

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2017
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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

B Check if applicable:	C Name of organization DAYTON CHILDREN'S HOSPITAL	D Employer identification number 31-0672132
Address change	Doing business as	E Telephone number 937-641-5819
Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite ONE CHILDRENS PLAZA	
Initial return	City or town, state or province, country, and ZIP or foreign postal code DAYTON, OH 45404-1815	G Gross receipts \$ 378,750,930.
Final return/terminated	F Name and address of principal officer: CHRIS BERGMAN SAME AS C ABOVE	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Amended return		H(b) Are all subordinates included? Yes No
Application pending	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	If "No," attach a list. (see instructions)
	J Website: ▶ WWW.CHILDRENSDAYTON.ORG	H(c) Group exemption number ▶
	K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶	L Year of formation: 1967 M State of legal domicile: OH

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: TO IMPROVE THE HEALTH STATUS OF ALL CHILDREN THROUGH SERVICE, EDUCATION, RESEARCH AND ADVOCACY.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	3288
	6	Total number of volunteers (estimate if necessary)	6	888
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	158,515.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	24,245,976.	12,341,969.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	305,391,677.	324,875,357.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,757,490.	24,607,256.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,573,864.	2,828,364.
			343,969,007.	364,652,946.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	423,116.	445,628.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	156,986,437.	207,982,427.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,545,110.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	149,173,504.	162,676,776.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	306,583,057.	371,104,831.	
	19 Revenue less expenses. Subtract line 18 from line 12	37,385,950.	-6,451,885.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	785,777,932.	941,142,295.
	22	Net assets or fund balances. Subtract line 21 from line 20	198,437,599.	212,323,946.
		587,340,333.	728,818,349.	

Part II Signature Block

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

Sign Here	Signature of officer CHRIS BERGMAN, VP FINANCE AND CFO	Date
	Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name KAREN O CRIM	Preparer's signature <i>Karen O. Crim</i>
	Firm's name ▶ RSM US LLP	Date 5/14/19
	Firm's address ▶ 6 S PATTERSON BLVD DAYTON, OH 45402	Check if self-employed <input type="checkbox"/> PTIN P00368385
		Firm's EIN ▶ 42-0714325
		Phone no. 937-289-0201

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.

4a (Code:) (Expenses \$ 334,728,926. including grants of \$ 445,628.) (Revenue \$ 325,107,058.) 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, 2018, THE HOSPITAL'S MIX OF PATIENTS WAS 55.8% MEDICAID, 38.4% COMMERCIAL, 3.5% OTHER GOVERNMENT PROGRAMS AND 2.3% 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 334,728,926.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

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
1a	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.		
	1a	19	
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b	15	
2	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
3	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
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	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	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	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
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	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?		
a	The organization's CEO, Executive Director, or top management official	X	
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).		
16a	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	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	
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **OH**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 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 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					900.	0.	0.	0.
(8) THOMAS KRZMARZICK, MD TRUSTEE	1.00 0.00	X					20,000.	0.	0.	0.
(9) JOHN DUBY, MD TRUSTEE	1.00 0.00	X					0.	0.	0.	0.
(10) JACQUELINE GAMBLIN (BEG 11/17) TRUSTEE	1.00 0.00	X					0.	0.	0.	0.
(11) MATTHEW HARDWICK, MD TRUSTEE	1.00 0.00	X					0.	0.	0.	0.
(12) TIFFANY KELLNER TRUSTEE	1.00 0.00	X					0.	0.	0.	0.
(13) JAMES MCGREGOR TRUSTEE	1.00 0.00	X					0.	0.	0.	0.
(14) TIMOTHY PEPPER TRUSTEE	1.00 0.00	X					0.	0.	0.	0.
(15) MICHAEL SHANE TRUSTEE	1.00 0.00	X					0.	0.	0.	0.
(16) BEVERLY SHILLITO TRUSTEE	1.00 0.00	X					0.	0.	0.	0.
(17) CHRISTINE SOWARD 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) THERESE MCNEA-WILEY (END 10/17) TRUSTEE	1.00 0.00	X						0.	0.	0.
(19) VISHAL SOIN (END 10/17) TRUSTEE	1.00 0.00	X						0.	0.	0.
(20) ADAM MEZOFF, MD CMO	40.00 0.00	X						721,212.	0.	303,932.
(21) DEBORAH FELDMAN CEO	40.00 0.00	X		X				772,357.	0.	528,349.
(22) CHRIS BERGMAN CFO	40.00 0.00			X				440,586.	0.	40,157.
(23) CYNTHIA BURGER VP PATIENT & FAMILY EXPERIENCE	40.00 0.00					X		304,427.	0.	165,280.
(24) LISA COFFEY VP PHYSICIAN SERVICES	40.00 0.00					X		285,669.	0.	280,104.
(25) MATTHEW GRAYBILL VP HR AND CHIEF ADMINISTRATION	40.00 0.00					X		427,646.	0.	218,986.
(26) KELLY KAVANAUGH VP AND CHIEF STRATEGY OFFICER	40.00 0.00					X		277,775.	0.	83,418.
1b Sub-total								3,250,572.	0.	1620226.
c Total from continuation sheets to Part VII, Section A								582,164.	0.	81,745.
d Total (add lines 1b and 1c)								3,832,736.	0.	1701971.

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 **9**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
DAYTON CHILDREN'S SPECIALTY PHYSICIANS 1 CHILDREN'S PLAZA, DAYTON, OH 45404	PHYSICIAN SERVICES	19,824,671.
HCTEC PARTNERS, LLC PO BOX 306180, NASHVILLE, TN 37230	CONSULTING	1,949,146.
CHILDREN'S EMERGENCY SERV 1 CHILDREN'S PLAZA, DAYTON, OH 45404	PHYSICIAN SERVICES	1,251,319.
CLARO GROUP LLC, 321 N. CLARK STREET SUITE, CHICAGO, IL 60654	CONSULTING	1,136,562.
BRICKER & ECKLER 100 SOUTH THIRD STREET, COLUMBUS, OH 43215	LEGAL SERVICES	976,495.

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 **37**

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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 29,245.				
	b Membership dues	1b				
	c Fundraising events	1c 553,084.				
	d Related organizations	1d 6,122,008.				
	e Government grants (contributions)	1e 617,627.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 5,020,005.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		12,341,969.			
Program Service Revenue	2 a PATIENT SERVICE REVENUE	Business Code 624100	238,821,104.	238,821,104.		
	b MEDICARE/MEDICAID	624100	86,054,253.	86,054,253.		
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		324,875,357.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		11,567,993.		11,567,993.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	452,944.			
		(ii) Personal				
		b Less: rental expenses	1,201,473.			
		c Rental income or (loss)	-748,529.			
	d Net rental income or (loss)		-748,529.		-748,529.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	25,347,862.			
		(ii) Other	6,500.			
		b Less: cost or other basis and sales expenses	12,263,761.	51,338.		
		c Gain or (loss)	13,084,101.	-44,838.		
	d Net gain or (loss)		13,039,263.	-44,838.	13,084,101.	
	8 a Gross income from fundraising events (not including \$ 553,084. of contributions reported on line 1c). See Part IV, line 18	a	103,857.			
		b Less: direct expenses	124,660.			
c Net income or (loss) from fundraising events			-20,803.		-20,803.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a	521,583.				
	b Less: cost of goods sold	456,752.				
	c Net income or (loss) from sales of inventory		64,831.		64,831.	
Miscellaneous Revenue		Business Code				
11 a CAFETERIA/KIDS CARE		900099	1,973,400.		1,973,400.	
	b CHILD CARE CENTER		812930	760,702.		760,702.
			900099	522,224.		522,224.
	c RETAIL PHARMACY/MEDICAL RECORDS		900099	276,539.	276,539.	
		e Total. Add lines 11a-11d		3,532,865.		
12 Total revenue. See instructions.		364,652,946.	325,107,058.	0.	27,203,919.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	208,750.	208,750.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	236,878.	236,878.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,827,493.		2,827,493.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	159,762,875.	144,087,584.	14,423,345.	1,251,946.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,981,746.	11,504,424.	1,377,363.	99,959.
9 Other employee benefits	20,516,940.	18,182,113.	2,176,847.	157,980.
10 Payroll taxes	11,893,373.	10,539,907.	1,261,887.	91,579.
11 Fees for services (non-employees):				
a Management				
b Legal	1,158,872.		1,158,872.	
c Accounting	309,713.		309,713.	
d Lobbying	238,852.	238,852.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,586,279.		1,586,279.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	38,787,584.	34,748,933.	3,252,262.	786,389.
12 Advertising and promotion	900,940.	900,940.		
13 Office expenses	8,519,232.	7,882,712.	547,002.	89,518.
14 Information technology	10,512,722.	10,512,722.		
15 Royalties				
16 Occupancy	4,349,914.	4,132,469.	217,445.	
17 Travel	1,254,706.	777,918.	414,053.	62,735.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2,626,369.		2,626,369.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	31,003,920.	29,453,724.	1,550,196.	
23 Insurance	872,529.	872,529.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES AND DR	40,407,844.	40,407,844.		
b BAD DEBT EXPENSE	12,429,883.	12,429,883.		
c STATE HOSPITAL ASSESSME	5,442,944.	5,442,944.		
d REPAIRS AND MAINTENANCE	2,274,473.	2,167,800.	101,669.	5,004.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	371,104,831.	334,728,926.	33,830,795.	2,545,110.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	17,297.	1	77,513.
	2 Savings and temporary cash investments	8,349,988.	2	10,002,651.
	3 Pledges and grants receivable, net	10,471,232.	3	221,375.
	4 Accounts receivable, net	48,159,354.	4	78,494,029.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	3,393,889.	8	5,653,234.
	9 Prepaid expenses and deferred charges	1,730,977.	9	4,110,591.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 483,834,919.		
	b Less: accumulated depreciation	10b 124,974,763.		
	11 Investments - publicly traded securities	303,161,590.	10c	358,860,156.
	12 Investments - other securities. See Part IV, line 11	307,463,532.	11	324,737,595.
	13 Investments - program-related. See Part IV, line 11	78,307,363.	12	130,675,127.
	14 Intangible assets	22,996,131.	13	26,540,462.
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,726,579.	15	1,769,562.	
	785,777,932.	16	941,142,295.	
Liabilities	17 Accounts payable and accrued expenses	29,637,479.	17	17,270,830.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	142,534,863.	20	151,894,138.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	10,415,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	26,265,257.	25	32,743,978.
	26 Total liabilities. Add lines 17 through 25	198,437,599.	26	212,323,946.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	571,435,320.	27	727,527,945.
	28 Temporarily restricted net assets	15,905,013.	28	1,290,404.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	587,340,333.	33	728,818,349.	
34 Total liabilities and net assets/fund balances	785,777,932.	34	941,142,295.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	364,652,946.
2	Total expenses (must equal Part IX, column (A), line 25)	2	371,104,831.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,451,885.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	587,340,333.
5	Net unrealized gains (losses) on investments	5	10,911,360.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	137,018,541.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	728,818,349.

Part XII Financial Statements and Reporting

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

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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2017)

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 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)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2016. 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 stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2017. 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 stop here. 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 10% -facts-and-circumstances test - 2016. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

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

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

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Name of the organization

DAYTON CHILDREN ' S HOSPITAL

Employer identification number

31-0672132

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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) (2017)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 15,323.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 40,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 28,069.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 33,594.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ 14,285.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<hr/> <hr/> <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<hr/> <hr/> <hr/>	\$ 31,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<hr/> <hr/> <hr/>	\$ 6,530.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<hr/> <hr/> <hr/>	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 19,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 36,932.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ 43,725.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ 59,261.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ 6,609.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	_____ _____ _____	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
40	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
42	_____ _____ _____	\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	 <hr/> <hr/> <hr/>	\$ 36,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	 <hr/> <hr/> <hr/>	\$ 8,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	 <hr/> <hr/> <hr/>	\$ 44,891.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	 <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	 <hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	 <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	<hr/> <hr/> <hr/>	\$ 14,404.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	<hr/> <hr/> <hr/>	\$ 12,285.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	<hr/> <hr/> <hr/>	\$ 15,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	<hr/> <hr/> <hr/>	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	<hr/> <hr/> <hr/>	\$ 16,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	<hr/> <hr/> <hr/>	\$ 5,725.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	<hr/> <hr/> <hr/>	\$ 5,877.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	_____ _____ _____	\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	_____ _____ _____	\$ 9,255.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	_____ _____ _____	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	_____ _____ _____	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	<hr/> <hr/> <hr/>	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	<hr/> <hr/> <hr/>	\$ 11,814.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	<hr/> <hr/> <hr/>	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	<hr/> <hr/> <hr/>	\$ 20,555.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	<hr/> <hr/> <hr/>	\$ 14,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	<hr/> <hr/> <hr/>	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	<hr/> <hr/> <hr/>	\$ 11,144.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	<hr/> <hr/> <hr/>	\$ 5,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	<hr/> <hr/> <hr/>	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

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.**
 ► **Go to www.irs.gov/Form990 for instructions and the latest information.**

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.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2017

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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
1 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:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		80,646.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		22,652.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		67,006.
i Other activities?		X	
j Total. Add lines 1c through 1i			170,304.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 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."

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

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
CHILDREN'S HOSPITAL ASSOCIATION	\$36,327
TOTAL	\$80,646

Part IV Supplemental Information (continued)

LINE 1G:

MANAGEMENT TIME \$22,652

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 \$67,006

TOTAL LINE 1J : \$170,304

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.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2017
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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	183,912,987.	167,616,099.	168,335,550.	172,836,657.	147,083,123.
b Contributions	760,296.	106,014.	9,088,944.	3,053,446.	7,058,671.
c Net investment earnings, gains, and losses	640,717.	22,473,043.	-3,634,804.	-1,954,780.	23,624,463.
d Grants or scholarships	3,340,064.	6,271,797.	6,153,591.	5,599,773.	4,892,230.
e Other expenditures for facilities and programs	180,372,563.	10,372.	20,000.		37,370.
f Administrative expenses					
g End of year balance	1,601,373.	183,912,987.	167,616,099.	168,335,550.	172,836,657.

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:

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		22,293,444.		22,293,444.
b Buildings		165,399,595.	32,861,118.	132,538,477.
c Leasehold improvements				
d Equipment		250,959,967.	79,164,340.	171,795,627.
e Other		45,181,913.	12,949,305.	32,232,608.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				358,860,156.

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) HEDGE FUNDS	75,839,320.	END-OF-YEAR MARKET VALUE
(B) LIMITED PARTNERSHIP	32,445,729.	END-OF-YEAR MARKET VALUE
(C) PRIVATE EQUITY	22,390,078.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	130,675,127.	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMP PAYABLE	12,146,326.
(3) PENSION LIABILITIES	18,884,551.
(4) OTHER RECEIVABLES	1,713,101.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	32,743,978.

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.

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

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

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

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

Part XIII Supplemental Information.

