLD BYERS RD MIAMISBURG, OH 45342-6718	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	SAM'S FANS 4355 SHELBOURNE LN COLUMBUS, OH 43220-4243	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	MDU RESOURCES FOUNDATION 1200 W CENTURY AVE BISMARCK, ND 58503-0911	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	CHARLES S. BIEHN 1924 ARBOR WALK DR. DAYTON, OH 45459	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	MENTAL HEALTH RECOVERY SERVICES OF WARREN & CLINTON COUNTIES 212 COOK RD LEBANON, OH 45036-9600	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	THE DONALD M. AND DOROTHEA HUNT\SPINDLER ENDOWMENT FUND THE DAYTON FOUNDATION DAYTON, OH 45423-1038	\$ 9,832.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	SAM'S CLUB #6517 3446 PENTAGON BLVD BEAVERCREEK, OH 45431-1704	\$ 9,483.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	SPEEDWAY-CAMBRIDGE CITY 1589 N STATE ROAD 1 CAMBRIDGE CITY, IN 47327-9329	\$ 9,454.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	SPEEDWAY-HAGERSTOWN IN 298 E MAIN ST HAGERSTOWN, IN 47346-1305	\$ 9,424.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	RAYMAN A. COY 40 N MAIN ST STE 500 DAYTON, OH 45423-1038	\$ 9,255.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	SAM'S CLUB #8136 1111 MIAMISBURG CENTERVILLE RD DAYTON, OH 45459-6713	\$ 9,199.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	WALMART STORE #1331 2400 MICHIGAN ST SIDNEY, OH 45365-9080	\$ 9,079.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	WALMART STORE #3641 200 TUTTLE RD SPRINGFIELD, OH 45503-5236	\$ 8,788.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	GREGORY J. TOUSSAINT 2436 OAKBROOK BLVD. BEAVERCREEK, OH 45434	\$ 8,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	MARK A. MUSTAR 5061 OLD CLIFTON ROAD SPRINGFIELD, OH 45502-9084	\$ 8,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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109	JOYCE C. YOUNG 1245 AUTUMN WIND CT DAYTON, OH 45458-6034	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	WALMART STORE #1503 6244 WILMINGTON PIKE DAYTON, OH 45459-7024	\$ 8,085.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	WALMART STORE #1504 8800 KINGSRIDGE DR DAYTON, OH 45458-1616	\$ 7,948.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	SPEEDWAY 1821 CHESTER BLVD RICHMOND, IN 47374-1663	\$ 7,928.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	MARY L. DIXON FUND C/O THE DAYTON FOUNDATION 40 N MAIN ST STE 500 DAYTON, OH 45423-1038	\$ 7,591.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	RUSSELL L. CLINE 5649 N JEFFERSONVILLE RD JAMESTOWN, OH 45335-9796	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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115	EDWARD S. BOYLE 110 OAK KNOLL DR DAYTON, OH 45419-1363	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	MINESINGER COMPANIES, LLC 7 S PLUM ST TROY, OH 45373-3249	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	WALMART STORE #1745 3601 E MAIN ST RICHMOND, IN 47374-5934	\$ 7,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	WALMART STORE #5104 1701 W DOROTHY LN DAYTON, OH 45439-1838	\$ 7,449.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	CHAMPLIN ARCHITECTURE 720 E PETE ROSE WAY STE 140 CINCINNATI, OH 45202-5302	\$ 7,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	JOHN M. OWSIANY PO BOX 338 PIQUA, OH 45356-0338	\$ 6,966.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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121	WALMART STORE #5374  100A E WASHINGTON JACKSON RD  EATON, OH 45320-9729	\$ 6,833.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	SAM'S CLUB #6380  6955 MILLER LN  DAYTON, OH 45414-2658	\$ 6,831.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	WALMART STORE #5409  7725 HOKE RD  CLAYTON, OH 45315-9725	\$ 6,781.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	IVAL O. SALYER  6757 GAINES FERRY RD  FLOWERY BR, GA 30542-3843	\$ 6,777.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	ROBERT M. CONNELLY  1301 RALEIGH RD  DAYTON, OH 45419-3028	\$ 6,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126	DAIRY QUEEN GRILL & CHILL  1288 E ASH ST  PIQUA, OH 45356-4110	\$ 6,692.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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127	SPEEDWAY-AUSTIN LANDING  1488 AUSTIN RD  DAYTON, OH 45458-3547	\$ 6,682.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	TOBY K. HENDERSON  3401 STONEBRIDGE RD  DAYTON, OH 45419-1241	\$ 6,666.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	ESI ELECTRICAL CONTRACTORS  4696 DEVITT DR  CINCINNATI, OH 45246-1104	\$ 6,620.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130	EPIC SYSTEMS CORP  1979 MILKY WAY  VERONA, WI 53593-9179	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
131	MUHA CONSTRUCTION, INC.  855 CONGRESS PARK DR  DAYTON, OH 45459-4047	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
132	HANDYMAN ACE HARDWARE  1229 WILMINGTON AVE  DAYTON, OH 45420-1539	\$ 6,403.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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133	BANK OF AMERICA CHARITABLE FOUNDATION NC1-001-03-09 CHARLOTTE, NC 28255-0001	\$ 6,385.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	WALMART STORE #3765 1300 E ASH ST PIQUA, OH 45356-4100	\$ 6,327.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	SPEEDWAY 2996 DERR RD SPRINGFIELD, OH 45503-1368	\$ 6,266.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136	AUNTIE ANNE'S PRETZELS 2700 MIAMISBURG CENTERVILLE RD DAYTON, OH 45459-3738	\$ 6,241.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137	SPEEDWAY 319 N MAIN ST NEW CARLISLE, OH 45344-1840	\$ 6,201.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138	WALMART STORE #1463 70 HOSPITALITY DRIVE XENIA, OH 45385-2663	\$ 6,160.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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139	<b>SPEEDWAY</b>  1147 N LIMESTONE ST  SPRINGFIELD, OH 45503-3621	\$ <u>6,106.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
140	<b>PAPA JOHN'S PIZZA</b>  2621 DRYDEN RD STE 110  MORAINES, OH 45439-1646	\$ <u>6,096.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141	<b>MICHAEL A. COX</b>  9 GLENEAGLE CT  PIQUA, OH 45356-4509	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142	<b>MCAFEE HEATING &amp; AIR CONDITIONING</b>  4750 HEMPSTEAD STATION DR  KETTERING, OH 45429-5164	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143	<b>WALMART STORE #2035</b>  1501 WAGNER AVE  GREENVILLE, OH 45331-2763	\$ <u>5,891.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144	<b>PANERA BREAD</b>  3900 E MARKET ST  WARREN, OH 44484-4708	\$ <u>5,877.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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145	SPEEDWAY  329 S MAIN ST  BELLEFONTAINE, OH 43311-1719	\$ 5,853.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146	HANDYMAN ACE HARDWARE  7845 CLYO RD  CENTERVILLE, OH 45459-4832	\$ 5,840.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147	WALMART STORE #2429  2100 N BECHTLE AVE  SPRINGFIELD, OH 45504-1572	\$ 5,776.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148	BRUBAKER GRAIN & CHEMICAL INC  2918 QUAKER TRACE RD  WEST ALEXANDRIA, OH 45381-9360	\$ 5,661.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149	SPEEDWAY  8134 OLD TROY PIKE  HUBER HEIGHTS, OH 45424	\$ 5,548.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150	CBD ADVISORS  4031 COLONEL GLENN HWY STE 201  BEAVERCREEK TOWNSHIP, OH 45431-1601	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151	TIM HORTONS  5505 BLUE LAGOON DR  MIAMI, FL 33126-2029	\$ 5,460.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152	SPEEDWAY  2150 E DOROTHY LN  DAYTON, OH 45420-1114	\$ 5,441.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153	ADAM P. BLANCHARD  1716 HERITAGE LAKE DR  CENTERVILLE, OH 45458-6066	\$ 5,405.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
154	BRIAN M. MERCER  10155 MORGAN GREY CT  DAYTON, OH 45458-1100	\$ 5,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155	WALMART STORE #1433  1950 HAVEMANN RD  CELINA, OH 45822-9300	\$ 5,311.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
156	SPEEDWAY  2920 SHROYER RD  DAYTON, OH 45419-1865	\$ 5,291.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# AS AMENDED

Name of organization <b>DAYTON CHILDREN'S HOSPITAL</b>	Employer identification number <b>31-0672132</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157	MCAFEE FOUNDATION FOR CHILDREN & YOUTH 4770 HEMPSTEAD STATION DR KETTERING, OH 45429-5164	\$ 5,265.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158	WALMART STORE #1239 1840 E US HIGHWAY 36 URBANA, OH 43078-9600	\$ 5,264.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159	BEVERLY W. PARKER 5880 MIDNIGHT PASS RD APT 709 SARASOTA, FL 34242-2104	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
160	THE BETTY L. AND JACK SEMMELMAN ENDOWMENT FUND C/O THE DAYTON FOUNDATI 40 N MAIN ST STE 500 DAYTON, OH 45423-1038	\$ 5,217.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161	UNITED WAY OF GREATER DAYTON AREA 33 W 1ST ST STE 500 DAYTON, OH 45402-1235	\$ 5,168.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162	SPEEDWAY 1515 N MAIN AVE SIDNEY, OH 45365-1774	\$ 5,109.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# AS AMENDED

Name of organization <b>DAYTON CHILDREN'S HOSPITAL</b>	Employer identification number <b>31-0672132</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163	ACCO BRANDS CORPORATION 4751 HEMPSTEAD STATION DR KETTERING, OH 45429-5165	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
164	JOSEPH S. BETTMAN 5180 PEBBLE BROOK DR ENGLEWOOD, OH 45322-3632	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
165	DANIS BUILDING CONSTRUCTION COMPANY 3233 NEWMARK DR MIAMISBURG, OH 45342-5422	\$ 5,075.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
166	PANDA RESTAURANT ORGANIZATION 1770 BOWMAN DR XENIA, OH 45385-3808	\$ 5,049.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167	AFLAC 1932 WYNNTON RD COLUMBUS, GA 31999-0001	\$ 5,027.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168	HANDYMAN ACE HARDWARE 3300 S DAYTON LAKEVIEW RD NEW CARLISLE, OH 45344-2366	\$ 5,014.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# AS AMENDED

Name of organization  <b>DAYTON CHILDREN'S HOSPITAL</b>	Employer identification number  <b>31-0672132</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169	ERIC H. GRIESHOP  2518 WABASH RD  FORT RECOVERY, OH 45846-9530	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170	KAREN G. CHURCH  13 ELM ST  JAMESTOWN, OH 45335-1567	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
171	ROBERT J. BLOMMEL  236 STONEHAVEN RD  DAYTON, OH 45429-1642	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
172	JOSEPH AIRPORT TOYOTA, SCION, HYUNDAI  PO BOX 699  VANDALIA, OH 45377-0699	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
173	ELIZABETH DIAMOND COMPANY  7245 FAR HILLS AVE  DAYTON, OH 45459-4206	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
174	DANIEL J. LACEY  7100 FREDERICK PIKE  DAYTON, OH 45414-1904	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# AS AMENDED

Name of organization <b>DAYTON CHILDREN'S HOSPITAL</b>	Employer identification number <b>31-0672132</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175	STEVE PEREZ 9416 BONNIE ANN PLACE CENTERVILLE, OH 45458	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176	RUTH C. MEAD 103 GRASSY TRL HOBE SOUND, FL 33455-2312	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177	CHRISTOPHER C. JONES 145 PEACH ORCHARD RD DAYTON, OH 45419	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178	BOOST TECHNOLOGIES, LLC 811 E 4TH ST DAYTON, OH 45402-2227	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
179	MARLA M. VICHICH 1107 CHAMBREY CT DAYTON, OH 45458-2596	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180	TAMMY HOLMES PO BOX 24301 HUBER HEIGHTS, OH 45424-0301	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# AS AMENDED

Name of organization  <b>DAYTON CHILDREN'S HOSPITAL</b>	Employer identification number  <b>31-0672132</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181	RICHARD F. GLENNON <hr/> 6241 HEMPSTEAD MEWS <hr/> DAYTON, OH 45459-1511	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
182	BEULAH A. TIPTON <hr/> 4657 COBBLESTONE DR <hr/> TIPP CITY, OH 45371-8355	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
183	THOMAS D. MACLEOD <hr/> 3716 BLOSSOM HEATH RD <hr/> DAYTON, OH 45419-1109	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
184	SUZI B. MIKUTIS <hr/> 1009 BRITTANY HILLS DR <hr/> CENTERVILLE, OH 45459-1522	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
185	HARRY C. BROWN <hr/> 7701 SALEM AVE <hr/> CLAYTON, OH 45315-8853	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
186	JUDITH T. BLANTON <hr/> 8822 FREDERICK PIKE <hr/> DAYTON, OH 45414-1235	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# AS AMENDED

Name of organization <b>DAYTON CHILDREN'S HOSPITAL</b>	Employer identification number <b>31-0672132</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187	LEBANON OPTIMIST CLUB  PO BOX 778  LEBANON, OH 45036-0778	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
188	MUKUND G. DOLE  1513 GATEKEEPER WAY  CENTERVILLE, OH 45458-3955	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
189	THE WANERK-VOGEL FOUNDATION, LTD  1 ASHLEY WAY  ARCADIA, WI 54612-1218	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
190	LESLIE C. MAPP FOUNDATION  C/O J. P. MORGAN, TRUSTEE  DAYTON, OH 45423-1026	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
191	HEAPY ENGINEERING LLC  1400 W DOROTHY LN  DAYTON, OH 45409-1310	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
192	PREMIER HEALTH PARTNERS  110 NORTH MAIN STREET  DAYTON, OH 45402	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# AS AMENDED

Name of organization <b>DAYTON CHILDREN'S HOSPITAL</b>	Employer identification number <b>31-0672132</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
193	GREGORY M. EBERHART 8620 GARNET DR DAYTON, OH 45458-3207	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
194	PAUL C. COOK 5740 MIDNIGHT PASS RD APT 501F SARASOTA, FL 34242-3009	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
195	JOHN C. ERNST 5543 WORLEY RD TIPP CITY, OH 45371-8912	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
196	SYNCHRONY FINANCIAL PO BOX 984 ATLANTA, GA 30301-0984	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
197	BRIXEY AND MEYER 2991 NEWMARK DR MIAMISBURG, OH 45342-5416	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
198	DORSEY AND ASSOCIATES 10510 SPRINGBORO PIKE MIAMISBURG, OH 45342-4956	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# AS AMENDED

Name of organization  <b>DAYTON CHILDREN'S HOSPITAL</b>	Employer identification number  <b>31-0672132</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
199	KATHLEEN P. STOLLE  5713 WILMINGTON RD  OREGONIA, OH 45054-9801	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
200	SUNITA REDDY  5828 STONE LAKE DR  DAYTON, OH 45429-6063	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

# AS AMENDED

Name of organization  <b>DAYTON CHILDREN ' S HOSPITAL</b>	Employer identification number  <b>31-0672132</b>
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**Part II Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization <b>DAYTON CHILDREN'S HOSPITAL</b>	Employer identification number <b>31-0672132</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

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

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

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

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 campaign activity expenditures \$
3 Volunteer hours for political campaign activities

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.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990 or 990-EZ) 2016

LHA

632041 11-10-16

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

# AS AMENDED

**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)).**

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....	X		80,646.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		14,268.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....	X		62,842.
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			157,756.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

		Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2		
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	3		

**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."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	
<b>4</b> 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? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....	<b>5</b>	

**Part IV Supplemental Information**

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

**LINE 1F:**

OHIO HOSPITAL ASSOCIATION	\$2,431
OHIO CHILDREN'S HOSPITAL ASSOCIATION	\$41,888
NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS	\$36,327
<b>TOTAL</b>	<b>\$80,646</b>

# AS AMENDED

**Part IV** Supplemental Information (continued)

LINE 1G:

MANAGEMENT TIME \$14,268

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

LINE 1H:

CONSULTING EXPENSE \$62,842

TOTAL LINE 1J : \$157,756

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2016 Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring requirements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

# AS AMENDED

**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):
- |   |   |
|---|---|
| <p><b>a</b> <input type="checkbox"/> Public exhibition</p> <p><b>b</b> <input type="checkbox"/> Scholarly research</p> <p><b>c</b> <input type="checkbox"/> Preservation for future generations</p> | <p><b>d</b> <input type="checkbox"/> Loan or exchange programs</p> <p><b>e</b> <input type="checkbox"/> Other _____</p> |
|---|---|
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....	166,138,338.	166,743,504.	171,140,209.	145,550,821.	127,667,969.
<b>b</b> Contributions .....	106,014.	9,088,944.	3,053,446.	7,058,671.	7,549,823.
<b>c</b> Net investment earnings, gains, and losses .....	22,275,524.	-3,600,121.	-1,935,200.	23,383,702.	14,908,772.
<b>d</b> Grants or scholarships .....	6,197,913.	6,073,989.	5,514,951.	4,815,615.	4,542,192.
<b>e</b> Other expenditures for facilities and programs .....	10,372.	20,000.		37,370.	33,551.
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....	182,311,591.	166,138,338.	166,743,504.	171,140,209.	145,550,821.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 100.00 %
- b** Permanent endowment ▶ \_\_\_\_\_ %
- c** Temporarily restricted endowment ▶ \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   |     |    |
|---|-----|----|
|   | Yes | No |
| <b>(i)</b> unrelated organizations .....  |     | X  |
| <b>(ii)</b> related organizations .....   | X   |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... | X   |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		6,981,519.		6,981,519.
<b>b</b> Buildings .....		83,653,138.	26,644,428.	57,008,710.
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		165,920,743.	76,086,705.	89,834,038.
<b>e</b> Other .....		151,837,953.	2,500,630.	149,337,323.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				303,161,590.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) HIRTLE CALLAGHAN -		
(B) OFFSHORE	62,147,439.	END-OF-YEAR MARKET VALUE
(C) HIRTLE CALLAGHAN -		
(D) COMMODITIES	12,723,148.	END-OF-YEAR MARKET VALUE
(E) HIRTLE CALLAGHAN - REAL		
(F) ESTATE	3,436,776.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>78,307,363.</b>	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) SELF INSURANCE PAYABLE	6,849,161.	
(3) DEFERRED COMP PAYABLE - DOCS	1,178,759.	
(4) DEFERRED COMP PAYABLE - EXEC	533,811.	
(5) SERP PENSION ACCRUAL	4,277,635.	
(6) EMPLOYEE RETIREMENT PAYABLE	13,425,891.	
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>26,265,257.</b>	

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

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

ALL SUBSIDIARIES OF THE HOSPITAL EXCEPT CHILDREN'S CARE GROUP (CCG), CHILDREN'S ANESTHESIA GROUP (CAG), DAYTON CHILDREN'S ORTHOPAEDIC (ORTHO), AND SELECTED JOINT VENTURE ENTITIES ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE WHOLLY OWNED FOR-PROFIT SUBSIDIARIES CCG, CAG, ORTHO HAD NO TAXABLE INCOME IN 2017 OR 2016. THE PROVISION FOR INCOME TAXES FOR THE JOINT VENTURE ENTITIES IS NOT SIGNIFICANT TO THE HOSPITAL.

THE HOSPITAL COMPLETED AN ANALYSIS OF ITS TAX POSITIONS IN ACCORDANCE WITH APPLICABLE ACCOUNTING GUIDANCE, AND DETERMINED THAT NO AMOUNTS WERE REQUIRED TO BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS AT JUNE 30, 2017 OR 2016.

# AS AMENDED

**Part XIII** Supplemental Information *(continued)*

SUPPLEMENTAL INFORMATION

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

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2016**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

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

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA / CARIBBEAN	1	2	INVESTMENTS		90,901,221.
CENTRAL AMERICA / CARIBBEAN	1	2	PROGRAM SERVICE	SELF INSURANCE	1,838,446.
<b>3 a</b> Sub-total .....	2	4			92,739,667.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	2	4			92,739,667.





# AS AMENDED

**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* .....  Yes  No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* .....  Yes  No

Schedule F (Form 990) 2016





# AS AMENDED

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CHA CHA	GEM CITY JAM	2	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	<b>1</b> Gross receipts .....	677,876.	178,906.	188,994.	1,045,776.
	<b>2</b> Less: Contributions .....	453,425.	143,724.	140,257.	737,406.
	<b>3</b> Gross income (line 1 minus line 2) .....	224,451.	35,182.	48,737.	308,370.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	1,300.	19,799.	3,500.	24,599.
	<b>7</b> Food and beverages .....	35,274.	13,433.	31,757.	80,464.
	<b>8</b> Entertainment .....	10,884.	300.	1,320.	12,504.
	<b>9</b> Other direct expenses .....	29,893.	1,650.	11,482.	43,025.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				160,592.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				147,778.	

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_





**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2016**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

**Open to Public Inspection**

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

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

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

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

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			822,398.		822,398.	.28%
<b>b</b> Medicaid (from Worksheet 3, column a)			150,687,764.	112,499,242.	38,188,522.	12.84%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			151,510,162.	112,499,242.	39,010,920.	13.12%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			1,687,678.		1,687,678.	.57%
<b>f</b> Health professions education (from Worksheet 5)			3,803,062.	1,483,828.	2,319,234.	.78%
<b>g</b> Subsidized health services (from Worksheet 6)			25,692,431.	8,586,275.	17,106,156.	5.75%
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			370,519.		370,519.	.12%
<b>j Total.</b> Other Benefits			31,553,690.	10,070,103.	21,483,587.	7.22%
<b>k Total.</b> Add lines 7d and 7j			183,063,852.	122,569,345.	60,494,507.	20.34%





**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

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

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

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	6b	X
7 Did the hospital facility make its CHNA report widely available to the public? .....	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	10	X
a If "Yes," (list url): <u>SEE PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

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

**Financial Assistance Policy (FAP)**

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

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>13</b>	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:			
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %			
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)			
<b>c</b> <input type="checkbox"/> Asset level			
<b>d</b> <input type="checkbox"/> Medical indigency			
<b>e</b> <input checked="" type="checkbox"/> Insurance status			
<b>f</b> <input type="checkbox"/> Underinsurance status			
<b>g</b> <input checked="" type="checkbox"/> Residency			
<b>h</b> <input type="checkbox"/> Other (describe in Section C)			
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>14</b>	<b>X</b>	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>15</b>	<b>X</b>	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
<b>e</b> <input type="checkbox"/> Other (describe in Section C)			
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>16</b>	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>			
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>			
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>			
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
<b>j</b> <input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** (continued)

**Billing and Collections**

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

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....	X	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
<b>b</b> <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
<b>d</b> <input type="checkbox"/> Made presumptive eligibility determinations		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	21	X	
If "No," indicate why:			
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing			
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
<b>d</b> <input type="checkbox"/> Other (describe in Section C)			

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

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

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

		Yes	No
<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
<b>a</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b>	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b>	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? ..... If "Yes," explain in Section C.	23	X
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? ..... If "Yes," explain in Section C.	24	X

Schedule H (Form 990) 2016

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

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

DAYTON CHILDREN'S HOSPITAL:

PART V, SECTION B, LINE 5: IN CONDUCTING ITS MOST RECENT CHNA, THE HOSPITAL FACILITY TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH.

DAYTON CHILDREN'S CHNA INCLUDES FEEDBACK FROM THE GROUPS CONVENED BY THE HOSPITAL INCLUDING COMMUNITY MEMBERS, EXPERTS IN PUBLIC HEALTH AND CLINICAL PRACTITIONERS, AND INCLUDES DATA REGARDING THE HEALTH NEEDS OF VULNERABLE PEDIATRIC POPULATIONS, THOSE WITH CHRONIC ILLNESSES, AS WELL AS HEALTH DISPARITIES AMONG MINORITIES, LOW-INCOME AND MEDICALLY-UNDERSERVED POPULATIONS.

TO CONDUCT THE FY17 CHNA, DAYTON CHILDREN'S CONTRACTED WITH THE HOSPITAL COUNCIL OF NORTHWEST OHIO TO COLLECT THE DATA, GUIDE THE HEALTH ASSESSMENT PROCESS, AND INTEGRATE SOURCES OF PRIMARY AND SECONDARY DATA INTO THE FINAL REPORT. THIS COMMUNITY HEALTH NEEDS ASSESSMENT WAS CROSS-SECTIONAL IN NATURE AND INCLUDED A WRITTEN SURVEY OF PARENTS WITHIN THE GREATER DAYTON AREA. FROM THE BEGINNING, COMMUNITY LEADERS AND PUBLIC HEALTH PARTNERS WERE ACTIVELY ENGAGED IN THE PLANNING PROCESS AND HELPED DEFINE THE CONTENT, SCOPE, AND SEQUENCE OF THE STUDY. ACTIVE ENGAGEMENT OF COMMUNITY MEMBERS THROUGHOUT THE PLANNING PROCESS IS REGARDED AS AN IMPORTANT STEP IN COMPLETING A VALID NEEDS ASSESSMENT. THE DAYTON CHILDREN'S CHNA MULTIDISCIPLINARY TEAM REVIEWED THE DATA AND THEN RATED THE NEEDS AGAINST CRITERIA INCLUDING PREVALENCE, SERIOUSNESS (HOSPITALIZATION AND/OR DEATH), IMPACT ON OTHER HEALTH ISSUES, URGENCY,

**Part V Facility Information** (continued)

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

PREVENTION, ECONOMICS/FEASIBILITY, ACCEPTABILITY AND RESOURCES.

THE HOSPITAL FACILITY ALSO CONSULTED WITH THE FOLLOWING COMMUNITY

PARTNERS:

CLARK COUNTY COMBINED HEALTH DISTRICT

ECHO (EMPOWERING CHILDREN WITH HOPE AND OPPORTUNITY) AT THE UNIVERSITY OF DAYTON

GREENE COUNTY PUBLIC HEALTH

COMMUNITY HEALTH CENTERS OF GREATER DAYTON

HEALTHY COMMUNITIES CONSULTING, LLC

LEARN TO EARN DAYTON

MIAMI COUNTY PUBLIC HEALTH

MIAMI VALLEY CHILD DEVELOPMENT CENTERS

MIAMI VALLEY REGIONAL PLANNING COMMISSION

MONTGOMERY COUNTY ADAMHS BOARD

MONTGOMERY COUNTY HEALTH AND HUMAN SERVICES

MONTGOMERY COUNTY JOB AND FAMILY SERVICES - CHILDREN SERVICE DIVISION

PUBLIC HEALTH - DAYTON & MONTGOMERY COUNTY

SINCLAIR COMMUNITY COLLEGE, DIVISION OF HEALTH SCIENCES

UNITED WAY OF GREATER DAYTON

WARREN COUNTY HEALTH DISTRICT

WRIGHT STATE UNIVERSITY DEPARTMENT OF PEDIATRICS

WRIGHT STATE UNIVERSITY DEPARTMENT OF POPULATION & PUBLIC HEALTH SCIENCES

DAYTON CHILDREN'S HOSPITAL:

PART V, SECTION B, LINE 11: DAYTON CHILDREN'S HOSPITAL CONDUCTED ITS MOST

# AS AMENDED

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

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

RECENT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN TAX YEAR 2016. THE THREE PRIORITIES IDENTIFIED THROUGH THE ASSESSMENT AND WHERE THE HOSPITAL WILL CONCENTRATE ITS COMMUNITY BENEFIT WORK ARE THE FOLLOWING: 1) MENTAL HEALTH AND ADDICTION (INCLUDES EMOTIONAL WELLBEING, MENTAL ILLNESS CONDITIONS, AND SUBSTANCE ABUSE DISORDERS), 2) CHRONIC DISEASE (INCLUDES CONDITIONS SUCH AS HEART DISEASE, DIABETES, ASTHMA, AND RELATED CLINICAL RISK FACTORS SUCH AS OBESITY, HYPERTENSION, AND HIGH CHOLESTEROL, AS WELL AS BEHAVIORS CLOSELY ASSOCIATED WITH THESE CONDITIONS AND RISK FACTORS INCLUDING NUTRITION, PHYSICAL ACTIVITY, AND TOBACCO USE) AND 3) MATERNAL AND INFANT HEALTH (INCLUDES INFANT AND MATERNAL MORTALITY, BIRTH OUTCOMES, AND RELATED RISK AND PROTECTIVE FACTORS IMPACTING PRECONCEPTION, PREGNANCY, AND INFANCY, INCLUDING FAMILY AND COMMUNITY CONTEXTS). THE IMPLEMENTATION PLAN INCLUDES A ROBUST SET OF PRIORITY ACTIONS TO IMPROVE HEALTH OUTCOMES IN THE THREE KEY PEDIATRIC HEALTH ISSUES AS WELL AS STRATEGIES TO ADDRESS THE SOCIAL DETERMINANTS OF HEALTH TO WORK AT THE ROOT CAUSES OF POOR HEALTH FOR CHILDREN. TO WORK TOWARD IMPROVING MENTAL HEALTH AND ADDICTION OUTCOMES, DAYTON CHILDREN'S WILL EXECUTE A PLAN TO CREATE A PSYCHIATRY UNIT IN DAYTON CHILDREN'S HOSPITAL AND PROMOTE TRAUMA-INFORMED HEALTH CARE. TO WORK TOWARD IMPROVING CHRONIC DISEASE OUTCOMES, DAYTON CHILDREN'S WILL IMPLEMENT NUTRITION POLICY IN SCHOOLS, IMPLEMENT SAFE ROUTES TO SCHOOL AND ENHANCE THE WORK OF THE DAYTON ASTHMA ALLIANCE. TO WORK TOWARD IMPROVING MATERNAL AND INFANT HEALTH, DAYTON CHILDREN'S WILL INCREASE THE USE OF SAFE SLEEP PRACTICES. TO ADDRESS MOST PRIORITY AREAS, DAYTON CHILDREN'S WILL ALSO ADDRESS A NUMBER OF CROSS-CUTTING STRATEGIES TO IMPROVE THE HEALTH OF THE COMMUNITY. THESE STRATEGIES INCLUDE INCREASING BREASTFEEDING, EXPLORING AND

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

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

IMPLEMENTING SCREENINGS TO ADDRESS SOCIAL AND BEHAVIORAL NEEDS,  
 INTEGRATING COMMUNITY HEALTH WORKERS INTO CLINICAL SERVICES, PROMOTING A  
 REGIONAL CHILDHOOD VACCINATION CAMPAIGN, IMPLEMENTING A FOOD INSECURITY  
 AND REFERRAL PROGRAM AND IMPLEMENTING A FOOD PHARMACY.

WHILE MANY PRIORITIES WERE IDENTIFIED THROUGH THE FY 17 CHNA PROCESS, THE  
 PRIORITIES TO BE ADDRESSED WERE IDENTIFIED AS THE HIGHEST PRIORITIES AFTER  
 COMMUNITY MEMBER INPUT. WHILE THERE ARE MANY ADDITIONAL NEEDS IN THE  
 COMMUNITY, DAYTON CHILDREN'S WILL ONLY BE ADDRESSING THE THREE PRIORITY  
 NEEDS IDENTIFIED. OTHER NEEDS IDENTIFIED WILL NOT BE ADDRESSED DUE TO A  
 LACK OF RESOURCES AVAILABLE TO ADDRESS THESE NEEDS.

THE 2017-2020 DAYTON CHILDREN'S IMPLEMENTATION PLAN PRIORITIES ALIGN WITH  
 REGIONAL, STATE AND NATIONAL PRIORITIES. DAYTON CHILDREN'S WILL BE  
 ADDRESSING THE FOLLOWING PRIORITIES TO REACH THE CHILD POPULATION IN THE  
 GREATER DAYTON AREA (MONTGOMERY, CLARK, GREENE, MIAMI, AND WARREN  
 COUNTIES): MENTAL HEALTH AND ADDICTION, CHRONIC DISEASE, AND MATERNAL AND  
 INFANT HEALTH. PUBLIC HEALTH OFFICIALS FROM THESE COUNTIES WERE PART OF  
 THE PLANNING PROCESS TO ENSURE ALIGNMENT. IN ADDITION, AS IMPLEMENTATION  
 STRATEGIES WERE DEVELOPED, THE OHIO STATE HEALTH IMPROVEMENT PLAN (SHIP)  
 WAS CONSULTED. THE 2017-2019 SHIP SERVES AS A STRATEGIC MENU OF  
 PRIORITIES, OBJECTIVES, AND EVIDENCE-BASED STRATEGIES TO BE IMPLEMENTED BY  
 STATE AGENCIES, LOCAL HEALTH DEPARTMENTS, HOSPITALS, AND OTHER COMMUNITY  
 PARTNERS AND SECTORS BEYOND HEALTH INCLUDING EDUCATION, HOUSING,  
 EMPLOYERS, AND REGIONAL PLANNING. WE CONTINUOUSLY WORK TO ALIGN OUR  
 IMPLEMENTATION STRATEGIES WITH OTHER LOCAL AND STATE HEALTH DEPARTMENTS  
 AND OTHER HEALTH ENTITIES TO ENSURE THE GREATEST IMPACT ON HEALTH ISSUES.  
 DURING FISCAL YEAR 2017, DAYTON CHILDREN'S DID EXECUTE ON THE 2014

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

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

COMMUNITY HEALTH NEEDS ASSESSMENT. IN 2014, THE HOSPITAL IDENTIFIED

NUTRITION EDUCATION/CHILDHOOD OBESITY, MENTAL HEALTH AND INFANT

MORTALITY/SAFE SLEEP PRACTICES AS PRIORITIES. BELOW IS A LIST OF ACTIONS  
TAKEN WITH RESPECT TO THE 2014 PRIORITY NEEDS.