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

PART X, LINE 2:

ALL SUBSIDIARIES OF THE HOSPITAL, EXCEPT CCG, CAG, AND SELECTED JOINT VENTURE ENTITIES, ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE WHOLLY OWNED FOR-PROFIT SUBSIDIARIES CCG AND CAG HAD NO TAXABLE INCOME IN 2018 OR 2017. 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, 2018 OR 2017.

THE TAX CUTS AND JOBS ACT (THE ACT) WAS ENACTED ON DECEMBER 22, 2017. FOR

Part XIII Supplemental Information (continued)

TAX-EXEMPT ENTITIES, THE ACT REQUIRES ORGANIZATIONS TO CATEGORIZE CERTAIN FRINGE BENEFIT EXPENSES AS A SOURCE OF UNRELATED BUSINESS INCOME, PAY AN EXCISE TAX ON REMUNERATION ABOVE CERTAIN THRESHOLDS THAT IS PAID TO EXECUTIVES BY THE ORGANIZATION, AND REPORT INCOME OR LOSS FROM UNRELATED BUSINESS ACTIVITIES ON AN ACTIVITY-BY-ACTIVITY BASIS, AMONG OTHER PROVISIONS (WHICH WILL NOT BE EFFECTIVE UNTIL THE 2019 TAX YEAR). CERTAIN REGULATORY GUIDANCE PROVIDES FOR A MEASUREMENT PERIOD OF UP TO ONE YEAR, DURING WHICH THE ACCOUNTING FOR THE TAX EFFECTS OF THE ACT MAY BE COMPLETED. THE HOSPITAL MAY RECORD FURTHER ADJUSTMENTS IN FUTURE PERIODS UPON OBTAINING, PREPARING, OR ANALYZING ADDITIONAL INFORMATION ABOUT FACTS AND CIRCUMSTANCES THAT EXISTED AS OF THE DATE OF ENACTMENT. THE HOSPITAL WILL CONTINUE TO REVISE AND REFINE THE CALCULATIONS AS ADDITIONAL IRS GUIDANCE IS ISSUED; HOWEVER, THE HOSPITAL DOES NOT ANTICIPATE ANY MATERIAL IMPACT TO THE CONSOLIDATED FINANCIAL STATEMENTS.

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)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

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		136092861.
CENTRAL AMERICA / CARIBBEAN	1	2	PROGRAM SERVICE	SELF INSURANCE	1,857,939.
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		403,084.
NORTH AMERICA	0	0	INVESTMENTS		945,121.
SOUTH AMERICA	0	0	INVESTMENTS		4,850.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS		3,274,801.
MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS		61,706.
3 a Sub-total	2	4			142,640,362.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	2	4			142,640,362.

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

Schedule F (Form 990) 2017

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; don't 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; don't file with Form 990)* Yes No

Schedule F (Form 990) 2017

Part V Supplemental Information

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

Multiple horizontal lines for supplemental information.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		K99.1FM RADIOTHON (event type)	GEM CITY JAM (event type)	3 (total number)		
Revenue	1	Gross receipts	257,895.	197,926.	201,120.	656,941.
	2	Less: Contributions	257,895.	165,570.	129,619.	553,084.
	3	Gross income (line 1 minus line 2)		32,356.	71,501.	103,857.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes		1,960.	5,433.	7,393.
	6	Rent/facility costs	236.		22,423.	22,659.
	7	Food and beverages		16,102.	37,301.	53,403.
	8	Entertainment		6,274.	2,682.	8,956.
	9	Other direct expenses	78.	19,766.	12,405.	32,249.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				124,660.
11	Net income summary. Subtract line 10 from line 3, column (d)				-20,803.	

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> 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 Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	<input 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 _____ %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a 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 If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c 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"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			360,819.		360,819.	.10%
b Medicaid (from Worksheet 3, column a)			173871887	114655298	59216589.	16.51%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			174232706	114655298	59577408.	16.61%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2190684.		2190684.	.61%
f Health professions education (from Worksheet 5)			2712433.	1499649.	1212784.	.34%
g Subsidized health services (from Worksheet 6)			35057940.	13008930.	22049010.	6.15%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			364,112.		364,112.	.10%
j Total. Other Benefits			40325169.	14508579.	25816590.	7.20%
k Total. Add lines 7d and 7j			214557875	129163877	85393998.	23.81%

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 DAYTON CHILDREN'S HOSPITAL
1 CHILDREN'S PLAZA
DAYTON, OH 45404-1815
WWW.CHILDRENSDAYTON.ORG
020035650

Table with 8 columns: Licensed hospital, gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, and Facility reporting group. Row 1 contains 'X' marks in the first four and seventh columns.

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
Community Health Needs Assessment		
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?		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		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	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	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		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		X
7 Did the hospital facility make its CHNA report widely available to the public?	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	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?	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?		
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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <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 <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance status		
g <input checked="" type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
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):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c <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>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> 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		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input 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		
j <input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2017

Part V Facility Information (continued)

Billing and Collections

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

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

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	X	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <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			
<p>22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.</p> <p>a <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</p> <p>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</p> <p>c <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</p> <p>d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>						
<p>23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?</p> <p>If "Yes," explain in Section C.</p>		23	X			
<p>24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?</p> <p>If "Yes," explain in Section C.</p>		24	X			

Schedule H (Form 990) 2017

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

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

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

TO CONDUCT THE 2017 CHNA AND CRAFT THE IMPLEMENTATION PLAN, DAYTON

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.

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 ASSESSMENT WAS CROSSECTIONAL 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, PREVENTION, ECONOMICS/FEASIBILITY, ACCEPTABILITY AND RESOURCES. AFTER GROUP RANKING AND DISCUSSION, THE PRIORITIES OUTLINED IN THE IMPLEMENTATION PLAN WERE ADOPTED.

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

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.

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: THE 2017 CHNA POINTED TO KEY AREAS WHERE THE DAYTON COMMUNITY CAN WORK TO IMPROVE THE HEALTH OF CHILDREN.

1. MENTAL HEALTH AND ADDICTION (INCLUDES EMOTIONAL WELLBEING, MENTAL ILLNESS CONDITIONS, AND SUBSTANCE ABUSE DISORDERS)

9% OF CHILDREN EXPERIENCED 2 OR MORE ADVERSE CHILDHOOD EXPERIENCES.

19% OF MOTHERS AND 11% OF FATHERS OF 0 TO 5 YEAR OLDS RATED THEIR MENTAL AND EMOTIONAL HEALTH AS LESS THAN GOOD.

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)

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.

50% OF CHILDREN AGES 0 TO 11 WERE CLASSIFIED AS OVERWEIGHT (14%) OR OBESE (36%) BY BODY MASS INDEX (BMI) CALCULATIONS.

9% OF PARENTS WERE TOLD BY A DOCTOR THAT THEIR CHILD HAD ASTHMA.

6% OF PARENTS REPORTED THEIR CHILD WAS EXPOSED TO SECONDHAND SMOKE OR VAPING PRODUCTS AT HOME.

13% OF PARENTS REPORTED EXPERIENCING FOOD INSECURITY, INCREASING TO 19% OF PARENTS WITH A CHILD AGE 0 TO 5 AND 60% OF PARENTS WITH INCOMES LESS THAN \$25,000.

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)

11% OF PARENTS REPORTED THEIR CHILD WAS BORN PREMATURE, INCREASING TO 21% OF AFRICAN AMERICAN PARENTS.

30% OF PARENTS OF 0 TO 5 YEAR OLDS REPORTED THEIR CHILD WAS NEVER BREASTFED.

41% OF PARENTS OF 0 TO 5 YEAR OLDS REPORTED THEIR CHILD SLEPT IN BED WITH A PARENT OR ANOTHER PERSON AS AN INFANT.

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

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.

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 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, THE FOLLOWING CROSS-CUTTING STRATEGIES ARE RECOMMENDED:

1. INCREASE BREASTFEEDING
2. EXPLORE AND IMPLEMENT SCREENINGS TO ADDRESS SOCIAL AND BEHAVIORAL NEEDS
3. INTEGRATE COMMUNITY HEALTH WORKERS INTO CLINICAL SERVICES
4. PROMOTE A REGIONAL CHILDHOOD VACCINATION CAMPAIGN
5. IMPLEMENT A FOOD INSECURITY SCREENING AND REFERRAL PROGRAM
6. IMPLEMENT A FOOD PHARMACY PROGRAM

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

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.

PARTNERS AND SECTORS BEYOND HEALTH INCLUDING EDUCATION, HOUSING,
EMPLOYERS, AND REGIONAL PLANNING.

THE ASSESSMENT AND IMPLEMENTATION PLAN WAS ADOPTED BY THE HOSPITAL BOARD
OF TRUSTEES AND POSTED ON THE HOSPITAL WEBSITE IN JUNE 2017. DATA IS
AVAILABLE TO PUBLIC HEALTH AND OTHER CHILD-SERVING ENTITIES TO ASSIST IN
THEIR INDIVIDUAL NEEDS ASSESSMENTS AS WELL.

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

PART V, SECTION B, LINE 7A:

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, 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)

PART V, SECTION B LINE 10A:

THE IMPLEMENTATION STRATEGY IS MADE WIDELY AVAILABLE TO THE PUBLIC AT
THE FOLLOWING URL:

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.

HTTPS://WWW.CHILDRENSDAYTON.ORG/COMMUNITY/ADVOCACY-AND-OUTREACH/
COMMUNITY-HEALTH-NEEDS-ASSESSMENT

CONTINUATION OF PART V, SECTION B, LINE 11:

TIED DIRECTLY TO THE COMMUNITY NEEDS IDENTIFIED THROUGH OUR CHNA,
DAYTON CHILDREN'S PARTICIPATES COMMUNITY OUTREACH INITIATIVES TO
ADDRESS THE LEADING HEALTH ISSUES AFFECTING CHILDREN IN THE COMMUNITY.
BELOW IS AN UPDATE ON THE STRATEGIES OUTLINED IN OUR COMMUNITY HEALTH
NEEDS ASSESSMENT IMPLEMENTATION PLAN.

TO WORK TOWARD IMPROVING MENTAL HEALTH AND ADDICTION OUTCOMES, THE
FOLLOWING STRATEGIES WERE IDENTIFIED AND EXECUTED:

STRATEGY: EXECUTE PLAN TO CREATE A PSYCHIATRY UNIT IN DAYTON CHILDREN'S
HOSPITAL

IN FY2017-2018, DAYTON CHILDREN'S BEGIN RENOVATING AN AREA ADJACENT TO
THE EMERGENCY DEPARTMENT TO HOUSE A BEHAVIORAL CRISIS CENTER. IN THE
CRISIS CENTER, TRAINED BEHAVIORAL HEALTH CLINICIANS WILL PROVIDE AN
ASSESSMENT AND CONNECT THESE CHILDREN TO THE APPROPRIATE SERVICES. THIS
ALLOWS THE EXPERTS AT MENTAL AND BEHAVIORAL HEALTH TO GET A CHILD HELP
QUICKER, WHILE ALLOWING THE EXPERTS IN THE EMERGENCY DEPARTMENT TO
FOCUS ON THE MEDICAL NEEDS OF CHILDREN. THE CRISIS CENTER OPENED IN
JULY 2018.

PLANS FOR A NEW A 24-BED INPATIENT MENTAL HEALTH UNIT TO PROVIDE

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.

NEEDED STABILIZATION CARE TO CHILDREN AND THEN CONNECT THEM TO THE APPROPRIATE FOLLOW UP CARE ALSO BEGAN THIS FISCAL YEAR. THE NEW INPATIENT UNIT IS SLATED TO OPEN IN JULY 2019.

IN ADDITION TO THE NEW SERVICES BEING OFFERED TO ADDRESS CRITICAL COMMUNITY NEEDS AROUND MENTAL AND BEHAVIORAL HEALTH, THE CENTER FOR PEDIATRIC MENTAL HEALTH RESOURCES ESTABLISHED IN 2014 CONTINUES TO EVOLVE AND GROW.

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.

THE HOSPITAL CARED FOR A RECORD NUMBER OF PATIENTS IN FY 2017-2018 IN THE FOLLOWING AREAS:

THE HOSPITAL PSYCHIATRY DEPARTMENT TREATED HAD 4,697 PATIENT VISITS. THE HOSPITAL HAS TWO FULL-TIME, ONE PART-TIME PSYCHIATRISTS AND ONE PSYCHIATRIC NURSE PRACTITIONER. DAYTON CHILDREN'S ALSO SERVES AS THE TRAINING SITE FOR WRIGHT STATE UNIVERSITY DEPARTMENT OF CHILD PSYCHIATRY.

THE HOSPITAL PSYCHOLOGY DEPARTMENT EXPANDED TO 20 PROFESSIONALS. IN FY 2017-2018, THE DEPARTMENT SAW 11,393 PATIENT VISITS, AND CONTINUES AS

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 TRAINING SITE FOR THE WRIGHT STATE SCHOOL OF PROFESSIONAL PSYCHOLOGY. SERVICES WERE EXPANDED IN OUR SOUTHERN REGION, WITH A NEW OFFICE IN SPRINGBORO. THE DEPARTMENT ALSO HIRED TWO NEUROPSYCHOLOGISTS TO PROVIDE CRITICAL DIAGNOSTIC SERVICES TO PEDIATRIC PATIENTS.

THE MENTAL HEALTH RESOURCE CONNECTION PROGRAM RECEIVED 4,743 PATIENT REFERRALS. THE HOSPITAL DEVELOPED A PARTNERSHIP WITH CARESOURCE TO PROVIDE ENHANCED SERVICES FOR ITS MEMBERS, AND IS DOING A RESEARCH STUDY ON THE IMPACT OF TIMELY ACCESS TO MENTAL HEALTH SERVICES.

HOSPITAL SOCIAL WORKERS MANAGED 10,044 REFERRALS, PROVIDING SERVICES TO FAMILIES IN NEED.

THE PSYCHOLOGY DEPARTMENT PROVIDED 81 PRESENTATIONS TO SCHOOLS, COMMUNITY AGENCIES, MEDICAL STUDENTS AND THE MEDIA ON VARIOUS TOPICS INCLUDING BULLYING, CHILDHOOD TRAUMA, ADHD AND OTHER LEARNING DISABILITIES, SUICIDE PREVENTION, SCHOOL VIOLENCE, BEHAVIOR MANAGEMENT AND OTHERS.

STRATEGY: PROMOTE TRAUMA-INFORMED HEALTH CARE

IN 2018, SENIOR LEADERSHIP IDENTIFIED A MULTI-DISCIPLINARY TEAM OF REPRESENTATIVES TO MEET MONTHLY AND SUPPORT THE HOSPITAL'S EFFORTS TO PROMOTE TRAUMA-INFORMED CARE. THIS GROUP COMPLETED A SURVEY/NEEDS ASSESSMENT AND IDENTIFIED AREAS OF STRENGTH AND AREAS OF OPPORTUNITY RELATED TO TRAUMA-INFORMED CARE IN THE HOSPITAL. CLEAR STRENGTHS INCLUDE STAFF PROMOTING ACTIVE PARTICIPATION OF CAREGIVERS IN TREATMENT PROCESS, FAMILY-CENTERED CARE, STAFF ACCEPTANCE FOR PERSONAL RELIGIOUS

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.

OR CULTURAL PRACTICES, AND INCENTIVIZATION OF EMPLOYEE WELLNESS BY HOSPITAL LEADERSHIP. KEY AREAS OF OPPORTUNITY INCLUDE ASSESSMENT OF CAREGIVER HISTORY OF TRAUMA AND UNDERSTANDING AND ASSESSMENT OF SECONDARY TRAUMATIC STRESS IN HEALTH CARE WORKERS. THE GROUP IS CURRENTLY PILOTING A "STRESS THERMOMETER" ASSESSMENT OF CAREGIVERS OF CHILDREN HOSPITALIZED IN THE INTENSIVE CARE UNIT.

TO WORK TOWARD IMPROVING CHRONIC DISEASE OUTCOMES, THE FOLLOWING STRATEGIES WERE IDENTIFIED AND EXECUTED:

STRATEGY: IMPLEMENT NUTRITION POLICY IN SCHOOLS

IN PARTNERSHIP WITH PUBLIC HEALTH DAYTON/MONTGOMERY COUNTY, 4 C FOR CHILDREN, AND PRESCHOOL PROMISE, DAYTON CHILDREN'S HOSPITAL ENDORSED THESE PARTNERS' EFFORTS TO INCREASE THE NUMBER OF CHILDCARE CENTERS PARTICIPATING IN OHIO HEALTHY PROGRAM. ALSO IN PARTNERSHIP WITH PUBLIC HEALTH DAYTON/MONTGOMERY COUNTY AND SUMMER FOOD SERVICE PROGRAM SPONSORING AGENCIES, DAYTON CHILDREN'S HOSPITAL PROVIDED LEADERSHIP TO DEVELOP A SUMMER FOOD SERVICE PROMOTIONAL CAMPAIGN. AS PART OF THIS CAMPAIGN, DAYTON CHILDREN'S SPONSORED A WEB-BASED INTERACTIVE MAP TO INDICATE LOCATION, DATES, AND TIMES OF FOOD SITES OPEN TO THE PUBLIC.

STRATEGY: IMPLEMENT SAFE ROUTES TO SCHOOL

DAYTON CHILDREN'S, THROUGH OUR SAFE KIDS GREATER DAYTON COALITION, PARTNERED WITH THE LOCAL SAFE ROUTES TO SCHOOLS COMMITTEE TO ENSURE ALL CHILDREN IN DAYTON HAVE A SAFE WAY TO WALK OR BIKE TO SCHOOL. SAFE

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.

ROUTES TO SCHOOLS COMPLETED THEIR INITIAL DATA COLLECTION IN DECEMBER 2017, AND PASSED A LARGE DISTRICT TRAVEL PLAN FOR 20 ELEMENTARY SCHOOLS IN THE DAYTON PUBLIC SCHOOL DISTRICT MAY OF 2018.

STRATEGY: ENHANCE THE 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 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.

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.

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

TO MEET THESE GOALS THE ALLIANCE IS IMPLEMENTING MULTIPLE PROJECTS FOCUSING ON IMPROVED EDUCATION OF CHILDREN AND FAMILIES AROUND ASTHMA TRIGGERS AND MANAGEMENT, ENHANCED EDUCATION OF SCHOOL PERSONNEL AROUND ASTHMA TRIGGERS AND MANAGEMENT, GREATER COMMUNITY RESOURCES PROVIDED TO CHILDREN AND FAMILIES TO HELP MANAGE ASTHMA, IMPROVED PRIMARY HEALTH CARE OF CHILDREN, AND DECREASED ENVIRONMENTAL TRIGGERS.

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

DURING FY 2017-2018, THE ALLIANCE CONTINUED A SCHOOL-BASED ASTHMA

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.

PROGRAM TO 17 ELEMENTARY SCHOOLS IN DAYTON PUBLIC SCHOOLS IMPACTING 125 STUDENTS WITH ASTHMA. IN THIS PROGRAM, CHILDREN WITH ASTHMA RECEIVED THE AMERICAN LUNG ASSOCIATION'S OPEN AIRWAYS TRAINING IN-SCHOOL. THOSE CHILDREN AND THEIR CAREGIVERS WERE THEN INVITED TO COME TO A CLINICAL EDUCATION SESSION AT THE SCHOOL WHERE THEY RECEIVED EDUCATION FROM THE DAYTON CHILDREN'S ASTHMA EDUCATOR. FINALLY, THE FAMILIES WERE OFFERED HOME VISITS BY A COMMUNITY HEALTH WORKER EMPLOYED BY DAYTON CHILDREN'S. THE HOME VISITOR ASSESSES HOMES AND IDENTIFIES OPPORTUNITIES FOR REMEDIATION AND ASSISTED FAMILIES WITH THEIR SOCIAL NEEDS.

CONTINUATION OF PART V, SECTION B, LINE 11:

DAYTON CHILDREN'S ALSO PARTNERED WITH MIAMI VALLEY CHILD DEVELOPMENT CENTERS (MVCDC) THROUGH ANOTHER PROGRAM UNDER THE ASTHMA ALLIANCE UMBRELLA. IN THIS PROGRAM, MVCDC HOME-BASED VISITORS RECEIVED TRAINING ON COMMON ASTHMA TRIGGERS INCLUDING DUST, MOLD AND TOBACCO/SECOND-HAND SMOKE. IN TURN, THE HOME-BASED VISITORS EDUCATED OVER 100 FAMILIES ABOUT ASTHMA TRIGGERS IN THE HOME.

IN ADDITION TO THE STRATEGIES LISTED ABOVE, THE HOSPITAL WORKED ON THE FOLLOWING PROGRAMS TO ADDRESS CHRONIC DISEASE PREVENTION AND SUPPORT HEALTHY LIFESTYLES.

STARTING IN MAY 2017 PHYSICIANS FROM DAYTON CHILDREN'S PARTNERS WITH A NATURALIST FROM FIVE RIVERS METROPARKS TO CO-LEAD AN APPROXIMATELY 1 MILE STROLLER FRIENDLY WALK THROUGH DOWNTOWN DAYTON AS PART OF A MONTHLY WALK WITH A DOC PROGRAM. THIS PROGRAM IS ATTENDED BY APPROXIMATELY 20 PEOPLE PER MONTH DURING FY 2017-2018 IMPROVING ACCESS

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.

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 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 22 FAMILIES IN FY 2017-2018 WITH NUTRITION EDUCATION, HEALTHY MEALS AND HEALTHY LIFESTYLE LESSONS. THIS PROGRAM IS A COLLABORATION BETWEEN THE OHIO STATE EXTENSION SERVICE, THE SALVATION ARMY KROC CENTER, KISER NEIGHBORHOOD SCHOOLS CENTER AND NEIGHBORHOOD LEADERS.

DAYTON CHILDREN'S DIETITIANS ALSO WORK TO TRAIN STUDENTS IN THE FIELD WITH OVER 1,900 HOURS DEDICATED TO THE OVERSIGHT OF STUDENT INTERNS AND VOLUNTEERS. THE CLINICAL NUTRITION STAFF ALSO REACHED 10 DIFFERENT SCHOOLS AND COMMUNITY AGENCIES WITH HEALTHY LIFESTYLE MESSAGING IN FY 2017-2018.

TO WORK TOWARD IMPROVING MATERNAL AND INFANT HEALTH, THE FOLLOWING STRATEGIES WERE IDENTIFIED AND EXECUTED:

STRATEGY: INCREASE THE USE OF SAFE SLEEP PRACTICES

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

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 END OF THE CLASS, PARENTS/CAREGIVERS ARE PROVIDED WITH A 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 2017-2018, DAYTON CHILDREN'S DISTRIBUTED OVER 214 PACK N PLAYS THROUGH THIS PROGRAM, PARTIALLY FUNDED BY THE OHIO DEPARTMENT OF HEALTH.

IN ADDITION, THE HOSPITAL'S INFANT MORTALITY PREVENTION AND AWARENESS COMMITTEE, OFFERS COMMUNITY BASED EDUCATION ON SAFE SLEEP IN A VARIETY OF SETTINGS. THE COMMITTEE ALSO WORKS TO PROVIDE SAFE SLEEP EDUCATION TO INTERNAL STAFF AND PATIENT FAMILIES.

TO ADDRESS MOST PRIORITY AREAS, THE FOLLOWING CROSS-CUTTING STRATEGIES WERE IDENTIFIED AND EXECUTED:

STRATEGY: INCREASE BREASTFEEDING

AS PART OF THE HOSPITAL'S INFANT MORTALITY AWARENESS AND PREVENTION COMMITTEE, A HOSPITAL PHYSICIAN WORKED TO INCREASE RESIDENT'S KNOWLEDGE, CONFIDENCE AND ATTITUDES OF BREASTFEEDING IN ORDER TO FURTHER BREASTFEEDING ADOPTION WITHIN THE COMMUNITY. THE GOAL OF THE PROJECT WAS TO IMPROVE RESIDENT'S KNOWLEDGE BY PROVIDING FOUR LECTURES ABOUT BREASTFEEDING AND SURVEYING THE RESIDENTS BEFORE AND AFTER THE EDUCATION. THE RESULTS SHOWED THAT THE EDUCATION IMPROVED KNOWLEDGE AND CONFIDENCE.

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.

STRATEGY: EXPLORE AND IMPLEMENT SCREENINGS TO ADDRESS SOCIAL AND BEHAVIORAL NEEDS

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.

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

IN FY 2017-2018, THE FAMILY RESOURCE CONNECTION HAS PROVEN OUTCOMES IN CONNECTING PATIENT FAMILIES TO RESOURCES. IN ITS FIRST YEAR, 838 FAMILIES ENGAGED IN THE PROGRAM AND OVER 612 RESOURCE CONNECTIONS WERE MADE. THE GREATEST NEEDS IDENTIFIED IN THE FAMILY RESOURCE CONNECTION ARE COMMODITIES INCLUDING DIAPERS, CRIBS AND BEDS, SCHOOL SUPPLIES AND CLOTHING.

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.

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, 28 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.

STRATEGY: INTEGRATE COMMUNITY HEALTH WORKERS INTO CLINICAL SERVICES

RECOGNIZING THAT A SIGNIFICANT PORTION OF A CHILD'S HEALTH IS DETERMINED BY NON-CLINICAL FACTORS, DAYTON CHILDREN'S BEGIN EMPLOYING COMMUNITY HEALTH WORKERS TO SUPPORT SOME OF OUR MOST VULNERABLE POPULATIONS. THROUGH A GRANT FROM THE OHIO DEPARTMENT OF JOB AND FAMILY SERVICES AND MONTGOMERY COUNTY, DAYTON CHILDREN'S EMPLOYS TWO KINSHIP NAVIGATORS WHO KINSHIP FAMILIES BY HELPING THEM NAVIGATE SAFETY NET SYSTEMS, CONNECT TO RESOURCES AND COMPLETE BENEFIT FORMS FOR COUNTY, STATE, AND LOCAL AGENCIES. ANY KINSHIP CAREGIVER IN OUR COMMUNITY CAN ACCESS THE KINSHIP NAVIGATORS HOWEVER THE NAVIGATORS WORK CLOSELY WITH OUR NEW FOSTER/KINSHIP CLINIC AS WELL.

IN ADDITION TO THE KINSHIP NAVIGATORS, DAYTON CHILDREN'S HIRED A COMMUNITY HEALTH WORKER ASSIGNED TO THE DAYTON ASTHMA ALLIANCE AND THE PULMONARY CLINIC. THIS COMMUNITY HEALTH WORKER WORKS DIRECTLY WITH FAMILIES IMPACTED BY ASTHMA TO IDENTIFY THE NON-MEDICAL BARRIERS TO

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.

OPTIMAL HEALTH INCLUDING HOUSING, FOOD INSECURITY AND EDUCATIONAL SUPPORT. THE COMMUNITY HEALTH WORKER OFTEN CONDUCTS HOME VISITS TO IDENTIFY ASTHMA TRIGGERS AND OFFERS REMEDIATION AND OTHER SOCIAL SUPPORT.

STRATEGY: PROMOTE A REGIONAL CHILDHOOD VACCINATION CAMPAIGN

THIS STRATEGY BEGAN WITH WORK AROUND IDENTIFYING HOW MANY CHILDREN IN OUR COMMUNITY MIGHT NOT BE VACCINATED. THE HOSPITAL BEGAN OFFERING THE FLU SHOT TO CAREGIVERS OF OUR INPATIENT CHILDREN IN 2017 AND SUCCESSFULLY VACCINATED SEVERAL HUNDRED ADULTS. WE WANTED TO EXTEND THE PROGRAM TO OUR OUTPATIENT CHILDREN AND CAREGIVERS, BUT NEEDED TO PLAN FOR HOW MANY EXTRA SHOTS WE WOULD NEED TO ORDER. WE ASKED EVERY FAMILY WHO CAME TO US THROUGH THE EMERGENCY DEPARTMENT OR FOR AN OUTPATIENT VISIT IF THEIR CHILD HAD RECEIVED THE FLU VACCINE. THE NUMBERS WERE STAGGERING. LESS THAN 30 PERCENT OF CHILDREN WHO CAME TO DAYTON CHILDREN'S FOR ANY REASON WERE VACCINATED AGAINST THE FLU. A TEAM WITH MEMBERS FROM INFECTIOUS DISEASE, PHARMACY, VALUE IMPROVEMENT, MARKETING AND COMMUNITY HEALTH ALL CAME TOGETHER TO FIND HOW TO BETTER SERVE OUR CHILDREN IN SUBSEQUENT FLU SEASONS.

STRATEGY: IMPLEMENT A FOOD INSECURITY SCREENING AND REFERRAL PROGRAM

IN FY 2017-2018, DAYTON CHILDREN'S LEVERAGED OUR FAMILY RESOURCE CONNECTION PROGRAM WITHIN DAYTON CHILDREN'S PEDIATRICS TO SCREEN FAMILIES FOR FOOD INSECURITY AND CONNECT THEM TO COMMUNITY RESOURCES. SCREENING ALSO SPREAD INTO THE HOSPITAL'S NUTRITION CLINIC. PLANS

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.

BEGAN FOR HOW THIS PROGRAM WILL BE INTEGRATED IN TO THE FOOD PHARMACY PROGRAM.

STRATEGY: IMPLEMENT A FOOD PHARMACY PROGRAM

IN FY 2017-2018, PLANS WERE MADE TO LOCATE A FOOD PHARMACY WITHIN THE CHILD HEALTH PAVILION CURRENTLY UNDERGOING CONSTRUCTION. THE PHARMACY WOULD BE CO-LOCATED NEXT TO THE PRIMARY CARE CLINIC GIVING PATIENT FAMILIES EASY ACCESS TO THIS RESOURCE. A RELATIONSHIP BEGAN WITH THE FOOD BANK TO HELP SUPPORT THE FOOD PHARMACY WITH THE WRITING OF A GRANT TO OBTAIN THE INITIAL FOOD NEEDED IN THE PHARMACY.