DAYTON CHILDREN'S IS FOCUSING ON DECREASING THE LOCAL PEDIATRIC OBESITY

RATE BY WORKING WITH LOCAL PEDIATRICIANS AND HEALTH CARE PROVIDERS TO

BETTER IDENTIFY AND ADDRESS OBESITY. DAYTON CHILDREN'S CREATED A DIETETIC

LIAISON PROGRAM PLACING DIETICIANS IN COMMUNITY PHYSICIAN PRACTICES AND

OFFERING EDUCATION TO BOTH FAMILIES AND PRACTITIONERS TO ADDRESS CHILDHOOD

OBESITY AND NUTRITION. TO COMPLEMENT THE ONE-ON-ONE EDUCATION AROUND

OBESITY OFFERED TO PARENTS AND PROVIDERS, DAYTON CHILDREN'S KOHL'S A

MINUTE FOR KIDS CAMPAIGN, OFFERED IN PARTNERSHIP WITH KOHL'S DEPARTMENT

STORES, FOCUSED ON IMPROVING HEALTH LIFESTYLES THROUGH A "GET OUT AND

PLAY" MESSAGING CAMPAIGN. OVER 12,000 KIDS AND PARENTS WERE REACHED

THROUGH OUTREACH EVENTS AND 8,780,380 PEOPLE WERE REACHED WITH HEALTHY

LIFESTYLES MESSAGING.

CHILDHOOD OBESITY: STARTING IN JANUARY 2016 PHYSICIANS FROM DAYTON

CHILDREN'S PARTNERED WITH A NATURALIST FROM FIVE RIVERS METROPARKS TO

CO-LEAD AN APPROXIMATELY 2.5 MILE HIKE THROUGH VARIOUS PARKS IN THE DAYTON

REGION THROUGH THE MONTHLY WALK WITH A DOC PROGRAM. THIS PROGRAM IS

ATTENDED BY APPROXIMATELY 15 PEOPLE PER MONTH, WITH A TOTAL OF 72 WALKERS

IN FY 2017 IMPROVING ACCESS TO HEALTHY LIFESTYLES PROGRAMS IN OUR

COMMUNITY.

THE HEALTHY WAY COLLABORATIVE SERVES AS A FORUM TO DISCUSS AND OFFER

SOLUTIONS TO HEALTH AND SAFETY ISSUES IN THE GREATER OLD NORTH DAYTON

NEIGHBORHOOD. TOGETHER WITH OVER 10 NEIGHBORHOOD PARTNERS, THE HOSPITAL

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

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

FINDS WAYS TO ADDRESS HEALTH NEEDS, INCLUDING OBESITY, IN THE COMMUNITY.

ONE WAY THE COLLABORATIVE ADDRESSES THIS NEED IS THROUGH THE HEALTHY WAY PROGRAM, WHICH REACHED 18 FAMILIES IN FY 2017 WITH NUTRITION EDUCATION, HEALTHY MEALS AND HEALTHY LIFESTYLE LESSONS. THIS PROGRAM IS A COLLABORATION BETWEEN THE OHIO STATE EXTENSION SERVICE, CHILDREN'S HUNGER ALLIANCE, THE SALVATION ARMY KROC CENTER, KISER NEIGHBORHOOD SCHOOLS CENTER AND NEIGHBORHOOD LEADERS.

MENTAL HEALTH: IN AN EFFORT TO BETTER RESPOND TO THE REALITY THAT ONE OF EVERY SIX CHILDREN HAS A BEHAVIORAL HEALTH DISORDER, DAYTON CHILDREN'S ESTABLISHED THE CENTER FOR PEDIATRIC MENTAL HEALTH RESOURCES IN 2014. THE HOSPITAL PARTNERED WITH 22 AGENCIES IN ESTABLISHING THE MENTAL HEALTH ADVISORY ALLIANCE TO IMPROVE COMMUNICATION AND COORDINATION OF SERVICES. WITH SUPPORT FROM MONTGOMERY COUNTY ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES AS WELL AS DEVELOPMENTAL DISABILITIES SERVICES, WE HAVE ENHANCED PROGRAMS TO BETTER SERVE CHILDREN AND FAMILIES. WE CARED FOR A RECORD NUMBER OF PATIENTS IN FY 17 IN THE FOLLOWING AREAS:

"THE HOSPITAL PSYCHIATRY DEPARTMENT TREATED 3,455 PATIENTS. THE HOSPITAL HAS TWO FULL-TIME AND ONE PART-TIME PSYCHIATRISTS. DAYTON CHILDREN'S ALSO SERVES AS THE TRAINING SITE FOR WRIGHT STATE UNIVERSITY DEPARTMENT OF CHILD PSYCHIATRY.

"THE HOSPITAL PSYCHOLOGY DEPARTMENT EXPANDED TO 12 PROFESSIONALS. IN FY 2016-2017, THE DEPARTMENT SAW 8,292 PATIENTS, AND CONTINUES AS THE TRAINING SITE FOR THE WRIGHT STATE SCHOOL OF PROFESSIONAL PSYCHOLOGY.

"THE MENTAL HEALTH RESOURCE CONNECTION PROGRAM RECEIVED 3,622 PATIENT REFERRALS. THE HOSPITAL DEVELOPED A PARTNERSHIP WITH CARESOURCE TO PROVIDE ENHANCED SERVICES FOR ITS MEMBERS, AND ARE DOING A RESEARCH STUDY ON THE

**Part V** Facility Information (continued)

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

## IMPACT OF TIMELY ACCESS TO MENTAL HEALTH SERVICES.

"HOSPITAL SOCIAL WORKERS MANAGED 7,773 REFERRALS, PROVIDING SERVICES TO FAMILIES IN NEED.

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

DAYTON CHILDREN'S IS A DESIGNATED CRIBS FOR KIDS SITE. THROUGH THIS PROGRAM, PARENTS/CAREGIVERS NEEDING A SAFE PLACE FOR THEIR BABY TO SLEEP ATTEND A ONE HOUR SAFE-SLEEP CLASS GIVEN BY TRAINED STAFF. AT THE END OF THE CLASS, PARENTS/CAREGIVERS ARE PROVIDED WITH A GRACO PACK 'N PLAY PORTABLE CRIB. THE HOSPITAL ALSO OFFERS A COMPLETE 'SAFE SLEEP SURVIVAL KIT,' WHICH CONTAINS A HALO SLEEP SACK (WEARABLE BLANKET), A PACK N PLAY CRIB SHEET, AND A PACIFIER APPROVED BY THE AMERICAN ACADEMY OF PEDIATRICS. IN FY 2017, DAYTON CHILDREN'S DISTRIBUTED OVER 250 PACK N PLAYS THROUGH THIS PROGRAM, PARTIALLY FUNDED BY THE OHIO DEPARTMENT OF HEALTH.

PART V, SECTION B, LINE 7A:

**Part V Facility Information** (continued)

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

THE CHNA REPORT IS MADE WIDELY AVAILABLE TO THE PUBLIC AT THE FOLLOWING

URL: [HTTPS://WWW.CHILDRENSDAYTON.ORG/COMMUNITY/ADVOCACY-AND-OUTREACH/COMMUNITY-HEALTH-NEEDS-ASSESSMENT](https://www.childrensdayton.org/community/advocacy-and-outreach/community-health-needs-assessment)

PART V, SECTION B, LINE 10A:

THE IMPLEMENTATION STRATEGY IS MADE WIDELY AVAILABLE TO THE PUBLIC AT

THE FOLLOWING URL:

[HTTPS://WWW.CHILDRENSDAYTON.ORG/COMMUNITY/ADVOCACY-AND-OUTREACH/COMMUNITY-HEALTH-NEEDS-ASSESSMENT](https://www.childrensdayton.org/community/advocacy-and-outreach/community-health-needs-assessment)

PART V, SECTION B, LINES 16A-16C:

THE FAP, FAP APPLICATION, AND PLAIN LANGUAGE SUMMARY ARE AVAILABLE AT

THE FOLLOWING URL:

[HTTPS://WWW.CHILDRENSDAYTON.ORG/PATIENTS-VISITORS/AFTER-YOUR-VISIT/BILLING/FINANCIAL-ASSISTANCE](https://www.childrensdayton.org/patients-visitors/after-your-visit/billing/financial-assistance)

# AS AMENDED

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

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

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

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

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

**Part VI Supplemental Information**

Provide the following information.

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- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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**PART I, LINE 3C:**

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IN ADDITION TO THE FEDERAL POVERTY GUIDELINES, THE HOSPITAL FACILITY USES INSURANCE STATUS AND RESIDENCY TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE.

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**PART I, LINE 7:**

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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 I, LINE 7G:

DAYTON CHILDREN'S INCLUDED \$25,692,431 OF PHYSICIAN CLINIC COSTS IN THE SUBSIDIZED HEALTH SERVICES CATEGORY.

PART I, LINE 7, COLUMN (F):

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 9,108,183.

**Part VI Supplemental Information**

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**PART II, COMMUNITY BUILDING ACTIVITIES:**

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

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

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DAYTON CHILDREN'S LEADS THIS EFFORT AND IS JOINED BY PARTNERS INCLUDING THE CITY OF DAYTON, GREATER OLD NORTH DAYTON BUSINESS ASSOCIATION, THE SALVATION ARMY KROC CENTER, THE UNIVERSITY OF DAYTON FITZ CENTER OF

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LEADERSHIP IN COMMUNITY, ST. MARY'S COMMUNITY DEVELOPMENT CORP. AND CITY WIDE DEVELOPMENT. THE DAVINCI PROJECT IS WORKING ON EFFORTS TO DEMOLISH NUISANCE BUILDINGS, REALIGN STREETS, BUILD A CHILDREN'S GARDEN, REVITALIZE BUS STOPS, IMPROVE WAYFINDING, AND BEAUTIFY THE NEIGHBORHOOD SO IT CONTINUES TO BE ATTRACTIVE TO FAMILIES AND BUSINESSES.

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

PART III, LINE 2:

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 BAD DEBTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE OF SELF-PAY ACCOUNTS RECEIVABLE INCLUDING THOSE

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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 BAD DEBTS.

AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE AND REASONABLE EFFORTS TO COLLECT FROM THE PATIENTS THEMSELVES HAVE BEEN EXHAUSTED, THE HOSPITAL MAY PLACE CERTAIN PAST-DUE PATIENT BALANCES WITH COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY THE HOSPITAL. PATIENT ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE HOSPITAL'S POLICIES.

PART III, LINE 4:

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

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

PART III, LINE 8:

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

PART III, LINE 9B:

THE HOSPITAL'S POLICIES ON BILLING AND COLLECTIONS ARE POSTED ON OUR WEBSITE UNDER THE "FINANCIAL MATTERS" TAB. IT IS THE HOSPITAL'S POLICY TO PUBLICIZE THE AVAILABILITY OF FREE CARE, GOVERNMENT AND OTHER FINANCIAL

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ASSISTANCE PROGRAMS UP FRONT BEFORE SERVICES ARE PROVIDED THROUGH MEANS SUCH AS ONSITE FINANCIAL COUNSELORS AND BROCHURES PROVIDED IN THE REGISTRATION AREAS. EACH OF THESE AVENUES OF COMMUNICATION INCLUDES DETAILED INSTRUCTIONS ON HOW PATIENTS AND FAMILIES MAY APPLY FOR 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 ASSISTANCE COUNSELORS WILL ASSIST FAMILIES IN APPLYING FOR FINANCIAL ASSISTANCE PROGRAMS IF DESIRED.

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**PART VI, LINE 2:**

IN ADDITION TO OUR CHNA, DAYTON CHILDREN'S ASSESSES THE NEEDS OF OUR COMMUNITY IN A VARIETY OF WAYS. WE SERVE AS A KEY COMMUNITY PARTNER ON MANY LOCAL INITIATIVES WHICH ALLOWS US TO BETTER UNDERSTAND COMMUNITY NEEDS AND TRENDS. WE ALSO HAVE SEVERAL OTHER COMMUNITY BASED PROGRAMS WHICH ALLOW FOR FEEDBACK ABOUT THE COMMUNITY.

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**CENTER FOR CHILD HEALTH AND WELLNESS\***

DAYTON CHILDREN'S MISSION IS TO IMPROVE THE HEALTH AND WELLBEING OF ALL CHILDREN, NOT JUST THOSE WHO COME TO THE ORGANIZATION FOR CARE. AS A RESULT, THE BOARD OF TRUSTEES APPROVED THE FORMATION OF THE CENTER FOR CHILD HEALTH AND WELLNESS IN FEBRUARY 2015 TO BETTER ADDRESS THE ISSUES IDENTIFIED IN OUR COMMUNITY HEALTH NEEDS ASSESSMENT. THE CENTER ADDS MORE CAPACITY TO ADDRESS CHILD HEALTH AND SAFETY CONCERNS BEYOND THE WALLS OF THE HOSPITAL AND TO HELP PRIORITIZE THE HEALTH AND SAFETY NEEDS IN OUR COMMUNITY ENSURING ALL CHILDREN IN OUR REGION THRIVE. THE CENTER FOR CHILD HEALTH AND WELLNESS ENGAGES WITH A BROAD AND DIVERSE SET OF

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

DAYTON ASTHMA ALLIANCE

THE DAYTON ASTHMA ALLIANCE AIMS TO POSITIVELY IMPACT THE HEALTH AND WELLNESS OF CHILDREN WITH ASTHMA IN THE DAYTON AREA, FOCUSING ON THE MOST AT-RISK POPULATIONS. USING THE COLLECTIVE IMPACT FRAMEWORK, THE ALLIANCE ENGAGES LOCAL PARTNER ORGANIZATIONS TO COLLABORATIVELY IMPLEMENT A VARIETY OF STRATEGIC ACTIONS TO IMPROVE OUTCOMES FOR CHILDREN WITH ASTHMA. TO HAVE THE GREATEST IMPACT AND TO ENSURE ALL CHILDREN WITH ASTHMA HAVE OPTIMAL HEALTH OUTCOMES, THE ALLIANCE IDENTIFIED THREE STRATEGIC FOCUS AREAS FOR THEIR WORK 1) ENSURE ASTHMA-FRIENDLY ENVIRONMENTS; 2) ENHANCE ACCESS TO

**Part VI Supplemental Information**

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HIGH QUALITY HEALTHCARE AND SUPPORTIVE SOCIAL SERVICES THROUGH CLINICAL-COMMUNITY LINKAGES; AND 3) EDUCATE AND EQUIP CHILDREN, FAMILIES AND THE COMMUNITY FOR ASTHMA WELLNESS. TO SUPPORT WORK IN THESE AREAS, DAYTON CHILDREN'S SERVES AS THE BACKBONE ORGANIZATION CONVENING THE GROUP OF COMMITTED STAKEHOLDERS AND SUPPORTING THE ALLIANCE WITH STAFF AND RESOURCES. THE ALLIANCE IS GOVERNED BY ENTITIES WITH A COMMON PURPOSE TO IMPROVE HEALTH OUTCOMES FOR CHILDREN WITH ASTHMA IN THE DAYTON REGION. THE ALLIANCE CONSULTS WITH ADDITIONAL ORGANIZATIONS TO GATHER DATA AND RESEARCH, ASCERTAIN BEST PRACTICES, AND TO IDENTIFY COMMUNITY RESOURCES TO SUPPORT CHILDREN WITH ASTHMA AND TO INFORM THE STRATEGIC FOCUS AREAS.