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? 8

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

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 3C:

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

PART I, LINE 7:

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

- CHARITY CARE AT COST WAS CALCULATED USING THE COST TO CHARGE RATIO.

- UNREIMBURSED MEDICAID WAS CALCULATED USING THE COST TO CHARGE RATIO.

- COMMUNITY HEALTH IMPROVEMENT SERVICES WERE VALUED AT THE ACTUAL CASH

COSTS, INCLUDING DIRECTLY ASSIGNABLE PAYROLL COSTS, RELATED TO THESE

ACTIVITIES. NO OVERHEAD ALLOCATION WAS CHARGED TO ANY AMOUNT INCLUDED IN

THIS COMPUTATION.

- HEALTH PROFESSIONS EDUCATION COSTS WERE DETERMINED USING THE FACILITY'S

MEDICARE COST REPORTED, SUPPLEMENTED BY THE ACTUAL CASH COSTS, INCLUDING

DIRECTLY ASSIGNABLE PAYROLL COSTS, RELATED TO THESE ACTIVITIES.

- SUBSIDIZED HEALTH SERVICES COSTS WERE DETERMINED USING THE FACILITY'S

Part VI Supplemental Information (Continuation)

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 \$35,057,940 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 \$ 12,429,883.

PART II, COMMUNITY BUILDING ACTIVITIES:

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.

SENSORY PROGRAMS

Part VI Supplemental Information (Continuation)

DAYTON CHILDREN'S PARTNERED WITH THE BOONSHOFT MUSEUM OF DISCOVERY, THE DAYTON BALLET AND THE VICTORIA THEATRE ASSOCIATION TO PROVIDE THE SUPPORTS NEEDED TO BRING SENSORY FRIENDLY PROGRAMMING TO LIFE. EACH OF THESE ORGANIZATIONS DECIDED TO GO ABOVE AND BEYOND FOR THE CHILDREN IN THE GREATER DAYTON AREA BY PROVIDING SENSORY FRIENDLY OPPORTUNITIES TO FAMILIES. SENSORY-FRIENDLY DAYS PROVIDE A REDUCTION OF LOUD OR JARRING SOUNDS, THE ABSENCE OF FLASHING OR STROBE LIGHTING OR LOUD EQUIPMENT, AND JUDGMENT-FREE ENVIRONMENT WHERE ALL PATRONS ARE FREE TO VOCALIZE OR MOVE AROUND. ON THESE DAYS NO ONE WILL BE ASKED TO LEAVE DUE TO SOUND, MOVEMENT OR BEHAVIORS RELATED TO COGNITIVE/DEVELOPMENTAL ABILITIES. THE BOONSHOFT MUSEUM OF DISCOVERY WITH THE SUPPORT AND EXPERTISE OF DAYTON CHILDREN'S STAFF HOSTED 6 SENSORY SUNDAY EVENTS, OPENING THE MUSEUM TO FAMILIES OUTSIDE THEIR NORMAL BUSINESS HOURS WITH LOWER LIGHTING, LOWER VOLUME AND PLENTY OF VOLUNTEERS TO SUPPORT FAMILIES. BOTH THE DAYTON BALLET AND THE VICTORIA THEATRE ASSOCIATION OFFERED SENSORY FRIENDLY PERFORMANCES OF THE NUTCRACKER, GO DOG, GO. AND JOURNEY TO OZ. BEFORE CHILDREN ATTENDED THE MUSEUM AND THE THEATER, DAYTON CHILDREN'S STAFF ENSURED ALL POTENTIAL OVERSTIMULATING ELEMENTS WERE ADDRESSED AND PLANNED FOR BY STAFF AND VOLUNTEERS.

THE DAVINCI PROJECT

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

DAYTON CHILDREN'S LEADS THIS EFFORT AND IS JOINED BY PARTNERS INCLUDING THE CITY OF DAYTON, GREATER OLD NORTH DAYTON BUSINESS ASSOCIATION, THE

Part VI Supplemental Information (Continuation)

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

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

BRIGID'S PATH

IN FY 2017-2018, DAYTON CHILDREN'S SUPPORTED BRIGID'S PATH TO PROVIDE A SUPPORTIVE TRANSITION OF CARE FOR NEWBORNS WHO HAVE BEEN BORN WITH NEONATAL ABSTINENCE SYNDROME. THE HOSPITAL IS COMMITTED TO COMMUNITY PARTNERS WORKING TOGETHER TO SUPPORT NEWBORNS, CHILDREN AND FAMILIES. DAYTON CHILDREN'S, ALONG WITH THE BIRTHING HOSPITALS IN THE COMMUNITY, HAVE BEEN SUPPORTIVE OF BRIGID'S PATH. BRIGID'S PATH IS A COMMUNITY-BASED ORGANIZATION WHICH PROVIDES SHORT-TERM, INPATIENT CARE IN A HOME-LIKE SETTING FOR NEWBORNS SUFFERING FROM PRENATAL DRUG EXPOSURE. IN SUPPORT OF THIS PROGRAM, DAYTON CHILDREN'S PROVIDES IN-KIND CLINICAL GUIDANCE AS BRIGID'S PATH NAVIGATED THE CHALLENGES OF BECOMING A FULLY LICENSED CHILDREN'S CRISIS CARE FACILITY THROUGH THE OHIO DEPARTMENT OF JOBS AND FAMILY SERVICES. IN ADDITION, FOR THIS PAST YEAR WE PROVIDED THE HIRING AND LEASING OF RN AND PCA EMPLOYEES, OUR VOLUNTEER EXPERIENCE TEAM WORKED CLOSELY WITH BRIGID'S PATH TO TRAIN THEIR VOLUNTEERS WHO NOW PROVIDE SUPPORT TO THE FACILITY AND OUR TRANSPORT TEAM PROVIDES TRANSPORTATION OF

Part VI Supplemental Information (Continuation)

THE NEWBORN FROM THE HOSPITAL SETTING TO BRIGID'S PATH.

COMMUNITY LEADERSHIP

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 IMPROVE THE LIVES OF CHILDREN AND THEIR FAMILIES.

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

Part VI Supplemental Information (Continuation)

AS A TEACHING HOSPITAL, DAYTON CHILDREN'S IS DEDICATED TO TRAINING THE NEXT GENERATION OF PEDIATRICIANS AND PEDIATRIC SPECIALISTS. EACH YEAR, DAYTON CHILDREN'S HOSTS MEDICAL RESIDENTS FROM THE WRIGHT STATE UNIVERSITY BOONSHOFT SCHOOL OF MEDICINE. IN ADDITION, DAYTON CHILDREN'S HOUSES THIS COUNTRY'S ONLY CIVILIAN/MILITARY INTEGRATED PEDIATRIC RESIDENCY PROGRAM WITH WRIGHT-PATTERSON AIR FORCE BASE. PHYSICIANS TRAINED AT DAYTON CHILDREN'S ARE CARING FOR CHILDREN IN OUR REGION AND THROUGHOUT THE WORLD. IN ADDITION, WE WORK WITH NUMEROUS COLLEGES AND UNIVERSITIES TO HELP TRAIN STUDENTS IN MULTIPLE DISCIPLINES INCLUDING 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.

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, BIG BROTHERS AND BIG SISTERS, CLOTHES THAT WORK, JUVENILE DIABETES RESEARCH FOUNDATION,

Part VI Supplemental Information (Continuation)

MARCH OF DIMES, RONALD MCDONALD HOUSE CHARITIES, ST. VINCENT DE PAUL, AND THE YMCA. IN ADDITION, WE HAVE SUPPORT MANY COMMUNITY YOUTH SPORTS TEAMS TO ENSURE LOCAL CHILDREN HAVE ACCESS TO HEALTHY ACTIVITIES.

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

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 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 VI Supplemental Information (Continuation)

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 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 ASSISTANCE PROGRAMS UP FRONT BEFORE SERVICES ARE PROVIDED THROUGH MEANS SUCH AS ONSITE FINANCIAL COUNSELORS AND BROCHURES PROVIDED IN THE REGISTRATION AREAS. EACH OF THESE AVENUES OF COMMUNICATION INCLUDES

Part VI Supplemental Information (Continuation)

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.

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.

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

Part VI Supplemental Information (Continuation)

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 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 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,

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

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 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

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

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 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

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

Part VI Supplemental Information (Continuation)

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 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

Part VI Supplemental Information (Continuation)

SIGNS DISPLAYED IN REGISTRATION AREAS AND THROUGH MESSAGES APPEARING ON BILLING STATEMENTS MAILED BY THE HOSPITAL. FINALLY, THE HOSPITAL EMPLOYS ON-SITE FINANCIAL COUNSELORS WHO CONTACT PATIENTS WITHOUT COVERAGE IN ORDER TO DISCUSS THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE PROGRAMS VIA PHONE OR THROUGH FACE-TO-FACE INTERVIEWS. THESE FINANCIAL COUNSELORS WILL ASSIST FAMILIES IN APPLYING FOR FINANCIAL ASSISTANCE.

PART VI, LINE 4:

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. THE HOSPITAL CELEBRATED ITS 50-YEAR ANNIVERSARY IN 2017.

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

DAYTON CHILDREN'S IS THE ONLY PEDIATRIC HEALTH CARE PROVIDER AND THE LARGEST PROVIDER OF MEDICAL CARE TO LOW-INCOME CHILDREN IN THE REGION.

Part VI Supplemental Information (Continuation)

CURRENTLY, THE HOSPITAL SERVES A DISPROPORTIONATE SHARE OF CHILDREN FROM LOW-INCOME FAMILIES. OVER 55 PERCENT OF THE PATIENTS AT DAYTON CHILDREN'S ARE COVERED BY MEDICAID. IN ADDITION, DAYTON CHILDREN'S SERVES AS THE PEDIATRIC RESOURCE FOR MILITARY FAMILIES STATIONED AT NEARBY WRIGHT-PATTERSON AIR FORCE BASE.

DAYTON CHILDREN'S HAS ALWAYS BELIEVED THAT INFANTS, CHILDREN AND TEENS NEED TO BE CARED FOR BY PEDIATRIC SPECIALISTS. WITH IMPROVED ACCESS TO PEDIATRIC SPECIALTY SERVICES, THE HOSPITAL PROVIDES EXPERT CARE TO NEARLY 320,000 CHILDREN IN ITS 20-COUNTY REGION. OUTPATIENT AND ALTERNATIVE SERVICES INCLUDE PEDIATRIC LABORATORY AND IMAGING WHICH COMPLEMENT THE HOSPITAL'S INPATIENT SERVICES. MANY PROGRAMS HAVE RECEIVED CERTIFICATIONS AND ACCREDITATIONS FROM ORGANIZATIONS SETTING THE STANDARDS OF QUALITY CARE; THE HOSPITAL'S SCORES FROM THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS ARE CONSISTENTLY AMONG THE HIGHEST IN THE NATION. IN SUMMER 2018, DAYTON CHILDREN'S RECEIVED MAGNET DESIGNATION FOR THE SECOND TIME, RECOGNIZING THE HOSPITAL AS PROVIDING THE GOLD STANDARD IN PATIENT CARE AND THE PROFESSIONAL PRACTICE OF NURSING BY THE AMERICAN NURSES CREDENTIALING CENTER (ANCC) AND WILL BE APPLYING FOR REDESIGNATION IN FALL 2018. IN JUNE, 2018, DAYTON CHILDREN'S RANKED IN THE TOP 50 CHILDREN'S HOSPITALS IN THE COUNTRY FOR CARE IN PULMONOLOGY IN U.S. NEWS AND WORLD REPORT.

PART VI, LINE 5:

IN AN EFFORT TO BETTER ALIGN AND FOCUS ON OUR COMMUNITY ENGAGEMENT AND COMMUNITY HEALTH EFFORTS, IN FALL 2017, DAYTON CHILDREN'S FORMALLY ESTABLISHED THE CENTER FOR COMMUNITY HEALTH AND ADVOCACY.

Part VI Supplemental Information (Continuation)

THE CENTER FOR COMMUNITY HEALTH AND ADVOCACY REALIGNS AND ELEVATES CLINICAL PROGRAMS PROVIDING A GREATER FOCUS ON PRIMARY AND PREVENTATIVE CARE AND COMMUNITY ENGAGEMENT PROGRAMS AIMED AT IMPROVING THE HEALTH OF CHILDREN BEYOND THE WALLS OF THE HOSPITAL. THE CENTER FOR COMMUNITY HEALTH AND ADVOCACY PUTS OUR CHILDREN'S HEALTH AGENDA IN FOCUS EMPHASIZING OUR COMMITMENT TO IMPROVING THE HEALTH STATUS OF ALL CHILDREN AND UNDERSCORING OUR COMMITMENT TO MOST VULNERABLE POPULATIONS AND HEALTH DISPARITIES.

HAVE YOU HEARD THE PHRASE "A PERSON'S HEALTH IS DETERMINED MORE BY ZIP CODE THAN GENETIC CODE?" THAT PHRASE HAS BECOME POPULAR BECAUSE WE NOW KNOW THAT AT THE MAJORITY OF WHAT CONTRIBUTES TO A CHILD'S WELLNESS IS RELATED TO THE FAMILY WITH WHOM THEY LIVE AND THE ENVIRONMENT IN WHICH THEY ARE RAISED. CONSIDER A CHILD WITH ASTHMA WHO MAY RECEIVE MEDICATION AND EDUCATION FROM A PEDIATRICIAN HOWEVER LIVES IN A HOME WITH MOLD, PESTS AND SECONDHAND SMOKE WHICH CAUSE HIS OR HER ASTHMA TO BE UNCONTROLLED. THERE EXIST SOCIAL DETERMINANTS OF HEALTH SUCH AS POVERTY, LACK OF QUALITY AFFORDABLE HOUSING, EXPOSURE TO VIOLENCE AND NEGLECT, AND FOOD INSECURITY THAT ARE CRITICAL TO DETRACTING FROM A CHILD'S HEALTH AND WELLBEING. WE KNOW CHILDREN LIVE IN THE CONTEXT OF THEIR FAMILY AND COMMUNITY AND CLINICAL-COMMUNITY LINKAGES ARE ESSENTIAL TO IMPROVE CHILDREN'S HEALTH.

AT DAYTON CHILDREN'S WE ARE PART OF THE TRANSFORMATION OF HEALTH CARE. JUST AS WE HAVE STATE-OF-THE-ART SERVICES FOR CHILDREN WHO ARE UNWELL DUE TO MEDICAL ISSUES, SO TOO DO WE NEED A STATE-OF-THE-ART RESPONSE FOR CHILDREN THAT ARE UNWELL BECAUSE OF THE ENVIRONMENT IN WHICH THEY ARE RAISED AND THE SOCIAL DETERMINANTS OF HEALTH WHICH THEY EXPERIENCE. DAYTON CHILDREN'S CENTER FOR COMMUNITY HEALTH AND ADVOCACY IS THE FIRST STEP IN THAT RESPONSE AND WILL WORK TO INTEGRATE CLINICAL SERVICES AND

Part VI Supplemental Information (Continuation)

COMMUNITY-BASED PROGRAMS TO SUPPORT CHILDREN AND THEIR FAMILIES. THE CENTER FOR COMMUNITY HEALTH AND ADVOCACY IS RESPONSIBLE FOR THE PLANNING AND EXECUTION OF THE COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN ALONG WITH MANY OTHER COMMUNITY BENEFIT PROGRAMS.

PROGRAMS AND SERVICES ALIGNED UNDER THE CENTER FOR COMMUNITY HEALTH AND ADVOCACY

-DAYTON CHILDREN'S PEDIATRICS IS A PRIMARY CARE PATIENT-CENTERED MEDICAL HOME PROVIDING COMPREHENSIVE WELL-CHILD SERVICES, TREATMENT FOR ILLNESSES AND MEDICAL CONDITIONS, AND REFERRALS FOR SPECIALTY CARE. DAYTON CHILDREN'S PEDIATRICS IS ALSO THE HOME OF PRIMARY CARE TRAINING FOR MANY OF THE PEDIATRIC MEDICINE RESIDENTS AT THE WRIGHT STATE UNIVERSITY BOONSHOFT SCHOOL OF MEDICINE.

-A SPECIALTY MEDICAL HOME TO SUPPORT CHILDREN WITH DISPARATE MEDICAL AND BEHAVIORAL HEALTH CARE NEEDS, INCLUDING CHILDREN IN FOSTER/KINSHIP CARE AND CHILDREN WITH MEDICAL COMPLEXITIES. PATIENTS IN THESE PROGRAMS BENEFIT FROM DEDICATED CARE COORDINATION, SOCIAL WORK, AND COMMUNITY HEALTH WORKER SUPPORT.

-THE DIVISION OF CHILD ADVOCACY INCLUDING THREE CHILD ADVOCACY CENTERS: CARE HOUSE, MICHAEL'S HOUSE, AND THE WARREN COUNTY CHILD ADVOCACY CENTER. THE DIVISION PROVIDES COMPREHENSIVE ASSESSMENTS FOR CHILDREN WHO ARE SUSPECTED VICTIMS OF ALL FORMS OF CHILD MALTREATMENT, INCLUDING PHYSICAL AND SEXUAL ABUSE.

-A CONSULTATIVE SERVICE TO SUPPORT CHILDREN DEALING WITH ISSUES RELATED TO

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

WEIGHT MANAGEMENT AND HEALTHY LIFESTYLES. THIS PROGRAM PROVIDES MULTIDISCIPLINARY SUPPORT INCLUDING RECOMMENDATIONS ON HEALTHY EATING, EXERCISE, AND DIAGNOSIS AND MANAGEMENT OF COMPLICATIONS RELATED TO OBESITY.

-A COMMUNITY HEALTH WORKER PROGRAM WHEREBY NAVIGATORS INTEGRATE INTO CLINICS WHILE PROVIDING COMMUNITY SUPPORTS FOR CHILDREN AND FAMILIES.

-COMMUNITY ENGAGEMENT PROGRAMS OUTLINED WITHIN THE CHNA IMPLEMENTATION PLAN INCLUDING THE FAMILY RESOURCE CONNECTION, THE DAYTON ASTHMA ALLIANCE, AIMS TO POSITIVELY IMPACT THE HEALTH AND WELLNESS OF CHILDREN WITH ASTHMA IN THE DAYTON AREA, THE SAFE KIDS GREATER DAYTON COALITION AND OTHER INJURY PREVENTION PROGRAMMING.

WHILE THE CENTER EXTENDS WELL BEYOND THE WALLS OF THE HOSPITAL AND OUR CAMPUS ON VALLEY STREET, THE NEW HOME OF THE CENTER'S ADMINISTRATION WILL BE AT OUR NEW CHILD HEALTH PAVILION ON THE CORNER OF VALLEY AND STANLEY STREETS. CONSTRUCTION FOR THE CHILD HEALTH PAVILION BEGAN IN FY 2017-2018 WITH A TENTATIVE OPENING IN SPRING 2019.

INJURY PREVENTION

DAYTON CHILDREN'S CONTINUES OUR WORK TO PREVENT CHILDHOOD INJURIES AS UNINTENTIONAL INJURY IS A LEADING CAUSE OF DEATH AND DISABILITY FOR CHILDREN ACROSS THE COUNTY AND REGIONALLY. DAYTON CHILDREN'S WORKS WITH PARTNERS SUCH AS THE OHIO INJURY PREVENTION PARTNERSHIP, OHIO OCCUPANT PROTECTION REGIONAL COORDINATOR PROGRAM, AND THE MONTGOMERY COUNTY CHILD FATALITY REVIEW BOARD TO ADDRESS SOME OF THE KEY UNINTENTIONAL INJURIES TO

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

CHILDREN IN OUR COMMUNITY, SUCH AS MOTOR VEHICLE ACCIDENTS, PEDESTRIAN ACCIDENTS, AND UNSAFE SLEEP PRACTICES.

DAYTON CHILDREN'S IS THE LEAD AGENCY OF SAFE KIDS GREATER DAYTON, WHICH IS OUR REGION'S LEADER IN CHILDHOOD INJURY PREVENTION PROGRAMMING. THE SAFE KIDS GREATER DAYTON COALITION ADDRESSES KEY PEDIATRIC SAFETY ISSUES WITH COMMUNITY PROGRAMMING INCLUDING CHILD PASSENGER SAFETY, PEDESTRIAN SAFETY, HOME/FIRE SAFETY, MEDICATION POISONING PREVENTION, WATER SAFETY AND BICYCLE HELMET EDUCATION. IN OCTOBER 2017, SAFE KIDS GREATER DAYTON PARTNERED WITH AREA SAFE ROUTES TO SCHOOLS PROGRAMS TO HOST INTERNATIONAL WALK TO SCHOOL DAY AT RUSKIN NEIGHBORHOOD SCHOOLS CENTER AND FIVE ELEMENTARY SCHOOLS IN KETTERING, OHIO TO TEACH CHILDREN ABOUT WALKING TO SCHOOL SAFELY. RUSKIN AND OTHER LOCAL ELEMENTARY SCHOOLS WERE PROVIDED COPIES OF CLIFFORD TAKES A WALK TO READ WITH THEIR STUDENTS TO LEARN PEDESTRIAN SAFETY HABITS. LATER IN OCTOBER, SAFE KIDS WORKED TO PROMOTE "BE SAFE, BE SEEN ON HALLOWEEN" AT SCHOOLS THROUGHOUT THE DAYTON REGION.

BIKE TO SCHOOL DAY WAS HELD AT FAIRVIEW NEIGHBORHOOD SCHOOLS CENTER IN DAYTON, OHIO. SINCE THE SCHOOL IS LOCATED NEAR TWO BUSY STREETS, THE STUDENTS LEARNED HOW TO SAFELY CROSS THE INTERSECTIONS NEAREST THEIR SCHOOL. ALL STUDENTS IN NEED OF A HELMET WERE GIVEN ONE, AND STUDENTS HAD A CHANCE TO ENTER A RAFFLE FOR ONE OF 6 NEW BIKES. SAFE KIDS GREATER DAYTON ALSO SUPPORTED A BIKE TO SCHOOL DAY EVENT IN SUGARCREEK TOWNSHIP AT BELL CREEK INTERMEDIATE SCHOOL. STUDENTS IN THIRD, FOURTH AND FIFTH GRADE PARTICIPATED IN WALKING AND BIKING EVENTS, AND HAD A CHANCE TO WIN ONE OF 20 NEW BIKES. OVER 500 CHILDREN PARTICIPATED IN BIKE TO SCHOOL DAY EVENTS.

Part VI Supplemental Information (Continuation)

BEYOND SAFE KIDS GREATER DAYTON, DAYTON CHILDREN'S HOSPITAL HAS OTHER OUTREACH PROGRAMS TO PREVENT INJURY BY EDUCATING PROFESSIONALS TO UNDERSTAND THE UNIQUE PHYSIOLOGY OF CHILDREN. THESE PROGRAMS INCLUDE EMS OUTREACH AND EDUCATION, THE NURSING LIAISON PROGRAM AND SPORTS MEDICINE. DAYTON CHILDREN'S EMS OUTREACH COORDINATORS TRAINED THE STAFF AT 41 FIRE DEPARTMENTS ON SPECIFIC PEDIATRIC TRAUMA CASES AS WELL AS CHILDREN WITH SPECIFIC HEALTH CARE NEEDS. BY COVERING TOPICS RANGING FROM SEIZURES TO RESPIRATORY, TO HIDDEN HAZARDS (POISON), THE EMS OUTREACH COORDINATORS ENSURE EMTS ARE EDUCATED IN VARIOUS PEDIATRIC HEALTH ISSUES. THE EMS OUTREACH COORDINATORS ENSURE ALL FIRE DEPARTMENTS HAD ACCESS TO TRAINING AS NEEDED IN THE GREATER DAYTON AREA.

DAYTON CHILDREN'S NURSE LIAISONS PROVIDE CONTINUING EDUCATION TO COMMUNITY AND SCHOOL NURSES IN MONTGOMERY AND CLARK COUNTIES. COMMUNITY AND SCHOOL NURSES RECEIVED TRAINING ON SEIZURES, SCHOOL AVOIDANCE, USE OF NAR CAN, AND OTHER PERTINENT TOPICS. NURSE LIAISONS ALSO PROVIDED SUPPORT TO TWO LOCAL SUMMER CAMP PROGRAMS AT THE KROC CENTER AND BOONSHOFT MUSEUM OF DISCOVERY TO ENSURE THOSE SUMMER CAMPS WERE ABLE TO INCLUDE CHILDREN WHO NEEDED ACCESS TO MEDICAL CARE DURING CAMP HOURS.

DAYTON CHILDREN'S PROVIDES THE COMMUNITY WITH CERTIFIED ATHLETIC TRAINERS SPECIALIZED IN PREVENTION, RECOGNITION, AND TREATMENT OF SPORTS RELATED INJURIES. ALL ATHLETIC TRAINERS ARE LICENSED BY THE STATE OF OHIO AND ENGAGE IN REGULAR CONTINUING EDUCATION IN SPORTS MEDICINE. ATHLETIC TRAINER SERVICES INCLUDE COVERAGE OF SPORTING EVENTS AND TOURNAMENTS, SPEAKING ENGAGEMENTS AND COACHES TRAINING. TOPIC COVERED INCLUDE RECOGNIZING OVER EXERTION, RETURN TO PLAY AND HYDRATION.

Part VI Supplemental Information (Continuation)

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

OH

**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.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2017

**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
ADVOCATES FOR BASIC LEGAL EQUALITY, INC - 515 JEFFERSON AVENUE, STE 300 - TOLEDO, OH 43604	23-7376131	501 (C) (3)	10,000.	0.			PROGRAM DONATION
AMERICAN HEART ASSOCIATION 1313 W. DOROTHY LANE DAYTON, OH 45409	13-5613797	501 (C) (3)	10,000.	0.			PROGRAM DONATION
CHILDREN'S MIRACLE NETWORK HOSPITALS - 500 SPEEDWAY DRIVE - ENON, OH 45323	31-1551430	501 (C) (3)	7,000.	0.			PROGRAM DONATION
CULTURE WORKS 110 N. MAIN STREET, STE 165 DAYTON, OH 45402	23-7412338	501 (C) (3)	6,500.	0.			PROGRAM DONATION
DAYTON PERFORMING ARTS ALLIANCE 126 NORTH MAIN ST. STE 120 DAYTON, OH 45402	31-6000101	501 (C) (3)	5,000.	0.			PROGRAM DONATION
DAYTON SOCIETY OF NATURAL HISTORY 2600 DEWEESE PKWY DAYTON, OH 45414	31-0585917	501 (C) (3)	5,500.	0.			PROGRAM DONATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **20.**

3 Enter total number of other organizations listed in the line 1 table ▶ **0.**

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

Schedule I (Form 990) (2017)

Part II 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
GIRLS ON THE RUN PO BOX 752105 DAYTON, OH 45475	27-2528377	501 (C) (3)	7,500.	0.			PROGRAM DONATION
GOODWILL EASTER SEALS MIAMI VALLEY 660 S. MAIN STREET DAYTON, OH 45402	31-0537112	501 (C) (3)	7,500.	0.			PROGRAM DONATION
MARCH OF DIMES 3131 S. DIXIE DRIVE, STE 416 DAYTON, OH 45439	13-1846366	501 (C) (3)	5,500.	0.			PROGRAM DONATION
NORTHEAST OHIO MEDICAL UNIVERSITY 4209 ST. RT. 44 ROOTSTOWN, OH 44272	34-1131513	GOVERNMENT	10,000.	0.			PROGRAM DONATION
RONALD MCDONALD HOUSE CHARITIES 555 VALLEY STREET DAYTON, OH 45404	31-0964793	501 (C) (3)	12,500.	0.			CORPORATE DONATION
SOCCER CENTERVILLE, INC PO BOX 750651 DAYTON, OH 45475	31-1412968	501 (C) (3)	12,500.	0.			PROGRAM DONATION
SOUTHEASTERN OHIO COUNCIL FOR HIGHER EDUCATION - 3155 RESEARCH BLVD - DAYTON, OH 45420	23-7109141	501 (C) (3)	5,000.	0.			PROGRAM DONATION
THE DAYTON ART INSTITUTE 456 BELMONTE PARK NORTH DAYTON, OH 45405	31-0537480	501 (C) (3)	7,600.	0.			PROGRAM DONATION
THE GALA OF HOPE FOUNDATION 3500 PENTAGON BLVD, STE 500 BEAVERCREEK, OH 45431	46-4277044	501 (C) (3)	50,000.	0.			PROGRAM DONATION

Schedule I (Form 990)

Part II 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
UNITED WAY OF THE GREATER DAYTON AREA - 33 W. FIRST STREET, STE 500 - DAYTON, OH 45402	31-0536658	501 (C) (3)	25,000.	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)	6,650.	0.			CORPORATE PLEDGE
YMCA OF GREATER DAYTON - Y ON THE FLY - 118 W. FIRST ST. STE 300 - DAYTON, OH 45402	31-0537517	501 (C) (3)	5,000.	0.			PROGRAM DONATION
YWCA - WOMAN OF INFLUENCE AWARDS 141 W. THIRD STREET DAYTON, OH 45402	31-0537168	501 (C) (3)	5,000.	0.			PROGRAM DONATION

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	550	76,933.	0.		
MEALS / FOOD	1630	30,487.	0.		
TRANSPORTATION	1829	48,737.	0.		
RENT/UTILITIES	56	33,534.	0.		
SPECIAL EQUIPMENT	6	26,177.	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

2017

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.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2017