THIS WORK COULD NOT BE DONE WITHOUT ALIGNMENT WITH A VARIETY OF COMMUNITY STAKEHOLDERS. IN ADDITION TO STAFF AND PERSONNEL FROM DAYTON CHILDREN'S CENTER FOR CHILD HEALTH AND WELLNESS AND DAYTON CHILDREN'S PULMONARY CLINIC, PARTNERS IN THE DAYTON ASTHMA ALLIANCE INCLUDE COMMUNITY PRIMARY CARE PHYSICIANS, COMMUNITY ALLERGISTS, CARESOURCE, COMMUNITY HEALTH CENTERS OF GREATER DAYTON, DAYTON PUBLIC SCHOOLS, GREATER DAYTON PREMIER MANAGEMENT, LEGAL AID OF WESTERN OHIO (MEDICAL-LEGAL PARTNERSHIP), PUBLIC

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HEALTH - DAYTON & MONTGOMERY COUNTY, MIAMI VALLEY CHILD DEVELOPMENT  
CENTERS, AND THINK TV. ADDITIONAL PARTNERS AND COLLABORATORS ARE  
CONTINUALLY INVITED TO JOIN THE ALLIANCE AS THE NEEDS OR INTEREST ARISE.

**FAMILY RESOURCE CONNECTION**

WHEN PATIENTS AND THEIR FAMILIES SEEK MEDICAL CARE, THEY ARE OFTEN FACING  
ADDITIONAL CRITICAL CHALLENGES IN THEIR LIVES - THEY MAY HAVE LITTLE FOOD,  
THEY MAY NOT HAVE A JOB, OR THEY STRUGGLE TO KEEP UP WITH BILLS FOR  
UTILITIES. UNFORTUNATELY, THESE CHALLENGES OFTEN AFFECT THEIR HEALTH. THE  
FAMILY RESOURCE CONNECTION USES A PATIENT'S VISIT TO THE DOCTOR AS AN  
OPPORTUNITY TO ADDRESS THE NON-MEDICAL ISSUES THAT HAVE AN IMPACT ON  
HEALTH. THIS PROGRAM SCREENS PATIENT FAMILIES FOR SOCIAL NEEDS. IDENTIFIED  
FAMILIES THEN ARE REFERRED TO AN ADVOCATE WORKING IN THE DAYTON CHILDREN'S  
HOSPITAL FAMILY RESOURCE CONNECTION FOR RESOURCE CONNECTION AND FOLLOW-UP.  
THE FAMILY RESOURCE CONNECTION IS MODELED AFTER THE WELL-KNOWN AND  
RESPECTED HEALTH LEADS PROGRAM.

IN FY 2017, THE FAMILY RESOURCE CONNECTION HAS PROVEN OUTCOMES IN

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CONNECTING PATIENT FAMILIES TO RESOURCES. IN ITS FIRST YEAR, OVER 1000 FAMILIES ENGAGED IN THE PROGRAM AND OVER 700 RESOURCE CONNECTIONS WERE MADE. THE GREATEST NEEDS IDENTIFIED IN THE FAMILY RESOURCE CONNECTION ARE COMMODITIES INCLUDING DIAPERS, CRIBS AND BEDS, SCHOOL SUPPLIES AND CLOTHING.

IN ADDITION TO PROVIDING POSITIVE OUTCOMES FOR FAMILIES, THE FAMILY RESOURCE CONNECTION HELPS TO TRAIN THE NEXT GENERATION OF THE HEALTH CARE WORKFORCE. OVER THE LAST YEAR, 32 STUDENT ADVOCATES FROM MULTIPLE COLLEGES AND UNIVERSITIES IN A VARIETY OF PROGRAMS AND MAJORS ENGAGED WITH THE PROGRAM. THE STUDENTS HAVE RANGED FROM CERTIFICATE PROGRAMS, ASSOCIATE, BACHELOR TO MASTERS DEGREES WITH A VARIETY OF PROGRAMS AND MAJORS WHICH HAVE INCLUDED PRE-MEDICAL, SOCIAL WORK, HEALTH CARE ADMINISTRATION, PUBLIC HEALTH, SOCIAL SERVICES AND HEALTH CARE NAVIGATOR. THIS PROGRAM ALSO HELPS US IDENTIFY CURRENT CHALLENGES THAT OUR FAMILIES ARE FACING IN THE COMMUNITY AND WORK WITH COMMUNITY PARTNERS TO ADDRESS THOSE ISSUES.

KISER NEIGHBORHOOD SCHOOLS CENTER

632100 11-02-16

Schedule H (Form 990) 2016

**Part VI** Supplemental Information

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DAYTON CHILDREN'S BECAME THE NEW COMMUNITY PARTNER TO KISER NEIGHBORHOOD SCHOOLS CENTER BEGINNING JULY 1, 2016, AS PART OF THE DAYTON PUBLIC SCHOOL'S NEIGHBORHOOD SCHOOL CENTER PROGRAM. NEIGHBORHOOD SCHOOL CENTERS ARE DAYTON PUBLIC SCHOOLS THAT ARE CENTERED ON THEIR NEIGHBORHOODS, SERVING AS HEALTHY PLACES OF LEARNING FOR CHILDREN AND FAMILIES. THEY SEEK TO IMPROVE STUDENT PERFORMANCE, REALIGN COMMUNITY RESOURCES TO SUPPORT YOUTH ACHIEVEMENT AND IMPROVE QUALITY OF LIFE IN THE NEIGHBORHOOD. FOCUSED ON COMMUNITY LEADERSHIP, NEIGHBORHOOD SCHOOL CENTERS BRING TOGETHER PARTNERS TO OFFER A RANGE OF OPPORTUNITIES TO CHILDREN, FAMILIES, AND COMMUNITIES. TO AID IN THIS PARTNERSHIP, A GRANT-FUNDED DAYTON CHILDREN'S STAFF MEMBER SERVES AS SITE COORDINATOR IN THE SCHOOL. IN ADDITION TO MANAGING THE DUTIES OF THE SITE COORDINATOR, DAYTON CHILDREN'S OFFERED VARIOUS SERVICES TO CHILDREN AT KISER INCLUDING A RESILIENCY PROGRAM IN FY 2017. THIS IS A KEY PARTNERSHIP AS KISER NEIGHBORHOOD SCHOOLS CENTER IS IN OUR BACKGROUND, THE GREATER OLD NORTH DAYTON.

PART VI, LINE 3:

THE HOSPITAL'S POLICIES ON BILLING AND COLLECTIONS ARE POSTED ON OUR

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WEBSITE UNDER THE "FINANCIAL MATTERS" TAB. IT IS THE HOSPITAL'S POLICY TO PUBLICIZE THE AVAILABILITY OF FREE CARE, GOVERNMENT, AND OTHER FINANCIAL ASSISTANCE PROGRAMS BEFORE SERVICES ARE PROVIDED THROUGH MEANS SUCH AS ONSITE FINANCIAL COUNSELORS AND BROCHURES PROVIDED IN THE REGISTRATION AREAS EACH OF THESE AVENUES OF COMMUNICATION INCLUDES DETAILED INSTRUCTIONS ON HOW PATIENTS AND FAMILIES MAY APPLY FOR ASSISTANCE. THE HOSPITAL'S POLICIES ON BILLING AND COLLECTIONS SPECIFY WHEN COLLECTION ACTION MAY BE TAKEN AND MAKES IT CLEAR THAT THESE MEASURES WILL ONLY OCCUR AFTER DAYTON CHILDREN'S HAS MADE REASONABLE EFFORTS TO CONTACT A FAMILY ABOUT ITS BILL AND THE AVAILABILITY OF FINANCIAL ASSISTANCE PROGRAMS. THESE PRACTICES APPLY TO ALL PATIENTS IN GENERAL, NOT ONLY PATIENTS WHO MIGHT BE ELIGIBLE FOR FINANCIAL ASSISTANCE. IN ADDITION, PATIENTS ARE INFORMED OF THE AVAILABILITY OF FINANCIAL ASSISTANCE PROGRAMS THROUGH SIGNS DISPLAYED IN REGISTRATION AREAS AND THROUGH MESSAGES APPEARING ON BILLING STATEMENTS MAILED BY THE HOSPITAL. FINALLY, THE HOSPITAL EMPLOYS ON-SITE FINANCIAL COUNSELORS WHO CONTACT PATIENTS WITHOUT COVERAGE IN ORDER TO DISCUSS THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE PROGRAMS VIA PHONE OR THROUGH FACE-TO-FACE INTERVIEWS. THESE FINANCIAL COUNSELORS WILL

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ASSIST FAMILIES IN APPLYING FOR FINANCIAL ASSISTANCE.

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PART VI, LINE 4:

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

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DAYTON CHILDREN'S NOW SERVES 20 OHIO COUNTIES, WITH 75 PERCENT OF OUR PATIENTS COMING FROM OUR MONTGOMERY, GREENE, CLARK, MIAMI, AND NORTHERN WARREN COUNTIES. OUR SERVICE AREA SPANS 9,000 SQUARE MILES WITH A 2.1 MILLION PEDIATRIC POPULATION THAT INCLUDES POOR URBAN AND RURAL AREAS.

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WE ARE THE ONLY PEDIATRIC HEALTH CARE PROVIDER AND THE LARGEST PROVIDER OF MEDICAL CARE TO LOW-INCOME CHILDREN IN THE REGION. CURRENTLY, WE SERVE A DISPROPORTIONATE SHARE OF CHILDREN FROM LOW-INCOME FAMILIES. CURRENTLY OVER 50 PERCENT OF THE PATIENTS OF DAYTON CHILDREN'S ARE COVERED BY MEDICAID. IN ADDITION, DAYTON CHILDREN'S SERVES AS THE PEDIATRIC RESOURCE FOR MILITARY FAMILIES STATIONED AT NEARBY WRIGHT-PATTERSON AIR FORCE BASE.

DAYTON CHILDREN'S HAS ALWAYS BELIEVED THAT INFANTS, CHILDREN AND TEENS NEED TO BE CARED FOR BY PEDIATRIC SPECIALISTS. WITH IMPROVED ACCESS TO PEDIATRIC SPECIALTY SERVICES, WE WERE ABLE TO PROVIDE EXPERT CARE TO NEARLY 300,000 CHILDREN IN OUR 20-COUNTY REGION. OUR OUTPATIENT AND ALTERNATIVE SERVICES INCLUDING PEDIATRIC LABORATORY AND IMAGING, COMPLEMENT OUR INPATIENT SERVICES. MANY PROGRAMS HAVE RECEIVED CERTIFICATIONS AND ACCREDITATIONS FROM ORGANIZATIONS SETTING THE STANDARDS OF QUALITY CARE; OUR SCORES FROM THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS ARE CONSISTENTLY AMONG THE HIGHEST IN THE NATION. IN FALL 2013, DAYTON CHILDREN'S HOSPITAL RECEIVED MAGNET DESIGNATION, MEANING THE HOSPITAL IS RECOGNIZED NATIONALLY AS THE GOLD STANDARD IN

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PATIENT CARE AND THE PROFESSIONAL PRACTICE OF NURSING BY THE AMERICAN  
NURSES CREDENTIALING CENTER (ANCC).

PART VI, LINE 5:

THROUGH A VARIETY OF COMMUNITY BUILDING ACTIVITIES, DAYTON CHILDREN'S  
STAFF AND SENIOR LEADERSHIP ARE WORKING BEYOND THE WALLS OF OUR HOSPITAL  
TO CREATE A HEALTHY COMMUNITY FOR ALL CHILDREN AND FAMILIES IN OUR REGION  
AS THE ONLY CHILDREN'S HOSPITAL IN THE REGION, WE TAKE OUR PEDIATRIC  
EXPERTISE INTO THE COMMUNITY TO SOLVE PROBLEMS AND CREATE A HEALTHY  
COMMUNITY FOR OUR CHILDREN. OUR COMMUNITY RELATIONSHIPS DEMONSTRATE OUR  
COMMITMENT TO DAYTON AND THE SURROUNDING COMMUNITY - A COMMUNITY WE HAVE  
CALLED HOME FOR NEARLY 50 YEARS. DAYTON CHILDREN'S IS COMMITTED TO WORKING  
WITH OUR MANY VALUED PARTNERS TO HELP ENSURE DAYTON REMAINS A GREAT CITY  
TO LIVE, WORK AND PLAY. TIED DIRECTLY TO THE COMMUNITY NEEDS IDENTIFIED  
THROUGH OUR ASSESSMENT, DAYTON CHILDREN'S PARTICIPATES IN A VARIETY OF  
COMMUNITY BUILDING AND COMMUNITY OUTREACH INITIATIVES TO ADDRESS THE  
LEADING HEALTH ISSUES AFFECTING CHILDREN IN OUR COMMUNITY.

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BEYOND PARTICIPATION IN ORGANIZATIONS THAT DIRECTLY IMPACT CHILDREN AND CHILDREN'S HEALTH, DAYTON CHILDREN'S STAFF AND LEADERSHIP SERVE ON VARIOUS COALITIONS TO IMPROVE THE ECONOMIC AND SOCIAL HEALTH OF OUR COMMUNITY INCLUDING THE PRESCHOOL PROMISE, UNITED WAY, THE FAMILY AND CHILDREN FIRST COUNCIL AND THE MARCH OF DIMES. THROUGH THESE ACTIVITIES, DAYTON CHILDREN'S STRIVES TO CREATE A COMMUNITY THAT IS A PLACE WHERE ALL CHILDREN AND FAMILIES GROW AND THRIVE.

DAYTON CHILDREN'S IS AN INDISPENSABLE RESOURCE TO OUR COMMUNITY BECAUSE WE:

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

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

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

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IMPROVE THE LIVES OF CHILDREN AND THEIR FAMILIES.

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-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.

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

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AS A NOT-FOR-PROFIT HOSPITAL, WE RECOGNIZE THAT WE MUST ALWAYS DO WHAT IS  
IN THE BEST INTEREST OF THE PATIENTS AND THE COMMUNITY-THAT OUR MISSION  
TRUMPS PROFIT. AT DAYTON CHILDREN'S WE SERVE A DISPROPORTIONATE SHARE OF  
CHILDREN FROM LOW-INCOME FAMILIES. IN FACT, OVER 56 PERCENT OF THE  
PATIENTS AT DAYTON CHILDREN'S ARE COVERED BY MEDICAID.

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AS A TEACHING HOSPITAL, DAYTON CHILDREN'S IS DEDICATED TO TRAINING THE  
NEXT GENERATION OF PEDIATRICIANS AND PEDIATRIC SPECIALISTS. EACH YEAR,  
DAYTON CHILDREN'S HOSTS MEDICAL RESIDENTS FROM THE WRIGHT STATE UNIVERSITY

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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
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BOONSHOFT SCHOOL OF MEDICINE. IN ADDITION, DAYTON CHILDREN'S HOUSES THIS COUNTRY'S ONLY CIVILIAN/MILITARY INTEGRATED PEDIATRIC RESIDENCY PROGRAM WITH WRIGHT-PATTERSON AIR FORCE BASE. PHYSICIANS TRAINED AT DAYTON CHILDREN'S ARE CARING FOR CHILDREN IN OUR REGION AND THROUGHOUT THE WORLD. IN ADDITION, WE WORK WITH NUMEROUS COLLEGES AND UNIVERSITIES TO HELP TRAIN STUDENTS IN MULTIPLE DISCIPLINES INCLUDING NURSING, PUBLIC HEALTH, SOCIAL WORK, AND MANY MORE AREAS REQUIRED BY MODERN HEALTHCARE. TRAINING INVOLVES SIGNIFICANT COSTS FAR BEYOND THOSE USUALLY ASSOCIATED WITH PATIENT CARE. HOWEVER, WE RECOGNIZE TRAINING THE NEXT GENERATION OF HEALTH CARE WORKERS IS ESSENTIAL TO THE OVERALL HEALTH OF OUR COMMUNITY.

TO PROVIDE THE BEST CARE FOR CHILDREN, DAYTON CHILDREN'S OFFERS MANY CLINICAL PROGRAMS DESPITE FINANCIAL LOSS BECAUSE THEY MEET AN IDENTIFIED COMMUNITY HEALTH NEED. THESE SPECIALTY PROGRAMS INCLUDE PEDIATRIC PULMONARY, ENDOCRINOLOGY, HEMATOLOGY/ONCOLOGY, GASTROENTEROLOGY, PSYCHIATRY, NEPHROLOGY, UROLOGY, SURGERY, CHILD ABUSE, NEUROLOGY, DEVELOPMENTAL PEDIATRICS, OUR SPECIALTY CLINICS AND GENERAL PEDIATRICS.

**Part VI Supplemental Information**

Provide the following information.

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

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

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

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

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

**Part VI Supplemental Information**

Provide the following information.