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		(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)	710,199.	0.	11,013.	271,100.	32,832.	1,025,144.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DEBORAH FELDMAN CEO	(i)	740,012.	0.	32,345.	528,349.	0.	1,300,706.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CHRIS BERGMAN CFO	(i)	433,062.	0.	7,524.	14,900.	25,257.	480,743.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CYNTHIA BURGER VP PATIENT & FAMILY EXPERIENCE	(i)	296,903.	0.	7,524.	125,285.	39,995.	469,707.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LISA COFFEY VP PHYSICAN SERVICES	(i)	276,738.	0.	8,931.	240,452.	39,652.	565,773.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MATTHEW GRAYBILL VP HR AND CHIEF ADMINISTRATION	(i)	410,551.	0.	17,095.	179,932.	39,054.	646,632.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KELLY KAVANAUGH VP AND CHIEF STRATEGY OFFICER	(i)	274,519.	0.	3,256.	44,982.	38,436.	361,193.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DR. GREGORY RAMEY EXECUTIVE DIRECTOR MENTAL HEALTH SER	(i)	296,333.	0.	12,665.	65,316.	16,429.	390,743.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DAVID MILLER FORMER CFO (END 1/16)	(i)	0.	0.	273,166.	0.	0.	273,166.	273,166.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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:

CHRIS BERGMAN	0
CYNTHIA BURGER	59,223
LISA COFFEY	195,886
DEBORAH FELDMAN	513,450
MATTHEW GRAYBILL	95,169
ADAM MEZOFF	255,000
GREGORY RAMEY	0

RECEIVED PAYMENT FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:

DAVID MILLER	273,166
--------------	---------

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. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A COUNTY OF MONTGOMERY	31-6000172	000000000	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											

Part II Proceeds										
	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		30,000,000.		12,635,000.		109,407,734.			
12	Other unspent proceeds						7,247,196.			
13	Year of substantial completion		2017		2017		2017			
	Yes	No	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			

Part III Private Business Use										
	A		B		C		D			
	Yes	No	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				

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
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?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d 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?								
4 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		%		%		%		%
5 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		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a 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 If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 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
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X		X			
b Exception to rebate?		X		X		X		
c No rebate due?		X		X		X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X		X			
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SARA GUERRERO-DUBY	SPOUSE OF BOARD MEM	130,814.	EMPLOYED		X

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: SARA GUERRERO-DUBY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SPOUSE OF BOARD MEMBER

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

DAYTON CHILDREN'S HOSPITAL

Employer identification number

31-0672132

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, 2018 ARE AS FOLLOWS

OF BEDS 177, INPATIENT DAYS 26,428, ADMISSIONS 4,707. AVERAGE LENGTH

OF STAY 5.61 DAYS. AVERAGE DAILY CENSUS 98.6, OCCUPANCY RATE 67%,

SURGERIES PERFORMED 12,410, X-RAY STUDIES 49,307, LAB TEST 560,080,

RESPIRATORY THERAPY PROCEDURES 84,049, PHARMACY DOSES DISPENSED

744,183, CARDIOLOGY PROCEDURES 19,223, NEUROLOGY PROCEDURES 3,330,

URGENT CARE VISITS 15,703, EMERGENCY DEPARTMENT VISITS 93,548,

OUTPATIENT CLINICS 220,910

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 05/15/2019. FORM 990, PART VI, LINE

12C - MONITORING CONFLICT OF INTEREST AT THE BEGINNING OF EACH MEETING, THE

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

Schedule O (Form 990 or 990-EZ) (2017)

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

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 MINUTE 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.

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

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

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.

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

OTHER SERVICES:

PROGRAM SERVICE EXPENSES	34,748,933.
MANAGEMENT AND GENERAL EXPENSES	3,252,262.
FUNDRAISING EXPENSES	786,389.
TOTAL EXPENSES	38,787,584.

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

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 38,787,584.

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

TRANSFER TO DAYTON CHILDREN'S HOSPITAL FOUNDATION 130,026,541.

RESTRICTED NET ASSETS USED FOR PURCHASE OF PP&E 13,367,000.

TEMPORARILY RESTRICTED NET ASSETS -14,098,000.

CHANGE IN PENSION BENEFIT OBLIGATION 4,532,000.

CONTRIBUTIONS AND INVESTMENT INCOME 3,191,000.

TOTAL TO FORM 990, PART XI, LINE 9 137,018,541.

**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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CENTER FOR COMMUNITY HEALTH AND ADVOCACY - 82-4391789, ONE CHILDREN'S PLAZA, DAYTON, OH 45404	NEW MARKETS TAX CREDIT	OHIO	-2,502.	10,002,651.	DAYTON CHILDREN'S HOSPITAL

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 10	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 12A, I	DAYTON CHILDREN'S HOSPITAL	X	

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

Schedule R (Form 990) 2017

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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CHILDREN'S CARE GROUP	R	6,310,585.	CASH
(2) CHILDREN'S ANESTHESIA GROUP	Q	5,769,531.	CASH
(3) CHILDREN'S HOME CARE OF DAYTON	O	5,195,094.	CASH
(4) CHILDREN'S HOME CARE OF DAYTON	R	21,475.	CASH
(5) DAYTON CHILDREN'S HOSPITAL FOUNDATION	C	2,861,843.	CASH
(6) PEDIATRCI ASSURANCE COMPANY	R	347,492.	FMV

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.

Form **990-W**
(Worksheet)

**Estimated Tax on Unrelated Business Taxable
Income for Tax-Exempt Organizations**

OMB No. 1545-0976

(and on Investment Income for Private Foundations) FORM 990-T

2018

▶ Go to www.irs.gov/F990W for instructions and the latest information.
▶ Keep for your records. Do not send to the Internal Revenue Service.

Department of the Treasury
Internal Revenue Service

1	Unrelated business taxable income expected in the tax year		1	
2	Tax on the amount on line 1. See instructions for tax computation		2	
3	Alternative minimum tax for trusts. See instructions		3	
4	Total. Add lines 2 and 3		4	
5	Estimated tax credits. See instructions		5	
6	Subtract line 5 from line 4		6	
7	Other taxes. See instructions		7	
8	Total. Add lines 6 and 7		8	
9	Credit for federal tax paid on fuels. See instructions		9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a		
b	Enter the tax shown on the 2017 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	39,228.	
c	2018 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	ADJUSTED TO		10c 40,000.

		(a)	(b)	(c)	(d)
11	Installment due dates. See instructions	11			06/17/19
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12			40,000.
13	2017 Overpayment. See instructions	13			
14	Payment due (Subtract line 13 from line 12)	14			40,000.

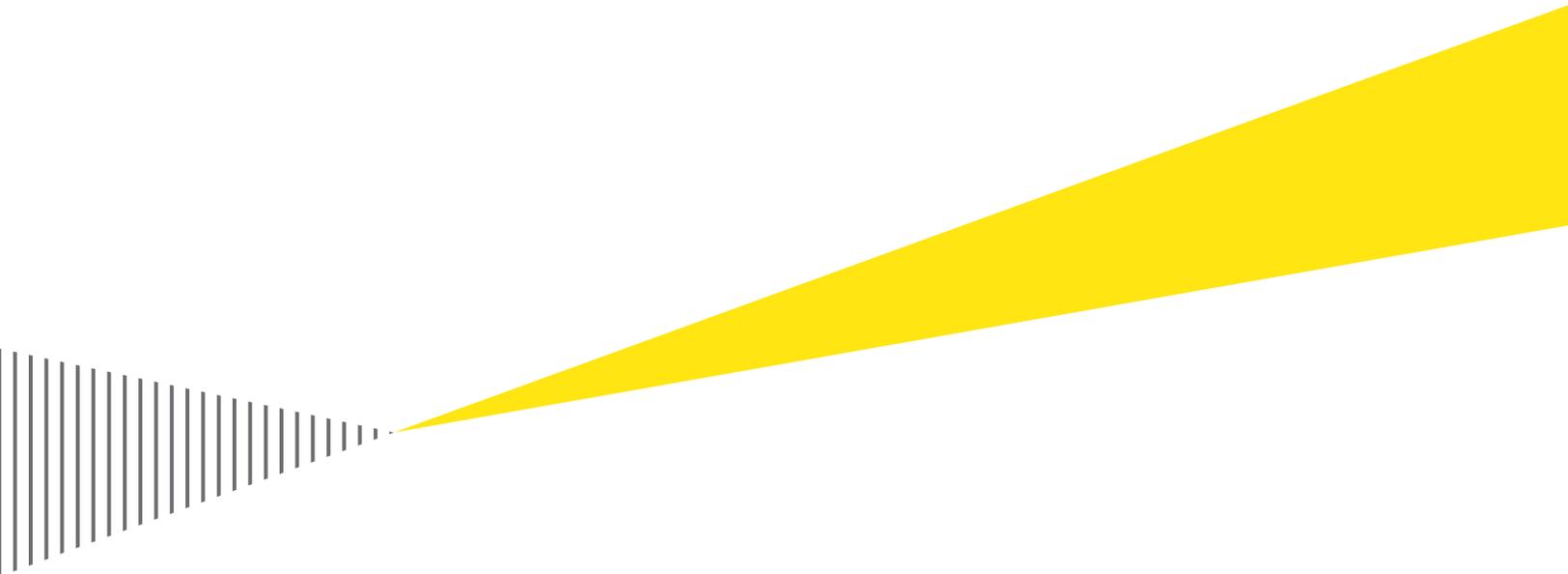
LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2018)

CONSOLIDATED FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION

Dayton Children's Hospital and Subsidiaries
Years Ended June 30, 2018 and 2017
With Report of Independent Auditors

Ernst & Young LLP



Dayton Children’s Hospital and Subsidiaries

Consolidated Financial Statements and
Supplementary Information

Years Ended June 30, 2018 and 2017

Contents

Report of Independent Auditors.....1

Consolidated Financial Statements

Consolidated Balance Sheets3

Consolidated Statements of Operations5

Consolidated Statements of Changes in Net Assets6

Consolidated Statements of Cash Flows.....7

Notes to Consolidated Financial Statements.....8

Supplementary Information

Report of Independent Auditors on Supplementary Information34

Details of Consolidated Balance Sheet35

Details of Consolidated Statement of Operations37

Details of Consolidated Statement of Changes in Net Assets38



Ernst & Young LLP
1900 Scripps Center
312 Walnut Street
Cincinnati, OH 45202

Tel: +1 513 612 1400
Fax: +1 513 612 1730
ey.com

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, 2018 and 2017, and the related consolidated statements of operations, 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, 2018 and 2017, and the consolidated results of their operations, 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

November 30, 2018

Dayton Children's Hospital and Subsidiaries

Consolidated Balance Sheets (Dollars in Thousands)

	June 30	
	2018	2017
Assets		
Current assets:		
Cash and cash equivalents	\$ 21,865	\$ 18,628
Patient accounts receivable, net of allowance for doubtful accounts of \$10,544 in 2018 and \$7,029 in 2017	73,289	47,777
Inventories	5,773	3,450
Prepaid expenses and other assets	4,089	5,843
Total current assets	105,016	75,698
Investments and assets whose use is limited:		
Board-designated investments	558,292	618,321
Assets whose use is limited:		
Restricted by donor	6,786	7,029
Funds for self-insurance reserves	12,896	14,869
Total board-designated investments and assets whose use is limited	577,974	640,219
Pledges receivable, net	7,106	10,471
Total investments and assets whose use is limited	585,080	650,690
Other assets	36,015	25,413
Property and equipment, net	361,938	306,521
Total assets	\$ 1,088,049	\$ 1,058,322

	June 30	
	2018	2017
Liabilities and net assets		
Current liabilities:		
Accounts payable and accrued expenses	\$ 17,536	\$ 16,955
Compensation and benefits	13,684	15,632
Total current liabilities	<u>31,220</u>	<u>32,587</u>
Long-term insurance reserves	5,344	11,349
Long-term debt	166,229	146,455
Pension liability	18,885	17,657
Other liabilities	19,563	16,328
Total liabilities	<u>241,241</u>	<u>224,376</u>
Net assets:		
Unrestricted	840,022	816,446
Temporarily restricted	6,786	17,500
Total net assets	<u>846,808</u>	<u>833,946</u>
Total liabilities and net assets	<u><u>\$ 1,088,049</u></u>	<u><u>\$ 1,058,322</u></u>

See accompanying notes.

Dayton Children's Hospital and Subsidiaries

Consolidated Statements of Operations

(Dollars in Thousands)

	Year Ended June 30	
	2018	2017
Revenue:		
Net patient service revenue (net of contractual provision)	\$ 368,061	\$ 326,236
Provision for bad debts	<u>(13,107)</u>	<u>(9,108)</u>
Net patient service revenue less provision for bad debts	354,954	317,128
Other revenue	<u>16,476</u>	<u>13,968</u>
Total operating revenue	<u>371,430</u>	<u>331,096</u>
Expenses:		
Salaries and benefits	257,193	202,213
Supplies	47,580	46,920
Purchased services	21,514	21,022
Professional fees	4,560	3,781
State assessment	5,443	5,262
Depreciation	31,212	19,297
Other	<u>32,857</u>	<u>26,106</u>
Total expenses	<u>400,359</u>	<u>324,601</u>
Excess of (expenses over revenue) revenue over expenses before other income (loss)	(28,929)	6,495
Other income (loss):		
Investment income, net	37,397	63,737
Other, net	<u>(2,791)</u>	<u>(312)</u>
Excess of revenue over expenses	<u>\$ 5,677</u>	<u>\$ 69,920</u>

See accompanying notes.

Dayton Children's Hospital and Subsidiaries

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

	Year Ended June 30	
	2018	2017
Unrestricted net assets		
Excess of revenue over expenses	\$ 5,677	\$ 69,920
Change in pension plan obligation and plan assets	4,532	5,813
Net assets released from restrictions used for purchase of property and equipment and other	13,367	4,242
Increase in unrestricted net assets	<u>23,576</u>	<u>79,975</u>
Temporarily restricted net assets		
Contributions and investment income	3,384	6,774
Net assets released from restrictions	(14,098)	(5,955)
(Decrease) increase in temporarily restricted net assets	<u>(10,714)</u>	<u>819</u>
Total increase in net assets	12,862	80,794
Net assets at beginning of year	833,946	753,152
Net assets at end of year	<u>\$ 846,808</u>	<u>\$ 833,946</u>

See accompanying notes.

Dayton Children's Hospital and Subsidiaries

Consolidated Statements of Cash Flows

(Dollars in Thousands)

	Year Ended June 30	
	2018	2017
Operating activities		
Increase in net assets	\$ 12,862	\$ 80,794
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation	31,212	19,297
Provision for bad debts	13,107	9,108
Change in market value of investments and assets whose use is limited	(8,499)	(45,219)
Change in pension plan obligation and plan assets	(4,532)	(5,813)
Changes in assets and liabilities:		
Patient accounts receivable	(38,619)	(19,235)
Pledges receivable, net	3,365	2,215
Inventories and other current assets	(569)	(5,872)
Other assets	(3,492)	(1,160)
Accounts payable and other current liabilities	(1,367)	(11,071)
Other liabilities	2,990	4,007
Net cash provided by operating activities	6,458	27,051
Investing activities		
Additions to property and equipment	(86,629)	(129,349)
Decrease (increase) in investments and assets whose use is limited	70,744	(4,150)
Net cash used in investing activities	(15,885)	(133,499)
Financing activities		
Note receivable related to new market tax credit	(7,110)	-
Proceeds from long-term debt	19,774	76,777
Net cash provided by financing activities	12,664	76,777
Increase (decrease) in cash and cash equivalents	3,237	(29,671)
Cash and cash equivalents at beginning of year	18,628	48,299
Cash and cash equivalents at end of year	\$ 21,865	\$ 18,628

See accompanying notes.

Dayton Children's Hospital and Subsidiaries

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

Years Ended June 30, 2018 and 2017

1. Organization and Significant Accounting Policies

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, Inc. (CCG), Children's Anesthesia Group, Inc. (CAG), Center for Community Health and Advocacy, Children's Home Care of Dayton, Ohio, and Children's Care House, LLC. These entities (collectively, the Hospital) provide service to patients who reside primarily in the local geographic region.

The accompanying consolidated financial statements include the accounts, after elimination of all significant intercompany transactions and balances, of the Hospital. The Hospital prepares its consolidated financial statements in accordance with U.S. generally accepted accounting principles (GAAP).

Use of Estimates

The preparation of the consolidated financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, revenue and expenses. Actual results could vary from those estimates.

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.

Investments and 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 and assets whose use is limited consist of cash and cash equivalents, marketable debt securities (consisting primarily of U.S. government, mortgage backed and corporate debt securities), mutual funds and alternative investments.

Dayton Children's Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

1. Organization and Significant Accounting Policies (continued)

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 revenue over expenses on the consolidated statements of operations 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 cash and cash equivalents, marketable debt securities, and mutual funds have been measured at fair value in the consolidated balance sheets. The Hospital accounts for alternative investments using the equity method of accounting based on net asset value (NAV) provided by the administrator. The carrying values of the Hospital's alternative investments, including limited partnerships, hedge funds, and private equity funds, are based on valuations provided by the administrators of the financial instruments. The underlying investments in these financial instruments may include marketable debt and equity securities, commodities, foreign currencies, derivatives and private equity investments. The Hospital believes the NAV is a reasonable estimate of its ownership interest in the respective alternative investments.

Values may be based on historical cost, appraisals, or 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 alternative investment. The financial statements of the investees are audited annually by independent auditors, however, nearly all have fiscal year ends that are different than the Hospital. Hospital management believes the carrying amount of these financial instruments, \$164,383 and \$159,213 at June 30, 2018 and 2017, respectively, is reasonable based on the NAV of the respective funds. Management has utilized the best available information for reporting alternative investment values, which in some instances are valuations as of an interim date. 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.

Dayton Children's Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

1. Organization and Significant Accounting Policies (continued)

Fair Value Measurements

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

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

The 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.

Dayton Children's Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

1. Organization and Significant Accounting Policies (continued)

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).

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.

Net Patient Accounts Receivable

Net patient accounts receivable less the allowance for doubtful accounts 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. Throughout the year, management assesses the adequacy of the allowance for doubtful accounts based upon historical and expected net collections of self-pay accounts receivable, including those account balances remaining 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 doubtful accounts.

Dayton Children's Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

1. Organization and Significant 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, 2017. The increase in the allowance for doubtful accounts at June 30, 2018, is due to the increase in self-pay patient accounts receivable. The Hospital does not maintain a material allowance for doubtful accounts from third-party payors.

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 net accounts receivable from patients and third-party payors as of June 30 was as follows:

	<u>2018</u>	<u>2017</u>
Medicaid and Medicaid-related plans	32%	36%
Anthem	21	22
Commercial and other	34	31
Self-pay	13	11
	<u>100%</u>	<u>100%</u>

Inventories

Inventories are stated at the lower of cost or net realizable value. 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. Organization and Significant Accounting Policies (continued)

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, 2018 and 2017, pledges are primarily donor restricted for capital needs of the Hospital. Collections of pledges receivables are expected to be made over the following time frame:

	2018	2017
Gross pledges due:		
In less than one year	\$ 2,202	\$ 4,230
In one to five years	4,937	7,156
In more than five years	2	11
Total gross pledges receivable	7,141	11,397
Less present value discount and allowance for doubtful pledges	35	926
Pledges receivable, net	\$ 7,106	\$ 10,471

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.

Costs incurred in the development and installation of internal-use software are expensed if they are incurred in the preliminary project stage or post-implementation stage, while certain costs are capitalized if incurred during the application development stage. Internal-use software is amortized over its expected useful life, generally between 5 and 7 years, with amortization beginning when the project is completed and the software is placed in service.

Dayton Children's Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

1. Organization and Significant Accounting Policies (continued)

The cost and related accumulated depreciation of property and equipment that is sold or retired are removed from the respective accounts, and the 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, 2018 or 2017.

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.

Temporarily restricted net assets are available for the following purposes:

	June 30	
	2018	2017
Purchase of equipment and other capital	\$ 2,108	\$ 14,599
Health care services and research	4,678	2,901
	<u>\$ 6,786</u>	<u>\$ 17,500</u>

Dayton Children's Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

1. Organization and Significant Accounting Policies (continued)

Net Patient Service Revenue

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

Retroactive adjustments are accrued on an estimated basis in the period the related services are known and adjusted in future periods as final settlements are determined. The Hospital recognizes a significant amount of net patient service revenue at the time the services are rendered even though they do not assess the patient's ability to pay.

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 reported as net patient service revenue. The cost to the Hospital to provide charity care was \$618 and \$910 for the years ended June 30, 2018 and 2017, 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 (IRS).

The Hospital has included \$13,631 and \$15,827 for the Hospital Care Assurance Program in net patient service revenue in the consolidated statements of operations for the years ended June 30, 2018 and 2017, respectively.

Excess of Revenue over Expenses

The consolidated statements of operations and consolidated statements of changes in net assets include the excess of revenue over expenses, which represents the performance indicator. Changes in unrestricted net assets for contributions of long-lived assets, donations, or net assets released from restriction, 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 revenue over expenses.

Dayton Children's Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

1. Organization and Significant Accounting Policies (continued)

Tax-Exempt Status

All subsidiaries of the Hospital, except CCG, CAG, and selected joint venture entities, are exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. The wholly owned for-profit subsidiaries CCG and CAG had no taxable income in 2018 or 2017. 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, 2018 or 2017.

The Tax Cuts and Jobs Act (the Act) was enacted on December 22, 2017. For tax-exempt entities, the Act requires organizations to categorize certain fringe benefit expenses as a source of unrelated business income, pay an excise tax on remuneration above certain thresholds that is paid to executives by the organization, and report income or loss from unrelated business activities on an activity-by-activity basis, among other provisions (which will not be effective until the 2019 tax year). Certain regulatory guidance provides for a measurement period of up to one year, during which the accounting for the tax effects of the Act may be completed. The Hospital may record further adjustments in future periods upon obtaining, preparing, or analyzing additional information about facts and circumstances that existed as of the date of enactment. The Hospital will continue to revise and refine the calculations as additional IRS guidance is issued; however, the Hospital does not anticipate any material impact to the consolidated financial statements.

Reclassifications

Certain amounts reported in the prior year consolidated financial statements have been reclassified to conform to the current year presentation.

Recent Accounting Pronouncements

In August 2016, the FASB issued Accounting Standards Update (ASU) No. 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*, that will change certain financial statement requirements for not-for-profit (NFP) entities. NFPs will no longer be required to distinguish between resources with temporary or permanent restrictions on the face of their financial statements, meaning they will present two classes of net asset (with donor restrictions and without donor restrictions) instead of three classes. The guidance also will change how NFPs report certain expenses and provide information about their available resources

Dayton Children's Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

1. Organization and Significant Accounting Policies (continued)

and liquidity. ASU 2016-14 is effective for fiscal years beginning after December 15, 2017, and interim periods thereafter. The guidance will be applied retrospectively, but NFPs will have the option to omit certain information for comparative periods presented in the year of adoption. Early application is permitted. The Hospital is currently evaluating the effect this new standard will have on its consolidated financial statements.

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*. 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 the principles for recognizing revenue and to improve financial reporting by creating common revenue recognition guidance for GAAP and International Financial Reporting Standards. The core principle of the new guidance is that an entity should recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. ASU 2014-09 is now effective for annual reporting periods beginning after December 15, 2017, including interim periods within that reporting period, by applying either the full retrospective method or the cumulative catch-up transition method. The full retrospective method requires application of the provisions as an adjustment through unrestricted net assets.

The Hospital adopted ASU 2014-09 on July 1, 2018, using the cumulative catch-up transition method. The Hospital's process for implementation began with preliminary evaluation of ASU 2014-09 and considered subsequent interpretations by the FASB Transition Resource Group for Revenue Recognition and the American Institute of Certified Public Accountants.

The Hospital has formed a preliminary analysis of revenue streams and transactions under ASU 2014-09. In particular, for net patient service revenue, the Hospital performed an analysis into the application of the portfolio approach as a practical expedient to group patient contracts with similar characteristics, such that net patient service revenue for a given portfolio would not be materially different than if it were evaluated on a contract-by-contract basis. The Hospital also assessed the impact of ASU 2014-09 on various reimbursement programs in which the Hospital participates.

Dayton Children's Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

1. Organization and Significant Accounting Policies (continued)

Industry guidance is continuing to develop around this issue, and any conclusions in the final industry guidance that is inconsistent with the Hospital's application could result in changes to the Hospital's expectations regarding the impact that ASU 2014-09 could have on the Hospital's consolidated financial statements. The Hospital does not believe such industry guidance will have a significant impact on its current accounting policies and procedures. Final drafts of industry guidance on these and other reimbursement programs unique to the health care industry are expected later in fiscal 2019. The Hospital is monitoring the development of such guidance.

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 statement of operations. ASU 2017-07 requires employers to present the service cost component of net periodic benefit cost in the same statement of operations 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 are required to disclose the lines used to present the other components of net periodic benefit cost, if the components are not presented separately in the statement of operations. The Hospital early adopted ASU 2017-07 on July 1, 2017, and recorded \$2.7 million in net periodic pension expense in non-operating income, net in the consolidated statement of operations for the year ended June 30, 2018. For the year ended June 30, 2017, \$0.3 million of net periodic pension expense was reclassified cost from salaries and benefits to non-operating income, net in the consolidated statement of operations.

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 primarily reimbursed based on fee schedules.

Dayton Children’s Hospital and Subsidiaries

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

2. Net Patient Service Revenue (continued)

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:

	2018	2017
Medicaid and Medicaid-related plans	\$ 100,531	\$ 120,921
Anthem	123,419	95,089
Self-pay	14,628	7,636
Commercial and other	129,483	102,590
Net patient service revenue (net of contractual provision)	<u>\$ 368,061</u>	<u>\$ 326,236</u>

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

Laws and regulations governing the Medicaid program 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 program. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near future. Management believes that the Hospital is in compliance, in all material respects, with applicable government laws and regulations.

Dayton Children's Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

3. Fair Value Measurements, Board-Designated Investments and Assets Whose Use is Limited

The following tables present the board-designated investments and assets whose use is limited as of June 30, 2018 and 2017, by ASC 820 valuation hierarchy defined in Note 1:

	June 30, 2018		
	Level 1	Level 2	Total
Cash and cash equivalents	\$ 2,357	\$ —	\$ 2,357
Money market funds	11,123	—	11,123
Equity mutual funds	261,983	—	261,983
Bond mutual funds	55,329	—	55,329
Corporate bonds	—	54,724	54,724
U.S. government securities	—	11,834	11,834
Mortgage-backed securities	—	16,241	16,241
Total board-designated investments and assets whose use is limited at fair value	<u>\$ 330,792</u>	<u>\$ 82,799</u>	413,591
Investments accounted for under the equity method:			
Hedge funds			90,520
Private equity funds			41,417
Limited partnerships			32,446
Total board-designated investments and assets whose use is limited			<u>\$ 577,974</u>

Dayton Children’s Hospital and Subsidiaries

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

3. Fair Value Measurements, Board-Designated Investments and Assets Whose Use is Limited (continued)

	June 30, 2017		
	Level 1	Level 2	Total
Cash and cash equivalents	\$ 658	\$ –	\$ 658
Money market funds	33,431	–	33,431
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 board-designated investments and assets whose use is limited at fair value	<u>\$ 407,136</u>	<u>\$ 73,870</u>	481,006
Board-designated investments accounted for under the equity method:			
Hedge funds			87,148
Private equity funds			39,721
Limited partnerships			32,344
Total board-designated investments and assets whose use is limited			<u>\$ 640,219</u>

The Hospital’s cash and cash equivalents, money market funds, mutual funds and marketable securities 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.

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, Board-Designated Investments and Assets Whose Use is Limited (continued)

Following is the summary of the inputs and valuation techniques as of June 30, 2018 and 2017, 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.

At June 30, 2018 and 2017, the Hospital has committed capital of \$17,758 and \$21,340, respectively, yet to be called to private equity funds. 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.

Total unrestricted investment income from cash and equivalents, investments and assets whose use is limited is comprised of the following:

	June 30	
	2018	2017
Interest and dividend income	\$ 12,027	\$ 11,371
Net realized gains	16,871	7,147
Change in market value	8,499	45,219
Total investment income, net	<u>\$ 37,397</u>	<u>\$ 63,737</u>

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:

	2018	2017
Land and improvements	\$ 30,360	\$ 14,650
Building and improvements	328,977	85,505
Equipment	110,896	184,400
	470,233	284,555
Less accumulated depreciation	126,519	106,772
	343,714	177,783
Construction in progress	18,224	128,738
	\$ 361,938	\$ 306,521
	\$ 361,938	\$ 306,521

The Hospital had computer software costs of \$8,858 and \$7,211 recorded at June 30, 2018 and 2017, respectively. The Hospital recognized amortization expense related to computer software costs of \$3,198 and \$2,585 for the years ended June 30, 2018 and 2017, respectively, which is included in depreciation in the consolidated statements of operations.

5. Long-term Debt

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

	2018	2017
Hospital Facilities Revenue Bonds:		
Series 2014 bonds	\$ 109,808	\$ 109,808
Series 2015 bonds	12,675	8,340
Series 2016 bonds	30,000	24,566
New Market Tax Credit Loans Payable:		
Children's Care House	3,920	3,920
Center for Community Health & Advocacy	10,415	—
	166,818	146,634
Less unamortized bond issuance costs	589	179
Total long-term debt	\$ 166,229	\$ 146,455
	\$ 166,229	\$ 146,455

Dayton Children's Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

5. Long-term Debt (continued)

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). These bonds are secured by a pledge of the gross receipts, including the accounts receivable and assignable general intangibles, of Dayton Children's 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 Trust 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, 2018 and 2017, \$152,483 and \$142,714, respectively, of principal advances have been made by the Bond Purchaser. The availability to draw on the bonds expired during fiscal 2018.

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% (2.13% at June 30, 2018). 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% (1.99% at June 30, 2018). The interest rate and mode is set for an initial period through September 1, 2023.