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

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**HEMOPHILIA AND SICKLE CELL.**

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

---

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

---

CHILDREN COME TO OUR TRAUMA CENTER TO RECEIVE TREATMENT FOR COMMON  
 EMERGENCIES - BREATHING DIFFICULTIES AND ASTHMA, SEIZURES AND DEHYDRATION  
 - AS WELL AS TRAUMA CONDITIONS RESULTING FROM MOTOR VEHICLE CRASHES,  
 BURNS, NEAR DROWNING, PLAYGROUND - AND SPORTS-RELATED ACCIDENTS, FRACTURES  
 AND CHILD ABUSE. THESE CHILDREN NEED CARE FROM STAFF TRAINED TO USE  
 CHILD-SIZED MEDICAL EQUIPMENT, PEDIATRIC PROTOCOLS THAT LIMIT RADIATION  
 EXPOSURE AND WEIGHT-BASED MEDICATION DOSAGES. OUR EMERGENCY AND TRAUMA  
 SERVICES CAN MAKE THE DIFFERENCE BETWEEN LIFE AND DEATH SINCE STUDIES SHOW  
 CHILDREN HAVE A HIGHER SURVIVAL RATE AT PEDIATRIC TRAUMA CENTERS THAN AT  
 ADULT TRAUMA CENTERS. WHILE HOSPITAL-WIDE, OVER 50 PERCENT OF PATIENTS ARE  
 ON MEDICAID, MORE THAN 65 PERCENT OF OUR EMERGENCY AND TRAUMA PATIENTS  
 RELY ON MEDICAID, WHICH IS REIMBURSED AT ROUGHLY 70 PERCENT THE COST OF  
 CARE. AN ADDITIONAL 4 PERCENT OF EMERGENCY PATIENTS HAVE NO INSURANCE AT

**Part VI Supplemental Information**

Provide the following information.

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

ALL. NEVERTHELESS, DAYTON CHILDREN'S IS COMMITTED TO TREATING ALL CHILDREN AND SUBSIDIZES THE CARE OF UNINSURED OR UNDERINSURED CHILDREN. THAT'S WHY WE ARE KNOWN THROUGHOUT THE REGION AS A SAFETY NET FOR CHILDREN FROM LOW-INCOME AND UNEMPLOYED FAMILIES.

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

DAYTON CHILDREN'S FURTHER SUPPORTS COMMUNITY EFFORTS TO IMPROVE THE HEALTH AND SAFETY OF CHILDREN THROUGHOUT THE REGION THROUGH DONATIONS AND SPONSORSHIPS MADE TO PROGRAMS THAT SUPPORT, HELP AND IMPROVE THE HEALTH STATUS OF CHILDREN AND IMPROVE THE QUALITY OF LIFE FOR CHILDREN AND THEIR FAMILIES. DAYTON CHILDREN'S HAS ASSISTED MANY ORGANIZATIONS INCLUDING: A SPECIAL WISH, AMERICAN HEART ASSOCIATION, AMERICAN RED CROSS, CLOTHES THAT WORK, CRAYONS TO CLASSROOMS, CYSTIC FIBROSIS FOUNDATION, EPILEPSY

**Part VI Supplemental Information**

Provide the following information.

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

FOUNDATION OF WESTERN OHIO, JUVENILE DIABETES RESEARCH FOUNDATION, MARCH OF DIMES, RONALD MCDONALD HOUSE CHARITIES, ST. VINCENT DE PAUL AND UNITED REHABILITATION SERVICES. IN ADDITION, WE SUPPORT MANY COMMUNITY YOUTH SPORTS TEAMS TO ENSURE LOCAL CHILDREN HAVE ACCESS TO HEALTH ACTIVITIES.

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

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

OH

# AS AMENDED

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

# 2016

**Open to Public  
Inspection**

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

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 1313 W. DOROTHY LANE DAYTON, OH 45409	13-5613797	501 (C) (3)	6,000.	0.			PROGRAM DONATION
BOYS & GIRLS CLUB 1828 W. STEWART STREET DAYTON, OH 45427	13-5562976	501 (C) (3)	5,000.	0.			PROGRAM DONATION
BOY SCOUTS OF AMERICA-DAN BEARD COUNCIL - 10078 READING ROAD - CINCINNATI, OH 45241	31-0536651	501 (C) (3)	5,000.	0.			PROGRAM DONATION
CULTURE WORKS 110 N. MAIN STREET, STE 165 DAYTON, OH 45402	23-7412338	501 (C) (3)	6,500.	0.			PROGRAM DONATION
DAYTON ART INSTITUTE 456 BELMONTE PARK NORTH DAYTON, OH 45405	31-0537480	501 (C) (3)	5,500.	0.			PROGRAM DONATION
DAYTON DEVELOPMENT COALITION/HOMETOWN HEROES - 900 KETTERING TOWER - DAYTON, OH 45423	31-1423890	501 (C) (6)	5,000.	0.			PROGRAM DONATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 14.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 1.

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

Schedule I (Form 990) (2016)

# AS AMENDED

<b>Part II</b> Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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
JUVENILE DIABETES RESEARCH FOUNDATION -- SOUTHWEST OHIO - 70 BIRCH ALLEY, STE 240 PMB 24018 - BEAVERCREEK, OH 45440	23-1907729	501 (C) (3)	5,075.	0.			PROGRAM DONATION
REACH OUT OF MONTGOMERY COUNTY 25 E. FORAKER STREET DAYTON, OH 45409	31-1434282	501 (C) (3)	5,000.	0.			PROGRAM DONATION
RONALD MCDONALD HOUSE CHARITIES 555 VALLEY STREET DAYTON, OH 45404	31-0964793	501 (C) (3)	10,000.	0.			CORPORATE DONATION
ST. VINCENT DEPAUL 124 W. APPLE STREET DAYTON, OH 45402	31-1011485	501 (C) (3)	5,000.	0.			PROGRAM DONATION
CHILDREN'S MIRACLE NETWORK HOSPITALS - 500 SPEEDWAY DRIVE - ENON, OH 45323	31-1551430	501 (C) (3)	7,000.	0.			PROGRAM DONATION
UNITED WAY OF THE GREATER DAYTON AREA - 33 W. FIRST STREET, STE 500 - DAYTON, OH 45402	31-0536658	501 (C) (3)	23,500.	0.			CORPORATE PLEDGE
VICTORIA THEATRE ASSOCIATION 138 N. MAIN STREET DAYTON, OH 45402	31-0897638	501 (C) (3)	5,000.	0.			PROGRAM DONATION
WRIGHT STATE UNIVERSITY FOUNDATION 3640 COLONEL GLENN HWY DAYTON, OH 45435	23-7019799	501 (C) (3)	10,000.	0.			CORPORATE PLEDGE
YWCA DAYTON 141 W. THIRD STREET DAYTON, OH 45402	31-0537168	501 (C) (3)	5,000.	0.			PROGRAM DONATION

# AS AMENDED

**Part III** **Grants and Other Assistance to Domestic Individuals.** 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 noncash assistance
PHARMACY	599	78,935.	0.		
MEALS/FOOD	933	23,312.	0.		
TRANSPORTATION	1808	80,215.	0.		
RENT/UTILITIES	36	96,236.	0.		
SPECIAL EQUIPMENT	8	9,531.	0.		

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

**THE FINANCE COMMITTEE AND COMMUNITY RELATIONS MANAGER APPROVE ALL GRANTS AND CHARITABLE DONATIONS.**



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2016**

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

DAYTON CHILDREN'S HOSPITAL

Employer identification number

31-0672132

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....

**c** Participate in, or receive payment from, an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

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

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2016

# AS AMENDED

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

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

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

(A) Name and Title	(i)	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ADAM MEZOFF, MD CMO	(i)	527,405.	0.	5,544.	237,396.	32,785.	803,130.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DEBORAH FELDMAN CEO	(i)	656,554.	0.	22,799.	346,151.	0.	1,025,504.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CHRIS BERGMAN CFO	(i)	387,260.	0.	773.	14,900.	0.	402,933.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BEN GOODSTEIN CHIEF AMBULATORY OFFICER	(i)	225,301.	0.	636.	12,639.	30,368.	268,944.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MATTHEW GRAYBILL VP HR AND CHIEF ADMINISTRATIVE OFFICER	(i)	337,941.	0.	14,575.	212,804.	39,725.	605,045.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CYNTHIA BURGER VP PATIENT & FAMILY EXPERIENCE	(i)	231,776.	500.	5,329.	114,868.	40,724.	393,197.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LISA COFFEY VP PHYSICIAN SERVICES	(i)	224,269.	0.	7,991.	116,129.	37,520.	385,909.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) GREGORY RAMEY EXEC DIRECTOR PED MENTAL HEALTH	(i)	205,934.	9,152.	12,207.	8,103.	15,981.	251,377.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DAVID MILLER FORMER CFO (END 1/16)	(i)	24,000.	0.	764,102.	4,796.	0.	792,898.	653,748.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

# AS AMENDED

**Part III** Supplemental Information

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.

PART I, LINE 4B:

PARTICIPANTS IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN AND THE

INCREASE IN ACTUARIAL VALUE:

ADAM MEZOFF 222,063

DEBORAH FELDMAN 331,252

CHRIS BERGMAN 0

DAVID MILLER 0

MATTHEW GRAYBILL 133,449

CYNTHIA BURGER 55,765

LISA COFFEY 37,815

GREGORY RAMEY 0

RECEIVED PAYMENT FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:

DAVID MILLER 653,748

# AS AMENDED

**SCHEDULE K**  
**(Form 990)**  
Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**  
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
▶ Attach to Form 990. ▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**  
**Open to Public**  
**Inspection**

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

<b>Part I Bond Issues</b>											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A COUNTY OF MONTGOMERY	31-6000172	000000000	10/13/16	30000000.	HOSPITAL RENOVATION		X		X		X
B COUNTY OF MONTGOMERY	31-6000172	000000000	11/20/15	12675000.	HOSPITAL RENOVATION		X		X		X
C COUNTY OF MONTGOMERY	31-6000172	000000000	08/19/14	117055000.	HOSPITAL RENOVATION		X		X		X
D											

<b>Part II Proceeds</b>										
	A		B		C		D			
1 Amount of bonds retired										
2 Amount of bonds legally defeased										
3 Total proceeds of issue	30,000,000.		12,675,000.		117,055,000.					
4 Gross proceeds in reserve funds										
5 Capitalized interest from proceeds										
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds			40,000.		400,070.					
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds										
11 Other spent proceeds	24,565,878.		8,300,000.		109,407,734.					
12 Other unspent proceeds	5,434,122.		4,335,000.		7,247,196.					
13 Year of substantial completion	2017		2017		2017					
	Yes	No	Yes	No	Yes	No	Yes	No		
14 Were the bonds issued as part of a current refunding issue?		X		X		X				
15 Were the bonds issued as part of an advance refunding issue?		X		X		X				
16 Has the final allocation of proceeds been made?		X		X		X				
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X					

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

# AS AMENDED

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		X		X		X		
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .....								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		%		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		%		%		%		%
<b>6</b> Total of lines 4 and 5 .....		%		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		X		X		X		
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....		X		X		X		

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X		X		X		
<b>2</b> If "No" to line 1, did the following apply? .....								
<b>a</b> Rebate not due yet? .....	X		X		X			
<b>b</b> Exception to rebate? .....		X		X		X		
<b>c</b> No rebate due? .....		X		X		X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....	X		X		X			
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X		X		X		
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintegrated? .....								
<b>e</b> Was the hedge terminated? .....								







# AS AMENDED

## 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.

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

OMB No. 1545-0047

# 2016

Open to Public  
Inspection

Name of the organization

DAYTON CHILDREN'S HOSPITAL

Employer identification number

31-0672132

### FORM 990, ITEM B, AMENDED RETURN:

THE DAYTON CHILDREN'S HOSPITAL'S 2016 FORM 990 IS BEING AMENDED TO  
REVISE COMMUNITY BENEFIT AMOUNTS ORIGINALLY REPORTED ON SCHEDULE H,  
PART I, LINES 7E AND 7G. THE AMOUNTS ORIGINALLY REPORTED ON SCHEDULE  
H, PART I, LINES 7E AND 7G INADVERTENTLY OMITTED COMMUNITY BENEFIT  
AMOUNTS BEING PROVIDED BY THE HOSPITAL.

### FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SPECIALTIES OFFERED AT THE HOSPITAL ARE NEUROSURGERY,  
HEMATOLOGY/ONCOLOGY, PULMONARY, GASTROENTEROLOGY, NEUROLOGY, UROLOGY,  
DEVELOPMENTAL DISORDERS, PSYCHOLOGY, PSYCHIATRY, ENDOCRINOLOGY,  
GENETICS, CARDIOLOGY, ORTHOPEDICS AND GENERAL SURGERY. WITHOUT DAYTON  
CHILDREN'S HOSPITAL, MANY CHILDREN IN THE AREA WOULD HAVE TO TRAVEL A  
GOOD DISTANCE TO RECEIVE THESE SERVICES. THE HOSPITAL ALSO OFFERS A  
PEDIATRIC RESIDENCY PROGRAM THAT TRAINS NEW PEDIATRICIANS WHO WILL CARE  
FOR THE NEXT GENERATION OF CHILDREN. DAYTON CHILDREN'S ALSO SPONSORS  
MANY COMMUNITY EVENTS WHERE CHILDREN'S HEALTH AND SAFETY ARE PROMOTED.  
SOME STATISTICS FOR THE FISCAL YEAR ENDING JUNE 30, 2017 ARE AS FOLLOWS  
# OF BEDS 177, INPATIENT DAYS 28,927, ADMISSIONS 6,892. AVERAGE LENGTH  
OF STAY 4.20 DAYS. AVERAGE DAILY CENSUS 94.2, OCCUPANCY RATE 50%,  
SURGERIES PERFORMED 12,147, X-RAY STUDIES 56,207, LAB TEST 501,448,  
RESPIRATORY THERAPY PROCEDURES 81,611, PHARMACY DOSES DISPENSED  
763,705, CARDIOLOGY PROCEDURES 17,228, NEUROLOGY PROCEDURES 3,405,  
URGENT CARE VISITS 15,557, EMERGENCY DEPARTMENT VISITS 83,397,  
OUTPATIENT CLINICS 221,854.

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

# AS AMENDED

Name of the organization

DAYTON CHILDREN'S HOSPITAL

Employer identification number

31-0672132

FORM 990, PART VI, SECTION B, LINE 11B:

THE CFO REVIEWS KEY DISCLOSURES WITH APPROPRIATE COMMITTEES OF THE BOARD OF TRUSTEES. THEN PRIOR TO FILING, THE FORM 990 IS ELECTRONICALLY LOADED TO A SECURE WEBSITE FOR THE ENTIRE BOARD OF TRUSTEES TO REVIEW. AN EMAIL IS SENT TO ALL MEMBERS NOTIFYING THEM THAT THE FORM IS AVAILABLE FOR THEIR REVIEW AND THAT IT WILL BE FILED ON OR BEFORE 05/15/2018. 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, THE MEMBER(S) RECUSE THEMSELVES AND DO NOT PARTICIPATE IN THE DISCUSSION AND DO NOT VOTE ON THE ITEM. THIS THEN IS NOTED IN THE MINUTES OF THAT MEETING. BOARD MEMBERS ANNUALLY AGREE TO ABIDE BY WRITTEN CONFLICT OF INTEREST AND CONFIDENTIALITY POLICIES. BOARD MEMBERS ALSO WORK TO REPRESENT AND BALANCE THE INTEREST OF DAYTON CHILDREN'S HOSPITAL'S MANY CONSTITUENTS. THE BOARD ANNUALLY EVALUATES ITS OWN PERFORMANCE.

FORM 990, PART VI, SECTION B, LINE 12C:

AT THE BEGINNING OF EACH MEETING, THE CHAIRMAN OF THE BOARD ASKS EACH MEMBER TO IDENTIFY AND DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST BASED ON THE AGENDA OR ANY CHANGES IN THEIR BUSINESS PRACTICE THAT MIGHT BE RELEVANT. IF THERE ARE ANY CONFLICTS, THE MEMBER(S) RECUSE THEMSELVES AND DO NOT PARTICIPATE IN THE DISCUSSION AND DO NOT VOTE ON THE ITEM. THIS THEN IS NOTED IN THE MINUTES OF THAT MEETING. BOARD MEMBERS ANNUALLY AGREE TO ABIDE BY WRITTEN CONFLICT OF INTEREST AND CONFIDENTIALITY POLICIES. BOARD MEMBERS ALSO WORK TO REPRESENT AND BALANCE THE INTERESTS OF DAYTON CHILDREN'S HOSPITAL'S MANY CONSTITUENTS. THE BOARD ANNUALLY EVALUATES ITS OWN PERFORMANCE.

# AS AMENDED

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

FORM 990, PART VI, SECTION B, LINE 15:

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

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABILITY OF FINANCIAL STATEMENTS, CONFLICT OF INTEREST, ORGANIZING DOCUMENTS.

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

# AS AMENDED

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

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**FORM 990, PART IX, LINE 11G, OTHER FEES:**

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**PROFESSIONAL SERVICES:**

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PROGRAM SERVICE EXPENSES	31,548,872.
MANAGEMENT AND GENERAL EXPENSES	962,003.
FUNDRAISING EXPENSES	0.
<b>TOTAL EXPENSES</b>	<b>32,510,875.</b>

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**PURCHASED SERVICES:**

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PROGRAM SERVICE EXPENSES	8,524,628.
MANAGEMENT AND GENERAL EXPENSES	1,832,855.
FUNDRAISING EXPENSES	569,537.
<b>TOTAL EXPENSES</b>	<b>10,927,020.</b>
<b>TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A</b>	<b>43,437,895.</b>

---

**FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:**

---

TRANSFER TO DAYTON CHILDREN'S HOSPITAL FOUNDATION	-2,575,906.
RESTRICTED NET ASSETS USED FOR PURCHASE OF PP&E	6,323,670.
TEMPORARILY RESTRICTED NET ASSETS	-5,955,783.
CHANGE IN PENSION BENEFIT OBLIGATION	5,812,878.
<b>TOTAL TO FORM 990, PART XI, LINE 9</b>	<b>3,604,859.</b>

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**FORM 990, PART XII, LINE 2C:**

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THE ORGANIZATION'S PROCESS HAS NOT CHANGED.

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**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization <b>DAYTON CHILDREN'S HOSPITAL</b>	Employer identification number <b>31-0672132</b>
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**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

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



# AS AMENDED

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DAYTON CHILDREN'S HOSPITAL FOUNDATION	C	9,715,914.	FMV
(2) DAYTON CHILDREN'S HOSPITAL FOUNDATION	B	384,850.	CASH
(3) DAYTON CHILDREN'S HOSPITAL FOUNDATION	E	109,807,804.	CASH
(4) DAYTON CHILDREN'S HOSPITAL FOUNDATION	L	75,660.	FMV
(5) CHILDREN'S ANESTHESIA GROUP	R	1,775,000.	CASH
(6) CHILDREN'S CARE GROUP	Q	1,759,735.	CASH

# AS AMENDED

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) CHILDREN'S CARE GROUP	R	2,567,173.	CASH
(8) CHILDREN'S ANESTHESIA GROUP	M	10,043,511.	CASH
(9) CHILDREN'S ANESTHESIA GROUP	O	2,022,495.	FMV
(10) CHILDREN'S CARE GROUP	O	339,402.	CASH
(11) CHILDREN'S CARE GROUP	M	24,039,830.	CASH
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

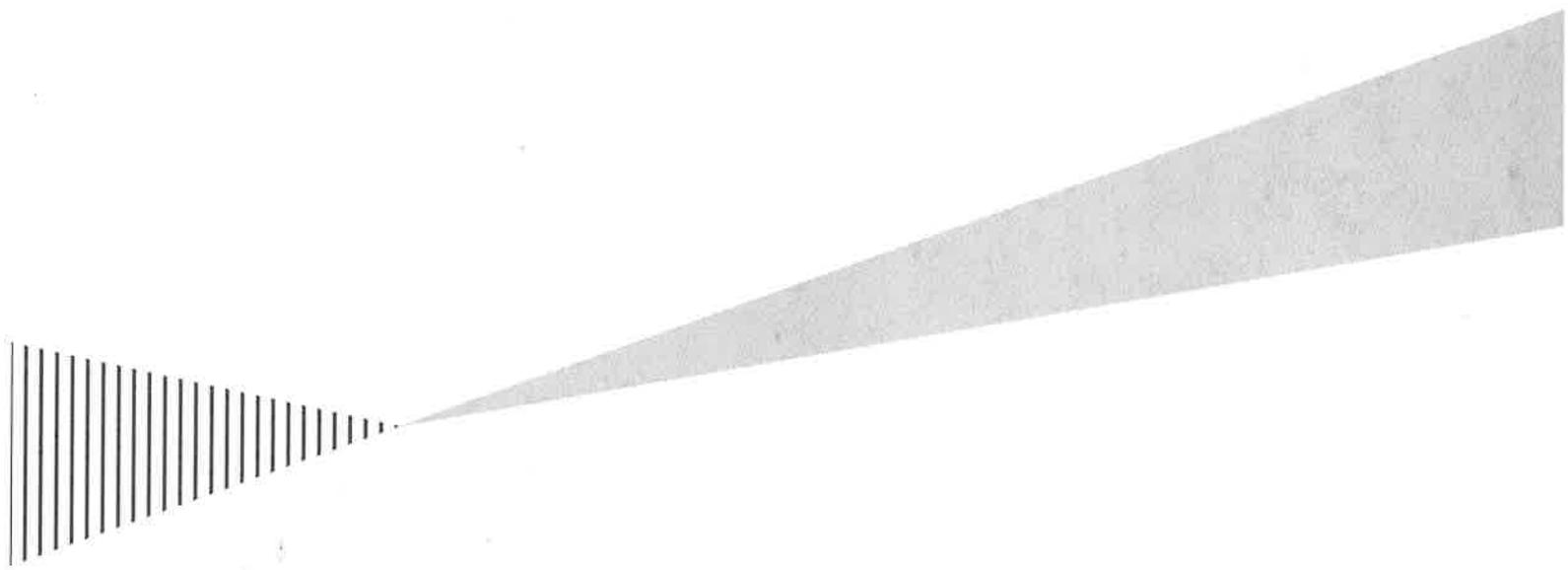




CONSOLIDATED FINANCIAL STATEMENTS AND  
SUPPLEMENTARY INFORMATION

Dayton Children's Hospital and Subsidiaries  
Years Ended June 30, 2017 and 2016  
With Report of Independent Auditors

Ernst & Young LLP



Building a better  
working world

# Dayton Children’s Hospital and Subsidiaries

## Consolidated Financial Statements and Supplementary Information

Years Ended June 30, 2017 and 2016

### Contents

Report of Independent Auditors.....	1
Consolidated Financial Statements	
Consolidated Balance Sheets .....	3
Consolidated Statements of Operations .....	5
Consolidated Statements of Changes in Net Assets .....	6
Consolidated Statements of Cash Flows.....	7
Notes to Consolidated Financial Statements.....	8
Supplementary Information	
Report of Independent Auditors on Supplementary Information .....	34
Details of Consolidated Balance Sheet .....	35
Details of Consolidated Statement of Operations .....	37
Details of Consolidated Statement of Changes in Net Assets .....	38



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## Report of Independent Auditors

The Board of Trustees  
Dayton Children's Hospital

We have audited the accompanying consolidated financial statements of Dayton Children's Hospital and Subsidiaries, which comprise the consolidated balance sheets as of June 30, 2017 and 2016, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

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

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

### **Auditor's Responsibility**

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

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

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



## Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated balance sheets of Dayton Children's Hospital and Subsidiaries at June 30, 2017 and 2016, and the consolidated results of their operations and changes in net assets and their cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

*Ernst + Young LLP*

October 16, 2017

Dayton Children's Hospital and Subsidiaries

Consolidated Balance Sheets  
(Dollars in Thousands)

	June 30	
	2017	2016
<b>Assets</b>		
Current assets:		
Cash and cash equivalents	\$ 18,628	\$ 48,299
Accounts receivable, net of allowances for doubtful accounts of \$6,231 in 2017 and \$12,394 in 2016	47,808	37,682
Inventories	3,450	2,806
Prepaid expenses and other assets	5,843	615
Total current assets	<u>75,729</u>	<u>89,402</u>
Investments and assets whose use is limited:		
Board designated investments	618,321	542,264
Assets whose use is limited:		
Restricted by donor	7,029	3,995
Funds for self-insurance reserves	14,869	44,591
Total board designated investments and assets whose use is limited	<u>640,219</u>	<u>590,850</u>
Pledges receivable	10,471	12,686
Total investments and assets whose use is limited	<u>650,690</u>	<u>603,536</u>
Other assets	25,382	19,721
Property and equipment, net	306,521	196,469
Total assets	<u>\$ 1,058,322</u>	<u>\$ 909,128</u>

	June 30	
	2017	2016
<b>Liabilities and net assets</b>		
Current liabilities:		
Accounts payable and accrued expenses	\$ 16,955	\$ 20,759
Compensation and benefits	15,632	22,899
Total current liabilities	<u>32,587</u>	<u>43,658</u>
Long-term insurance reserves	11,349	8,363
Long-term debt	146,455	69,678
Pension liability	13,379	18,074
Other liabilities	20,606	16,203
Total liabilities	<u>224,376</u>	<u>155,976</u>
Net assets:		
Unrestricted	816,446	736,471
Temporarily restricted	17,500	16,681
Total net assets	<u>833,946</u>	<u>753,152</u>
Total liabilities and net assets	<u>\$ 1,058,322</u>	<u>\$ 909,128</u>

*See accompanying notes.*

Dayton Children's Hospital and Subsidiaries

Consolidated Statements of Operations

(Dollars in Thousands)

	Year Ended June 30	
	2017	2016
Unrestricted revenues and other support:		
Net patient service revenue (net of contractual provision)	\$ 326,236	\$ 282,111
Provision for bad debts	(9,108)	(8,021)
Net patient service revenue less provision for bad debts	<u>317,128</u>	<u>274,090</u>
Other revenue	13,968	10,296
Total operating revenue	<u>331,096</u>	<u>284,386</u>
Expenses:		
Salaries and benefits	202,525	161,093
Supplies	47,557	39,490
Purchased services	21,839	17,430
Professional fees	3,781	5,668
State assessment	5,262	4,795
Depreciation	19,297	16,294
Other	24,652	21,720
Total expenses	<u>324,913</u>	<u>266,490</u>
Excess of revenues over expenses before investment income	6,183	17,896
Investment gain (loss)	63,737	(8,188)
Excess of revenues over expenses	<u>\$ 69,920</u>	<u>\$ 9,708</u>

See accompanying notes.

Dayton Children's Hospital and Subsidiaries

Consolidated Statements of Changes in Net Assets  
(Dollars in Thousands)

	<b>Year Ended June 30</b>	
	<b>2017</b>	<b>2016</b>
<b>Unrestricted net assets</b>		
Excess of revenues over expenses	\$ 69,920	\$ 9,708
Change in pension plan obligation and plan assets	5,813	(17,811)
Net assets released from restrictions used for purchase of property and equipment and other	4,242	5,601
Increase (decrease) in unrestricted net assets	<u>79,975</u>	<u>(2,502)</u>
<b>Temporarily restricted net assets</b>		
Contributions	6,657	13,024
Net assets released from restrictions	(5,955)	(7,690)
Change in market value of investments held	117	(115)
Increase in temporarily restricted net assets	<u>819</u>	<u>5,219</u>
Increase in net assets	80,794	2,717
Net assets at beginning of year	753,152	750,435
Net assets at end of year	<u>\$ 833,946</u>	<u>\$ 753,152</u>

See accompanying notes.

Dayton Children's Hospital and Subsidiaries

Consolidated Statements of Cash Flows

(Dollars in Thousands)

	Year Ended June 30	
	2017	2016
<b>Operating activities</b>		
Increase in net assets	\$ 80,794	\$ 2,717
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation	19,297	16,294
Provisions for bad debt	9,108	8,021
Change in market value of investments	(45,219)	39,127
Change in pension plan obligation and plan assets	(5,813)	17,811
Changes in assets and liabilities:		
Accounts receivable	(19,235)	(16,223)
Pledges receivable	2,215	(4,614)
Inventories and other current assets	(5,872)	(408)
Other assets	(1,160)	(186)
Accounts payable and other current liabilities	(11,071)	1,822
Other liabilities	4,007	2,213
Net cash provided by operating activities	<u>27,051</u>	<u>66,574</u>
<b>Investing activities</b>		
Additions to property and equipment	(129,349)	(76,626)
Increase in investments and assets whose use is limited	(4,150)	(57,788)
Net cash used in investing activities	<u>(133,499)</u>	<u>(134,414)</u>
<b>Financing activities</b>		
Proceeds from loan	<u>76,777</u>	<u>37,850</u>
Decrease in cash and cash equivalents	(29,671)	(29,990)
Cash and cash equivalents at beginning of year	48,299	78,289
Cash and cash equivalents at end of year	<u>\$ 18,628</u>	<u>\$ 48,299</u>

See accompanying notes.

# Dayton Children's Hospital and Subsidiaries

## Notes to Consolidated Financial Statements (Dollars in Thousands)

Years Ended June 30, 2017 and 2016

### 1. Accounting Policies

#### Consolidation

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

#### Use of Estimates

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

#### Fair Value Measurements

The Hospital follows the provisions of Financial Accounting Standards Board (FASB) Accounting Standard Codification (ASC) 820, *Fair Value Measurements and Disclosures*, 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.

## Dayton Children's Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

#### 1. Accounting Policies (continued)

The three levels are defined as follows:

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

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

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

## Dayton Children's Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued) *(Dollars in Thousands)*

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

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

#### **Cash and Cash Equivalents**

The Hospital considers highly liquid investments with original maturities of three months or less at the date of purchase to be cash equivalents.

#### **Assets Whose Use is Limited**

Assets whose use is limited primarily represent funds and pledges restricted by donors for charitable purposes and trustee-held funds for the retirement of professional liability obligations.

#### **Investments**

The Hospital has designated its investment portfolio as trading. Investment income or loss (including realized gains and losses on investments, changes in market value of investments, interest, and dividends) is included in excess of unrestricted revenue and other support over expenses on the consolidated statements of operations and changes in net assets unless the income or loss is restricted by donor or by law. Board designated investments are for future capital projects or operations of the Hospital.

Investments in equity securities and debt securities have been measured at fair value in the consolidated balance sheets. The Hospital accounts for alternative investments including limited partnerships, hedge funds and private equity funds, held in operating investments using the equity method of accounting based on the net asset value (NAV) provided by the fund managers. Amounts recorded represent the percentage ownership in the NAV of the respective alternative investment. The valuation is determined by the investment manager or general partner. Therefore the components of the individual investments within these funds are not readily determinable and are accounted for under the equity method. Values may be based on historical cost, appraisals, or

## Dayton Children's Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued)

*(Dollars in Thousands)*

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

other estimates that require varying degrees of judgment. The investments may indirectly expose the Hospital to securities lending, short sales of securities, and trading in futures and forwards contracts, options, swap contracts, and other derivative products. While these financial instruments may contain varying degrees of risk, the Hospital's risk with respect to such transactions is limited to its capital balance in each investment. The financial statements of the investees are audited annually by independent auditors. Hospital management believes the carrying amount of these financial instruments, approximately \$159,213 and \$136,828 at June 30, 2017 and 2016, respectively, is reasonable based on the NAV of the funds. Because these investments are not readily marketable, their estimated value is subject to uncertainty and, therefore, may differ from the value that would have been used had a ready market for such investments existed. Such differences could be material.

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

Net patient accounts receivable less the allowance 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 bad debts 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 bad debts. The allowance as a percentage of net receivables has decreased from June 30, 2016 to June 30, 2017. In the current year management modified internal processes, resulting in an additional refinement of the underlying receivable balance and a lower required allowance.

## Dayton Children's Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

#### 1. Accounting Policies (continued)

After satisfaction of amounts due from insurance and reasonable efforts to collect from the patients themselves have been exhausted, the Hospital may place certain past-due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by the Hospital. Patient accounts receivable are written off after collection efforts have been followed in accordance with the Hospital's policies. The total write-offs for charity care and for uncollectible accounts and allowances on self-pay patient accounts, has not changed significantly since June 30, 2016. The Hospital has included approximately \$15,827 and \$8,337 for the Hospital Care Assurance Program in net patient service revenue for the years ended June 30, 2017 and 2016, respectively.

The Hospital provides services 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>2017</u>	<u>2016</u>
Medicaid and Medicaid related plans	32%	32%
Anthem	25	24
Commercial	40	42
Other federal	3	2
	<u>100%</u>	<u>100%</u>

#### Inventories

Inventories are stated at the lower of cost or market. The Hospital values its inventories using the first-in, first-out method.

## Dayton Children's Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

#### 1. Accounting Policies (continued)

##### Property and Equipment

Property and equipment are stated at historical cost or if donated or impaired, at fair market value at the date of receipt or determination. Depreciation is provided over the estimated useful life of each class of depreciable asset which range from 2 to 40 years, and is computed using the straight-line method. For property and equipment under capital lease, amortization is determined over the shorter period of the lease term of the estimated useful life of the property and equipment, and is included in depreciation and amortization expense. Interest cost incurred during the period of construction of major capital projects is capitalized as a component of the cost of acquiring those assets and amounted to \$1,553 and \$624 for the years ended June 30, 2017 and 2016, respectively.

The cost and related accumulated depreciation of property and equipment that is sold or retired are removed from the respective accounts, and resulting gain or loss is recorded in other revenue.

The Hospital continually evaluates whether circumstances have occurred that would indicate the remaining useful life of long-lived assets may warrant revision or that the remaining balance of such assets may not be recoverable. When factors indicate that such assets should be evaluated for possible impairment, the Hospital uses an estimate of the undiscounted cash flows over the remaining life of the assets in measuring whether the asset is recoverable. There were no impairment losses recorded for the years ended June 30, 2017 or 2016.

##### Net Assets

Unrestricted net assets are those assets whose use has not been restricted by donors or for which restrictions have been met. Temporarily restricted net assets are those whose use by the Hospital has been limited by donors to a specific time period or purpose. Unconditional promises to receive cash and other assets are reported at fair value at the date the promise is received. Contributions are reported as temporarily restricted if they are received with donor imposed stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulation time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are released from restriction.

Dayton Children's Hospital and Subsidiaries  
Notes to Consolidated Financial Statements (continued)  
*(Dollars in Thousands)*

**1. Accounting Policies (continued)**

Temporarily restricted net assets are available for the following purposes:

	<b>June 30</b>	
	<b>2017</b>	<b>2016</b>
Purchase of equipment and other capital	\$ 14,599	\$ 14,060
Health care services and research	2,901	2,621
	<b>\$ 17,500</b>	<b>\$ 16,681</b>

**Net Patient Service Revenue**

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

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

**Charity Care**

The Hospital has a policy of treating certain patients regardless of their ability to pay. Patients are classified as charity patients based on their ability to pay as defined by established policies of the Hospital. Charity care amounts are not included in net patient service revenue. The cost to the Hospital to provide charity care was approximately \$910 and \$920 for the years ended June 30, 2017 and 2016, respectively. The cost to the Hospital to provide charity care was determined through the application of the ratio of patient cost to charges, consistent with Schedule H of Form 990 filed with the Internal Revenue Service, to current-year charity care write-offs.

# Dayton Children's Hospital and Subsidiaries

## Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

### 1. Accounting Policies (continued)

#### 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 obligation and plan assets for the Hospital's defined benefit plan, are excluded from the excess of unrestricted revenue and other support over expenses.

#### Pledges Receivable

The Hospital receives certain unconditional promises to pay, which are recorded on a discounted basis in the form of pledges receivable. The Hospital establishes an allowance both for the valuation of the pledges to be collected in future years as well as an allowance for doubtful pledges for those pledges that the Hospital estimates to be uncollectible. As of June 30, 2017 and 2016, pledges are primarily donor restricted for capital needs of the Hospital. Collections of these pledges are expected to be made over the following time frame:

	<u>2017</u>
2018	\$ 4,230
2019	4,075
2020	1,924
2021	899
2022	258
Thereafter	<u>11</u>
Total pledges receivable	11,397
Less present value discount and allowances for doubtful pledges	<u>926</u>
Net pledges receivable	<u>\$ 10,471</u>

## Dayton Children's Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

#### 1. Accounting Policies (continued)

##### **Tax-Exempt Status**

All subsidiaries of the Hospital except CCG, CAG, Ortho, and selected joint venture entities are exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. The wholly owned for-profit subsidiaries CCG, CAG, and Ortho had no taxable income in 2017 or 2016. The provision for income taxes for the joint venture entities is not significant to the Hospital. The Hospital completed an analysis of its uncertain 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, 2017 or 2016.

##### **Recent Accounting Pronouncements**

In April 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-03, *Simplifying the Presentation of Debt Issuance Costs*. ASU 2015-03 requires that debt issuance costs be presented in the balance sheet as a direct deduction from the related debt liability rather than as an asset. Amortization of the costs is to be reported as interest expense. ASU 2015-03 was effective for the Hospital beginning on July 1, 2016. The Hospital has adopted ASU 2015-03 in 2017 and has made the relevant changes for the reporting period ended June 30, 2017. This adoption resulted in \$179 unamortized debt issuance costs included in long-term debt on the consolidated balance sheet as of June 30, 2017. There were no unamortized debt issuance costs as of June 30, 2016.

In August 2016, the FASB issued ASU No. 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*. The amendments in this ASU will make improvements to the information provided in financial statements and accompanying notes of not-for-profit entities. The amendments set forth the FASB's improvements to net asset classification requirements and the information presented about a not-for-profit entity's liquidity, financial performance, and cash flows. ASU 2016-14 is effective for fiscal years beginning after December 15, 2017, with early adoption permitted. The Hospital is currently evaluating the effect this new standard will have on its consolidated financial statements.

## Dayton Children's Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

#### 1. Accounting Policies (continued)

In February 2016, the FASB issued ASU No. 2016-02, *Leases (Topic 842)*. The guidance in ASU 2016-02 supersedes the lease recognition requirements in ASC Topic 840, *Leases (FAS 13)*. ASU 2016-02 requires an entity to recognize assets and liabilities arising from a lease for both financing and operating leases, along with additional qualitative and quantitative disclosures. ASU 2016-02 is effective for fiscal years beginning after December 15, 2018, with early adoption permitted. The Hospital is currently evaluating the effect this new standard will have on its consolidated financial statements.

In May 2014, the FASB issued ASU 2014-09, *Revenue from Contracts with Customers (Topic 606)*, to clarify revenue recognition principles. This guidance is intended to improve disclosure requirements and enhance the comparability of revenue recognition practices. Improved disclosures under the amended guidance relate to the nature, amount, timing, and uncertainty of revenue that is recognized from contracts with customers. In August 2015, the FASB issued ASU 2015-09, *Revenue From Contracts With Customers (Topic 606)*, deferring the effective date of ASU 2014-09 with reporting periods beginning after December 15, 2018, and will be required to be applied retrospectively (either fully or on a modified approach). Early application of the amendments in ASU 2014-09 is not permitted. The Hospital is currently evaluating the impact that ASU 2014-09 will have on its consolidated financial statements.

In March 2017, the FASB issued ASU 2017-07, *Compensation – Retirement Benefits (Topic 715): Improving the Presentation of Net Periodic Pension Cost and Net Periodic Postretirement Benefit Cost (ASU 2017-07)*, which changes how employers that sponsor defined benefit pension plans present the net periodic benefit cost in the statements of operations and changes in net assets. ASU 2017-07 requires employers to present the service cost component of net periodic benefit cost in the same statements of operations and changes in net assets line items as other employee compensation costs arising from services rendered during the period. Employers are to present the other components of net periodic benefit cost separately from the line item that includes the service cost and outside of any subtotal of operating income, if one is presented. Employers will have to disclose the lines used to present the other components of net periodic benefit cost, if the components are not presented separately in the statements of operations and changes in net assets. ASU 2017-07 is effective for the Hospital for fiscal years beginning after December 15, 2018, and interim periods therein. Early adoption is permitted as of the beginning of an annual period for which financial statements (interim or annual) have not been issued or made available for issuance. The guidance provides a practical expedient for disaggregating the service cost component and other components for comparative periods. The Hospital is currently evaluating the impact that ASU 2017-07 will have on its consolidated financial statements.

## Dayton Children's Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

#### 2. Net Patient Service Revenue

Net patient service revenue is derived from services provided to patients who are directly responsible for payment or are covered by various commercial insurance or other programs. The Hospital receives payments from state governments for Medicaid and other state-sponsored programs, from certain private insurance companies, and from patients themselves. A summary of payment arrangements with major third-party payors 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 Hospital has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Hospital under these agreements includes discounts from established charges, and fee schedules for professional services.

The Hospital's net patient service revenue is summarized as follows for the years ended June 30:

	2017	2016
Medicaid and Medicaid related plans	\$ 117,545	\$ 106,247
Anthem	92,435	71,546
Self-pay	7,422	4,207
Commercial and other	99,726	92,090
Net patient service revenue, less provision for bad debts	\$ 317,128	\$ 274,090

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

## Dayton Children's Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

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

Laws and regulations governing the 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 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.

#### 3. Fair Value Measurements and Investments

The following tables present the investments and assets limited to use carried as of June 30, 2017 and 2016, by ASC 820 valuation hierarchy defined above:

	June 30, 2017		
	Level 1	Level 2	Total
Cash and cash equivalents	\$ 658	\$ —	\$ 658
Equity mutual funds	313,269	—	313,269
Bond mutual funds	59,778	—	59,778
Corporate bonds	—	36,416	36,416
U.S. government securities	—	19,546	19,546
Mortgage-backed securities	—	17,908	17,908
Total assets at fair value	\$ 373,705	\$ 73,870	447,575
Money market funds			33,431
Investments accounted for under the equity method:			
Hedge funds			87,148
Private equity funds			39,721
Investment in limited partnership			32,344
Total investments			\$ 640,219

## Dayton Children's Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

#### 3. Fair Value Measurements and Investments (continued)

	June 30, 2016		
	Level 1	Level 2	Total
Cash and cash equivalents	\$ 387	\$ —	\$ 387
Equity mutual funds	296,103	—	296,103
Bond mutual funds	55,135	—	55,135
Corporate bonds	—	28,889	28,889
U.S. government securities	—	39,958	39,958
Mortgage-backed securities	—	17,320	17,320
Total assets at fair value	\$ 351,625	\$ 86,167	437,792
Money market funds			16,230
Investments accounted for under the equity method:			
Hedge funds			72,091
Private equity funds			33,344
Investment in limited partnership			31,393
Total investments			\$ 590,850

The Hospital's cash and cash equivalents, and investments are generally classified within Level 1 or Level 2 of the fair value hierarchy because they are valued using quoted market prices, broker or dealer quotations or alternative pricing sources with reasonable levels of price transparency. The types of financial instruments based on quoted market prices in active markets include mutual funds and certain cash equivalents. Such instruments are generally classified within Level 1 of the fair value hierarchy. Money market investments are valued at NAV and are therefore excluded from the ASC 820 hierarchy.

The types of financial instruments valued based on broker or dealer quotations or alternative pricing sources with reasonable levels of price transparency include corporate bonds, and other marketable debt securities. Such financial instruments are generally classified within Level 2 of the fair market value hierarchy. Primarily all of the Hospital's marketable debt securities are actively traded and the recorded fair value reflects current market conditions. However, due to the inherent volatility in the investment market there is at least a possibility that recorded investment values may change by a material amount in the near term.

## Dayton Children's Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

#### 3. Fair Value Measurements and Investments (continued)

Following is the summary of the inputs and valuation techniques as of June 30, 2017 and 2016, used for valuing Level 2 securities in the portfolio:

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

The methods described above may produce a fair value that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Hospital believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies, or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the consolidated balance sheet date. There are no financial instruments classified as Level 3.

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

	<b>June 30</b>	
	<u>2017</u>	<u>2016</u>
Interest and dividend income	\$ 11,371	\$ 9,110
Net realized gains on sales of securities	7,147	21,714
Investment gain (loss) from the change in market value of trading securities	45,219	(39,012)
Total investment gain (loss)	<u>\$ 63,737</u>	<u>\$ (8,188)</u>

At June 30, 2017, the Hospital has committed capital of \$37,544 yet to be called to private equity funds over the next one to six years. Private equity funds are generally closed-end funds and have significant redemption restrictions that prohibit redemptions during the fund's life which are expected to range from 15 to 18 years. The Hospital has the ability to redeem its investments in hedge funds and limited partnerships at NAV on a quarterly basis.

Dayton Children's Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)  
*(Dollars in Thousands)*

**4. Property and Equipment**

The following is a summary of property and equipment as of June 30:

	<u>2017</u>	<u>2016</u>
Land and improvements	\$ 14,650	\$ 11,647
Building and improvements	85,505	52,734
Equipment	<u>184,400</u>	<u>141,202</u>
	284,555	205,583
Less accumulated depreciation	<u>106,772</u>	<u>96,270</u>
	177,783	109,313
Construction in progress	<u>128,738</u>	<u>87,156</u>
	<u>\$ 306,521</u>	<u>\$ 196,469</u>

The Hospital had unamortized computer software costs of \$7,211 and \$6,401 recorded at June 30, 2017 and 2016, respectively. The Hospital recognized amortization expense related to computer software costs of \$2,585 and \$2,398 for the years ended June 30, 2017 and 2016, respectively, which is included in depreciation in the consolidated statements of operations.

As of June 30, 2017, the Hospital is contractually obligated for construction projects totaling approximately \$14,141 at current construction cost or vendor levels. It is expected that the full balance of these costs will be incurred throughout fiscal 2018. The Hospital will finance these construction projects through investments or additional drawdowns on the loan payable.

## Dayton Children's Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

#### 5. Long-term Debt

The following is a summary of long-term debt as of June 30:

	2017	2016
Hospital Facilities Revenue Bonds:		
Series 2014 bonds	\$ 109,808	\$ 65,758
Series 2015 bonds	8,340	—
Series 2016 bonds	24,566	—
New market tax credit loan payable	3,920	3,920
	146,634	69,678
Less unamortized bond issuance costs	179	—
Total long-term debt	\$ 146,455	\$ 69,678

The Hospital is the lessee of certain facilities, consisting generally of a new patient tower and related equipment, that are currently being constructed or acquired by the Hospital, the costs of which are being financed by certain Hospital Facilities Revenue Bonds that were issued by the County of Montgomery, Ohio (the Series 2014, 2015 and 2016 Bonds). The bonds are secured by a pledge of the gross receipts, including the accounts receivable and assignable general intangibles, of the Hospital and Dayton Children's Hospital Foundation (collectively, the DCH Obligated Group), as the obligated issuers under a Master Trust Indenture dated as of August 1, 2014, between the DCH Obligated Group and U.S. Bank National Association, as master trustee (the Master Trust Indenture). Under the terms of the Master Indenture, the members of the DCH Obligated Group are jointly and severally liable for the payment of the Series 2014, 2015 and 2016 Bonds.

In connection with the purchase of the Series 2014, 2015 and 2016 Bonds by JPMorgan Chase Bank, N.A. (the Bond Purchaser), the Hospital entered into a Bond Purchase Agreement with the Bond Purchaser pursuant to which the Bond Purchaser agreed to purchase the entire principal amount of the Series 2014, 2015 and 2016 Bonds by making advances of principal to the Hospital from time to time at the request of the Hospital. The total amount available to be drawn are \$117,055, \$12,675 and \$30,000 for the Series 2014, 2015 and 2016 Bonds, respectively. As of June 30, 2017 and 2016, \$142,714 and \$65,758, respectively, of principal advances have been made by the Bond Purchaser. Subsequent to year end, but before the report issuance date, additional draws of \$2,874 were made.

## Dayton Children's Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued) *(Dollars in Thousands)*

#### **5. Long-term Debt (continued)**

The Series 2014 and 2015 Bonds will mature on August 1, 2044. The Series 2016 Bonds will mature on September 1, 2036. Payments of interest only are due on the Series 2014, 2015 and 2016 Bonds on each January 1, April 1, July 1, and October 1 (each, an Interest Payment Date) and payment of the outstanding principal amount is due in full on the maturity date of the bonds. The outstanding principal amount of the Series 2014 and 2015 Bonds bears interest at a floating rate, adjusted monthly, equal to the sum of (a) 67.0% of the one month London Interbank Offered Rate (LIBOR), plus (b) a spread of 0.74% (1.4% at June 30, 2017). The outstanding principal amount of the Series 2016 Bonds bears interest at a floating rate, adjusted monthly, equal to the sum of (a) 70% of the one month LIBOR, plus (b) a spread of 0.65% (1.37% at June 30, 2017). The interest rate and mode is set for an initial period through September 1, 2023. Interest paid for the years ended June 30, 2017 and 2016, was \$1,463 and \$733, respectively.

The Series 2014, 2015 and 2016 Bonds are subject to optional redemption by the Hospital, in whole or in part, on any Interest Payment Date at a redemption price equal to the principal amount of the Bonds to be redeemed plus accrued interest thereon to the redemption date.

The Master Trust Indenture and related Covenants Agreement between the DCH Obligated Group and the Bond Purchaser, included certain financial covenants, which include among other things, minimum requirements for leverage ratio, cash, and revenues available for debt service. At June 30, 2017, the Hospital was in compliance with its financial covenants under these documents.

In November 2013, the Hospital entered into a financing arrangement, within the guidelines of the Internal Revenue Service's New Market Tax Program, to fund a capital project. The loan payable is to a group of qualified community development entities, through an investment fund, bearing interest at 1% annually, and totaled \$3,920 as of June 30, 2017 and 2016. Principal payments are scheduled to begin in 2020.

## Dayton Children's Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

#### 6. Leases

The Hospital enters into a variety of different operating leases during the normal course of business. Future minimum payments of the Hospital's non-cancelable operating leases as of June 30, 2017, are as follows:

2018	\$	2,084
2019		1,838
2020		1,376
2021		1,101
2022		672
Subsequent years		856
Total minimum lease payments	\$	<u>7,927</u>

Rent expense was approximately \$3,691 and \$2,970 for the years ended June 30, 2017 and 2016.

#### 7. Retirement Plans

The Hospital sponsors certain retirement plans as defined in the following paragraphs for the benefit of selected employees. Certain of these plans require the Hospital to record long-term assets and liabilities for the future benefit of these employees.

##### **Dayton Children's Hospital 401(k) Plan**

The Hospital sponsors a 401(k) plan that covers substantially all employees. The Hospital's contributions to the 401(k) plan are based on each participant's salary together with certain voluntary contributions made by participants. Pension expense for the years end June 30, 2017 and 2016, related to this plan was \$4,744 and \$4,126, respectively.

##### **Eligible Deferred Compensation Plans**

The Hospital maintains eligible deferred compensation plans to enable eligible employees to enhance their retirement security by permitting them to enter into agreements with the Hospital to defer a portion of their compensation and receive benefits generally at retirement, death, or in the event of financial hardship due to unforeseeable emergencies. The Hospital recorded a long term asset included in Other Assets and a corresponding liability included in Other Liabilities of \$16,282 and \$13,024 as of June 30, 2017 and 2016, respectively, related to these plans.

## Dayton Children's Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

#### 7. Retirement Plans (continued)

##### Defined Benefit Plan

The Hospital has a defined benefit pension plan (the Plan) which covers the majority of all employees hired prior to 2011. Participants' benefits are calculated based upon a percentage of each participant's eligible earnings. The Hospital's funding policy is to contribute amounts to the Plan sufficient to meet the minimum funding requirements set forth in the Employee Retirement Income Security Act of 1974.

Included in unrestricted net assets are the following amounts that have not yet been recognized in net periodic pension expense as of June 30:

	2017	2016
Net actuarial loss	\$ 33,295	\$ 40,603
Net prior service credit	(6,950)	(8,233)
	\$ 26,345	\$ 32,370

The following amounts related to plan activity have been recognized as increase (decrease) in unrestricted net assets for the years ended June 30:

	2017	2016
Amortization of net prior service credit	\$ (1,283)	\$ (1,283)
Net actuarial gain (loss)	4,487	(17,534)
Amortization of net actuarial loss	2,821	1,615
	\$ 6,025	\$ (17,202)

Net actuarial loss is amortized as a component of net periodic benefit cost only if the losses exceed 10% of the greater of the projected benefit obligation or the fair value of the plan assets.

The actuarial loss and prior service credit expected to be recognized during the year ended June 30, 2018, are \$2,334 and \$1,283, respectively.

Dayton Children's Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)  
*(Dollars in Thousands)*

**7. Retirement Plans (continued)**

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

	<u>2017</u>	<u>2016</u>
<b>Projected benefit obligations</b>		
Benefit obligation at beginning of year	\$ (95,245)	\$ (84,170)
Service cost	(4,472)	(4,260)
Interest cost	(3,944)	(3,896)
Actuarial (loss) gain	296	(9,807)
Benefits paid	5,918	6,888
Benefit obligation at end of year	<u>(97,447)</u>	<u>(95,245)</u>
<b>Fair value of plan assets</b>		
Fair value of plan assets at beginning of year	77,171	86,101
Actual loss on plan assets	9,815	(1,851)
Employer contributions	3,000	—
Actual expenses paid	—	(191)
Benefits paid	(5,918)	(6,888)
Fair value of plan assets at end of year	<u>84,068</u>	<u>77,171</u>
Funded status of the plan	<u>\$ (13,379)</u>	<u>\$ (18,074)</u>

The accumulated benefit obligation was \$89,567 and \$91,891 at June 30, 2017 and 2016, respectively.

Dayton Children's Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)  
*(Dollars in Thousands)*

**7. Retirement Plans (continued)**

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

	<u>2017</u>	<u>2016</u>
Service cost	\$ 4,472	\$ 4,260
Interest cost	3,944	3,896
Expected return on plan assets	(5,624)	(5,686)
Amortization of prior service cost	(1,283)	(1,282)
Recognized net actuarial gain	2,822	1,615
Benefit cost included in employee benefit expense	<u>\$ 4,331</u>	<u>\$ 2,803</u>

Actuarial assumptions at June 30, were as follows:

	<u>2017</u>	<u>2016</u>
Weighted-average assumptions used to determine benefit obligations at year end:		
Discount rate	4.18%	4.15%
Rate of compensation increases	3.50	3.50
Expected long-term return on plan assets	6.85	6.85
Weighted-average assumptions used to determine net periodic pension cost:		
Discount rate	4.15	4.80
Rate of compensation increase	3.50	3.50
Expected long-term return on plan assets	6.85	6.85

Dayton Children's Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)  
*(Dollars in Thousands)*

**7. Retirement Plans (continued)**

In selecting the expected return on plan assets, the Hospital considered historical returns, as well as adherence to future asset allocations set forth in the Plan's investment policies. This basis is consistent with the prior year.

The Plan assets are allocated as follows:

Asset category:	Targeted Allocation Range	Percentage of Plan Assets at June 30	
		2017	2016
Equity securities	50–70%	62%	72%
Debt securities	30–50%	38	28
Total		100%	100%

The Plan's assets by asset category are as follows:

	June 30, 2017		
	Level 1	Level 2	Total
Equity mutual funds	\$ 46,768	\$ –	\$ 46,768
Bond mutual funds	5,784	–	5,784
Total assets at fair value	\$ 52,552	\$ –	52,552
Investments measured at NAV:			
Money market funds			1,541
Common collective trusts			24,225
Hedge fund			5,750
Total investments			\$ 84,068

Dayton Children's Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)  
*(Dollars in Thousands)*

**7. Retirement Plans (continued)**

	<b>June 30, 2016</b>		
	<b>Level 1</b>	<b>Level 2</b>	<b>Total</b>
Equity mutual funds	\$ 50,343	\$ —	\$ 50,343
Bond mutual funds	5,300	—	5,300
Corporate bonds	—	8,899	8,899
U.S. government securities	—	2,241	2,241
Mortgage-backed securities	—	3,351	3,351
Total assets at fair value	<u>\$ 55,643</u>	<u>\$ 14,491</u>	70,134
Investments measured at NAV:			
Money market funds			1,701
Hedge fund			5,336
Total investments			<u>\$ 77,171</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. There are no financial instruments classified as Level 3.

The Hospital's hedge fund and common collect trusts are not readily marketable, and management has determined that the NAV is an appropriate estimate of the fair value of this investment at June 30, 2017 and 2016. The hedge fund and common collective trusts are accounted for at fair value by the administrator. The Hospital has the ability to redeem its investment in the hedge fund and common collective trusts at NAV with no significant restrictions on the redemption at the consolidated balance sheet date. The investment objective of the hedge fund and common investment trusts is to manage interest rate risk associated with changes in pension liability discount rates.

## Dayton Children's Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

#### 7. Retirement Plans (continued)

Following is the summary of the inputs and valuation techniques 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 Plan's assets are invested in a portfolio designed to preserve principal and obtain competitive investment returns with long-term growth, consistent with actuarial assumptions, while minimizing unnecessary investment risk. Diversification is achieved by allocating assets to various classes and investment styles.

The Hospital is not required to make a contribution to the Plan in 2018.

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

2018	\$ 5,220
2019	4,702
2020	5,481
2021	5,830
2022	5,871
2023–2027	34,319

The Hospital also maintains an unfunded Supplemental Employee Retirement Plan for eligible employees. At June 30, 2017 and 2016, a liability of \$4,278 and \$3,131, respectively, were recorded as the estimated amounts due to eligible employees under this plan.

## Dayton Children's Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued) *(Dollars in Thousands)*

#### **8. Professional Liability Self-Insurance**

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

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, \$11,349 and \$8,363 at June 30, 2017 and 2016, respectively, including a receivable estimated for reinsurance recoveries of \$4,500 and \$2,523, respectively, is adequate to settle claims currently filed against the Hospital and claims which may be asserted based on the occurrence of events which are not known to management or legal counsel at this time.

#### **9. Commitments and Contingencies**

The Hospital is subject to legal proceedings and claims which arise in the ordinary course of providing medical services. Such legal proceedings and claims are either specifically covered by the insurance in Note 8 or are deemed to be immaterial. While the outcomes of the legal proceedings and claims cannot be determined at this time, management believes that any loss which may arise from these legal proceedings and claims will not materially affect the financial position of the Hospital.

## Dayton Children's Hospital and Subsidiaries

### Notes to Consolidated Financial Statements (continued) (Dollars in Thousands)

#### 10. Functional Expenses

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

	<u>2017</u>	<u>2016</u>
Health care services:		
Direct patient care	\$ 203,957	\$ 164,373
Support services	56,152	58,795
	<u>260,109</u>	<u>223,168</u>
Fiscal and administration	39,381	22,205
Education and research	4,284	3,385
Fund raising	1,842	1,438
Depreciation	19,297	16,294
	<u>\$ 324,913</u>	<u>\$ 266,490</u>

#### 11. Subsequent Events

The Hospital has evaluated and disclosed subsequent events through October 16, 2017, which is the date the consolidated financial statements were issued and made available. No subsequent events have occurred or were identified for recognition or disclosure in the consolidated financial statements.

# Supplementary Information



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## Report of Independent Auditors on Supplementary Information

The Board of Trustees  
Dayton Children's Hospital

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying consolidated balance sheet, consolidated statements 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 audits of the consolidated 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*

October 16, 2017

# Dayton Children's Hospital and Subsidiaries

## Details of Consolidated Balance Sheet (Dollars in Thousands)

June 30, 2017

	Dayton Children's Hospital and Pediatric Assurance Company, Ltd.	CCG, CAG, and Ortho	Children's Home Care of Dayton, Ohio	Dayton Children's Hospital Foundation	Eliminations	Consolidated
<b>Assets</b>						
Current assets:						
Cash and cash equivalents	\$ 8,367	\$ 2,884	\$ 2,093	\$ 5,284	\$ —	\$ 18,628
Accounts receivable, net of allowances for doubtful accounts of \$6,231	48,159	203	1,187	—	(1,741)	47,808
Inventories	3,394	—	56	—	—	3,450
Prepaid expenses and other assets	1,731	289	—	3,871	(48)	5,843
Total current assets	61,651	3,376	3,336	9,155	(1,789)	75,729
Investments and assets whose use is limited:						
Board designated investments	370,902	—	7,152	247,415	(7,148)	618,321
Assets whose use is limited:						
Restricted by donor	—	—	—	7,029	—	7,029
Funds for self-insurance reserves	14,869	—	—	—	—	14,869
Total board designated investments and assets whose use is limited	385,771	—	7,152	254,444	(7,148)	640,219
Pledges receivable	10,471	—	—	—	—	10,471
Total investments and assets whose use is limited	396,242	—	7,152	254,444	(7,148)	650,690
Other assets	29,223	14,997	298	2,232	(21,368)	25,382
Property and equipment, net	303,162	95	3,264	—	—	306,521
Total assets	\$ 790,278	\$ 18,468	\$ 14,050	\$ 265,831	\$ (30,305)	\$ 1,058,322

# Dayton Children's Hospital and Subsidiaries

## Details of Consolidated Balance Sheet (continued) (Dollars in Thousands)

	Dayton Children's Hospital and Pediatric Assurance Company, Ltd.	CCG, CAG, and Ortho	Children's Home Care of Dayton, Ohio	Dayton Children's Hospital Foundation	Eliminations	Consolidated								
<b>Liabilities and net assets</b>														
Current liabilities:														
Accounts payable and accrued expenses	\$ 16,670	\$ 647	\$ 1,540	\$ 6,987	\$ (8,889)	\$ 16,955								
Compensation and benefits	12,967	2,485	180	—	—	15,632								
Total current liabilities	29,637	3,132	1,720	6,987	(8,889)	32,587								
Long-term insurance reserves	11,349	—	—	—	—	11,349								
Long-term debt	142,535	—	3,920	—	—	146,455								
Pension liability	13,379	—	—	—	—	13,379								
Other liabilities	6,038	14,569	47	—	(48)	20,606								
Total liabilities	202,938	17,701	5,687	6,987	(8,937)	224,376								
Net assets:														
Unrestricted	571,435	767	8,363	257,249	(21,368)	816,446								
Temporarily restricted	15,905	—	—	1,595	—	17,500								
Total net assets	587,340	767	8,363	258,844	(21,368)	833,946								
Total liabilities and net assets	\$ 790,278	\$ 18,468	\$ 14,050	\$ 265,831	\$ (30,305)	\$ 1,058,322								

# Dayton Children's Hospital and Subsidiaries

## Details of Consolidated Statement of Operations (Dollars in Thousands)

Year Ended June 30, 2017

		Dayton Children's Hospital and Pediatric Assurance Company, Ltd.	CCG, CAG, and Ortho	Children's Home Care of Dayton, Ohio	Dayton Children's Hospital Foundation	Eliminations	Consolidated
Unrestricted revenues and other support:							
Net patient service revenue (net of contractual provision)	\$	305,391	\$ 17,659	\$ 8,313	\$ —	\$ (5,127)	\$ 326,236
Provision for bad debts		(9,108)	—	—	—	—	(9,108)
Net patient service revenue less provision for bad debts		296,283	17,659	8,313	—	(5,127)	317,128
Other revenue		23,131	27,097	173	—	(36,433)	13,968
Total operating revenue		319,414	44,756	8,486	—	(41,560)	331,096
Expenses:							
Salaries and benefits		156,986	43,218	2,321	—	—	202,525
Supplies		41,359	257	5,941	—	—	47,557
Purchased services		18,813	2,124	388	9,873	(9,359)	21,839
Professional fees		35,793	—	—	—	(32,012)	3,781
State assessment		5,262	—	—	—	—	5,262
Depreciation		19,059	28	210	—	—	19,297
Other		23,331	1,202	348	—	(229)	24,652
Total expenses		300,603	46,829	9,208	9,873	(41,600)	324,913
Excess (deficiency) of revenues over expenses before investment income		18,811	(2,073)	(722)	(9,873)	40	6,183
Investment income		34,853	—	155	28,769	(40)	63,737
Excess (deficiency) of revenues over expenses		\$ 53,664	\$ (2,073)	\$ (567)	\$ 18,896	\$ —	\$ 69,920

# Dayton Children's Hospital and Subsidiaries

## Details of Consolidated Statement of Changes in Net Assets (Dollars in Thousands)

Year Ended June 30, 2017

		Dayton Children's Hospital and Pediatric Assurance Company, Ltd.	CCG, CAG, and Ortho	Children's Home Care of Dayton, Ohio	Dayton Children's Hospital Foundation	Eliminations	Consolidated
<b>Unrestricted net assets</b>							
Excess (deficiency) of revenues over expenses	\$	53,664	(2,073)	(567)	18,896	\$	\$ 69,920
Change in pension plan obligation and plan assets		5,813	-	-	-	-	5,813
Transfers		(385)	-	-	385	-	-
Net assets released from restrictions used for purchase of property and equipment and other		4,134	18,954	1	-	(18,847)	4,242
Increase (decrease) in unrestricted net assets		63,226	16,881	(566)	19,281	(18,847)	79,975
<b>Temporarily restricted net assets</b>							
Contributions		6,657	-	-	-	-	6,657
Net assets released from restrictions		(5,955)	-	-	-	-	(5,955)
Change in market value of investments held		-	-	-	117	-	117
Increase in temporarily restricted net assets		702	-	-	117	-	819
Increase (decrease) in net assets		63,928	16,881	(566)	19,398	(18,847)	80,794
Net assets (deficit) at beginning of year		523,412	(16,114)	8,929	239,446	(2,521)	753,152
Net assets (deficit) at end of year	\$	587,340	\$ 767	\$ 8,363	\$ 258,844	\$ (21,368)	\$ 833,946

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