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 2014, 2015, and 2016 Bonds to be redeemed plus accrued interest thereon to the redemption

Dayton Children's Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

5. Long-term Debt (continued)

date. Interest paid for these bonds for the years ended June 30, 2018 and 2017, was \$2,589 and \$1,463, respectively.

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 revenue available for debt service. At June 30, 2018, 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, 2018 and 2017. Principal payments are scheduled to begin in 2020.

In April 2018, 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 Hospital funded a note receivable of \$7,110 to effectively avail itself to the community development entities through the issuance of the loan payable. The loan payable is to a group of qualified community development entities, through an investment fund, bearing interest at 1% annually, and totaled \$10,415 as of June 30, 2018. Principal payments are scheduled to begin in 2025.

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, 2018, are as follows:

2019	\$	2,197
2020		1,588
2021		1,046
2022		471
2023		16
Subsequent years		—
Total minimum lease payments	\$	<u>5,318</u>

Dayton Children's Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

6. Leases (continued)

Rent expense was \$5,263 and \$3,691 for the years ended June 30, 2018 and 2017.

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. Expense for the years ended June 30, 2018 and 2017, related to the 401(k) plan was \$9,186 and \$4,744, respectively, and is recorded in salaries and benefits in the consolidated statements of operations.

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 \$19,563 and \$16,282 as of June 30, 2018 and 2017, respectively, related to these plans. The deferred compensation plans' assets are comprised of marketable debt and equity securities, which are measured as Level 1 under the fair value hierarchy.

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.

Dayton Children's Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

7. Retirement Plans (continued)

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

	<u>2018</u>	<u>2017</u>
Net actuarial loss	\$ 27,550	\$ 33,295
Net prior service credit	(5,668)	(6,950)
	<u>\$ 21,882</u>	<u>\$ 26,345</u>

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

	<u>2018</u>	<u>2017</u>
Amortization of net prior service credit	\$ (1,283)	\$ (1,283)
Net actuarial gain	529	4,487
Amortization of net actuarial loss	5,217	2,821
	<u>\$ 4,463</u>	<u>\$ 6,025</u>

Net actuarial gain 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, 2019, are \$2,017 and \$1,282, 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 obligation, plan assets, and funded status associated with the Plan as of June 30:

	<u>2018</u>	<u>2017</u>
Projected benefit obligation		
Benefit obligation at beginning of year	\$ (97,447)	\$ (95,245)
Service cost	(4,329)	(4,472)
Interest cost	(4,011)	(3,944)
Actuarial gain	1,404	296
Benefits paid	9,828	5,918
Benefit obligation at end of year	<u>(94,555)</u>	<u>(97,447)</u>
Fair value of plan assets		
Fair value of plan assets at beginning of year	84,068	77,171
Actual gain on plan assets	4,724	9,815
Employer contributions	2,000	3,000
Benefits paid	(9,828)	(5,918)
Fair value of plan assets at end of year	<u>80,964</u>	<u>84,068</u>
Funded status of the plan	<u>\$ (13,591)</u>	<u>\$ (13,379)</u>

The accumulated benefit obligation was \$86,665 and \$89,567 at June 30, 2018 and 2017, respectively.

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

	<u>2018</u>	<u>2017</u>
Service cost	\$ 4,329	\$ 4,472
Interest cost	4,011	3,944
Expected return on plan assets	(5,598)	(5,624)
Amortization of prior service cost	(1,283)	(1,283)
Amortization of net actuarial loss	2,520	2,822
Settlement loss	2,696	—
Total net periodic pension expense	<u>\$ 6,675</u>	<u>\$ 4,331</u>

Dayton Children’s Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

7. Retirement Plans (continued)

Cash settlements made during 2018 were greater than the sum of the service cost (excluding administrative expenses) and the interest cost of net periodic pension expense for the Plan for the year ended June 30, 2018, therefore a settlement loss of \$2,696 was recognized in 2018.

The service cost component of net period pension expense is recorded in salaries and wages on the consolidated statements of operations. All other components of net period pension expense are recorded in other, net in the consolidated statements of operations.

Actuarial assumptions at June 30, were as follows:

	2018	2017
Weighted-average assumptions used to determine benefit obligations at year end:		
Discount rate	4.44%	4.18%
Rate of compensation increases:		
39 years old and younger	4.50%	4.50%
40 to 49 years old	3.25%	3.25%
50 years old and older	2.50%	2.50%
Weighted-average assumptions used to determine net periodic pension expense:		
Discount rate	4.18%	4.15%
Rate of compensation increase:		
39 years old and younger	4.50%	3.50%
40 to 49 years old	3.25%	3.50%
50 years old and older	2.50%	3.50%
Expected long-term return on plan assets	6.85%	6.85%

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.

Dayton Children's Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

7. Retirement Plans (continued)

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.

Plan assets are allocated as follows:

	Targeted Allocation Range	Percentage of Plan Assets at June 30	
		2018	2017
Equity strategy funds	50–70%	53%	62%
Debt strategy funds	30–50%	47%	38%
		100%	100%

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

	June 30, 2018		
	Level 1	Level 2	Total
Equity mutual funds	\$ 37,137	\$ –	\$ 37,137
Bond mutual funds	6,019	–	6,019
Money market funds	3,741	–	3,741
Total plan assets at fair value	\$ 46,897	\$ –	46,897
Plan assets measured at NAV:			
Common collective trusts			28,051
Hedge fund			6,016
Total plan assets			\$ 80,964

Dayton Children’s Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

7. Retirement Plans (continued)

	June 30, 2017		
	Level 1	Level 2	Total
Equity mutual funds	\$ 46,768	\$ –	\$ 46,768
Bond mutual funds	5,784	–	5,784
Money market funds	1,541	–	1,541
Total plan assets at fair value	<u>\$ 54,093</u>	<u>\$ –</u>	<u>54,093</u>
Plan assets measured at NAV:			
Common collective trusts			24,225
Hedge fund			5,750
Total plan assets			<u>\$ 84,068</u>

Fair value methodologies for money market funds and mutual funds included in Level 1 are consistent with the inputs described in Note 3. There are no financial instruments classified in Level 2 and Level 3 as of June 30, 2018 and 2017.

The Hospital’s hedge fund and common collective 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, 2018 and 2017. 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 collective trusts is to manage interest rate risk associated with changes in pension liability discount rates.

The Hospital is not required to make a contribution to the Plan in fiscal 2019.

Dayton Children's Hospital and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

7. Retirement Plans (continued)

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

2019	\$	5,745
2020		5,570
2021		5,938
2022		5,967
2023		6,669
2024–2028		36,404

The Hospital also maintains an unfunded supplemental employee retirement plan for eligible employees. At June 30, 2018 and 2017, a liability of \$5,294 and \$4,278, respectively, were recorded as the estimated amounts due to eligible employees under this plan.

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, \$6,199 and \$11,349 at June 30, 2018 and 2017, respectively, including a receivable estimated for reinsurance recoveries of \$1,673 and \$4,500, 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 consolidated 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 for the year ended June 30, are as follows:

	<u>2018</u>	<u>2017</u>
Health care services:		
Direct patient care	\$ 267,783	\$ 222,289
Support services	81,681	57,117
	<u>349,464</u>	<u>279,406</u>
Fiscal and administration	45,246	39,069
Education and research	3,688	4,284
Fundraising	1,961	1,842
	<u>\$ 400,359</u>	<u>\$ 324,601</u>

11. Subsequent Events

The Hospital has evaluated and disclosed subsequent events through November 30, 2018, 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



Ernst & Young LLP
1900 Scripps Center
312 Walnut Street
Cincinnati, OH 45202

Tel: +1 513 612 1400
Fax: +1 513 612 1730
ey.com

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

November 30, 2018

Dayton Children's Hospital and Subsidiaries

Details of Consolidated Balance Sheet (Dollars in Thousands)

June 30, 2018

	Dayton Children's Hospital	Dayton Children's Hospital Foundation	Eliminations	DCH Obligated Group	CCG and CAG	Other	Eliminations	Consolidated
Assets								
Current assets:								
Cash and cash equivalents	\$ 77	\$ 1,943	\$ -	\$ 2,020	\$ 904	\$ 18,941	\$ -	\$ 21,865
Patient accounts receivable, net of allowance for doubtful accounts of \$10,544	78,715	-	(718)	77,997	5,711	2,132	(12,551)	73,289
Inventories	5,653	-	-	5,653	-	120	-	5,773
Prepaid expenses and other assets	4,110	-	-	4,110	-	28	(49)	4,089
Total current assets	88,555	1,943	(718)	89,780	6,615	21,221	(12,600)	105,016
Investments and assets whose use is limited:								
Board-designated investments	454,122	97,000	-	551,122	-	7,170	-	558,292
Assets whose use is limited:								
Restricted by donor	1,291	5,495	-	6,786	-	-	-	6,786
Funds for self-insurance reserves	-	-	-	-	-	12,896	-	12,896
Total board-designated investments and assets whose use is limited	455,413	102,495	-	557,908	-	20,066	-	577,974
Pledges receivable, net	-	7,106	-	7,106	-	-	-	7,106
Total investments and assets whose use is limited	455,413	109,601	-	565,014	-	20,066	-	585,080
Other assets	28,314	9,341	-	37,655	18,416	1,982	(22,038)	36,015
Property and equipment, net	358,860	-	-	358,860	-	3,078	-	361,938
Total assets	\$ 931,142	\$ 120,885	\$ (718)	\$ 1,051,309	\$ 25,031	\$ 46,347	\$ (34,638)	\$ 1,088,049

Dayton Children's Hospital and Subsidiaries

Details of Consolidated Balance Sheet (continued)

(Dollars in Thousands)

	Dayton Children's Hospital	Dayton Children's Hospital Foundation	Eliminations	DCH Obligated Group	CCG and CAG	Other	Eliminations	Consolidated
Liabilities and net assets								
Current liabilities:								
Accounts payable and accrued expenses	\$ 17,271	\$ 718	\$ (718)	\$ 17,271	\$ 6,322	\$ 6,494	\$ (12,551)	\$ 17,536
Compensation and benefits	12,147	-	-	12,147	1,388	149	-	13,684
Total current liabilities	29,418	718	(718)	29,418	7,710	6,643	(12,551)	31,220
Long-term insurance reserves	-	-	-	-	-	5,344	-	5,344
Long-term debt	152,304	-	-	152,304	-	13,925	-	166,229
Pension liability	18,885	-	-	18,885	-	-	-	18,885
Other liabilities	1,713	-	-	1,713	17,850	49	(49)	19,563
Total liabilities	202,320	718	(718)	202,320	25,560	25,961	(12,600)	241,241
Net assets (deficit):								
Unrestricted	727,531	114,672	-	842,203	(529)	20,386	(22,038)	840,022
Temporarily restricted	1,291	5,495	-	6,786	-	-	-	6,786
Total net assets (deficit)	728,822	120,167	-	848,989	(529)	20,386	(22,038)	846,808
Total liabilities and net assets (deficit)	<u>\$ 931,142</u>	<u>\$ 120,885</u>	<u>\$ (718)</u>	<u>\$ 1,051,309</u>	<u>\$ 25,031</u>	<u>\$ 46,347</u>	<u>\$ (34,638)</u>	<u>\$ 1,088,049</u>

Dayton Children's Hospital and Subsidiaries

Details of Consolidated Statement of Operations (Dollars in Thousands)

Year Ended June 30, 2018

	Dayton Children's Hospital	Dayton Children's Hospital Foundation	Eliminations	DCH Obligated Group	CCG and CAG	Other	Eliminations	Consolidated
Revenue:								
Net patient service revenue (net of contractual provision)	\$ 324,875	\$ -	\$ -	\$ 324,875	\$ 29,798	\$ 13,388	\$ -	\$ 368,061
Provision for bad debts	(12,430)	-	-	(12,430)	(677)	-	-	(13,107)
Net patient service revenue less provision for bad debts	312,445	-	-	312,445	29,121	13,388	-	354,954
Other revenue	16,760	3,202	(5,098)	14,864	20,081	1,566	(20,035)	16,476
Total operating revenue	329,205	3,202	(5,098)	327,309	49,202	14,954	(20,035)	371,430
Expenses:								
Salaries and benefits	207,982	-	-	207,982	46,635	2,576	-	257,193
Supplies	41,231	-	-	41,231	32	6,317	-	47,580
Purchased services	19,860	5,391	(5,168)	20,083	1,187	324	(80)	21,514
Professional fees	24,383	-	-	24,383	-	-	(19,823)	4,560
State assessment	5,443	-	-	5,443	-	-	-	5,443
Depreciation	31,004	-	-	31,004	-	208	-	31,212
Other	28,815	443	70	29,328	1,334	2,327	(132)	32,857
Total expenses	358,718	5,834	(5,098)	359,454	49,188	11,752	(20,035)	400,359
Excess of (expenses over revenue) revenue over expenses before other income (loss)	(29,513)	(2,632)	-	(32,145)	14	3,202	-	(28,929)
Other income (loss):								
Investment income, net	36,768	84	-	36,852	(14)	559	-	37,397
Other, net	(2,791)	-	-	(2,791)	-	-	-	(2,791)
Excess of revenue over expenses (expenses over revenue)	\$ 4,464	\$ (2,548)	\$ -	\$ 1,916	\$ -	\$ 3,761	\$ -	\$ 5,677

Dayton Children's Hospital and Subsidiaries

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

Year Ended June 30, 2018

	Dayton Children's Hospital	Dayton Children's Hospital Foundation	Eliminations	DCH Obligated Group	CCG and CAG	Other	Eliminations	Consolidated
Unrestricted net assets								
Excess of revenue over expenses (expenses over revenue)	\$ 4,464	\$ (2,548)	\$ -	\$ 1,916	\$ -	\$ 3,761	\$ -	\$ 5,677
Change in pension plan obligation and plan assets	4,532	-	-	4,532	-	-	-	4,532
Transfers	141,995	(140,029)	-	1,966	(1,296)	-	(670)	-
Net assets released from restrictions used for purchase of property and equipment and other	13,367	-	-	13,367	-	-	-	13,367
Increase (decrease) in unrestricted net assets	164,358	(142,577)	-	21,781	(1,296)	3,761	(670)	23,576
Temporarily restricted net assets								
Contributions and investment income	3,191	193	-	3,384	-	-	-	3,384
Transfers	(3,707)	3,707	-	-	-	-	-	-
Net assets released from restrictions	(14,098)	-	-	(14,098)	-	-	-	(14,098)
(Decrease) increase in temporarily restricted net assets	(14,614)	3,900	-	(10,714)	-	-	-	(10,714)
Increase (decrease) in net assets	149,744	(138,677)	-	11,067	(1,296)	3,761	(670)	12,862
Net assets at beginning of year	579,078	258,844	-	837,922	767	16,625	(21,368)	833,946
Net assets (deficit) at end of year	<u>\$ 728,822</u>	<u>\$ 120,167</u>	<u>\$ -</u>	<u>\$ 848,989</u>	<u>\$ (529)</u>	<u>\$ 20,386</u>	<u>\$ (22,038)</u>	<u>\$ 846,808</u>

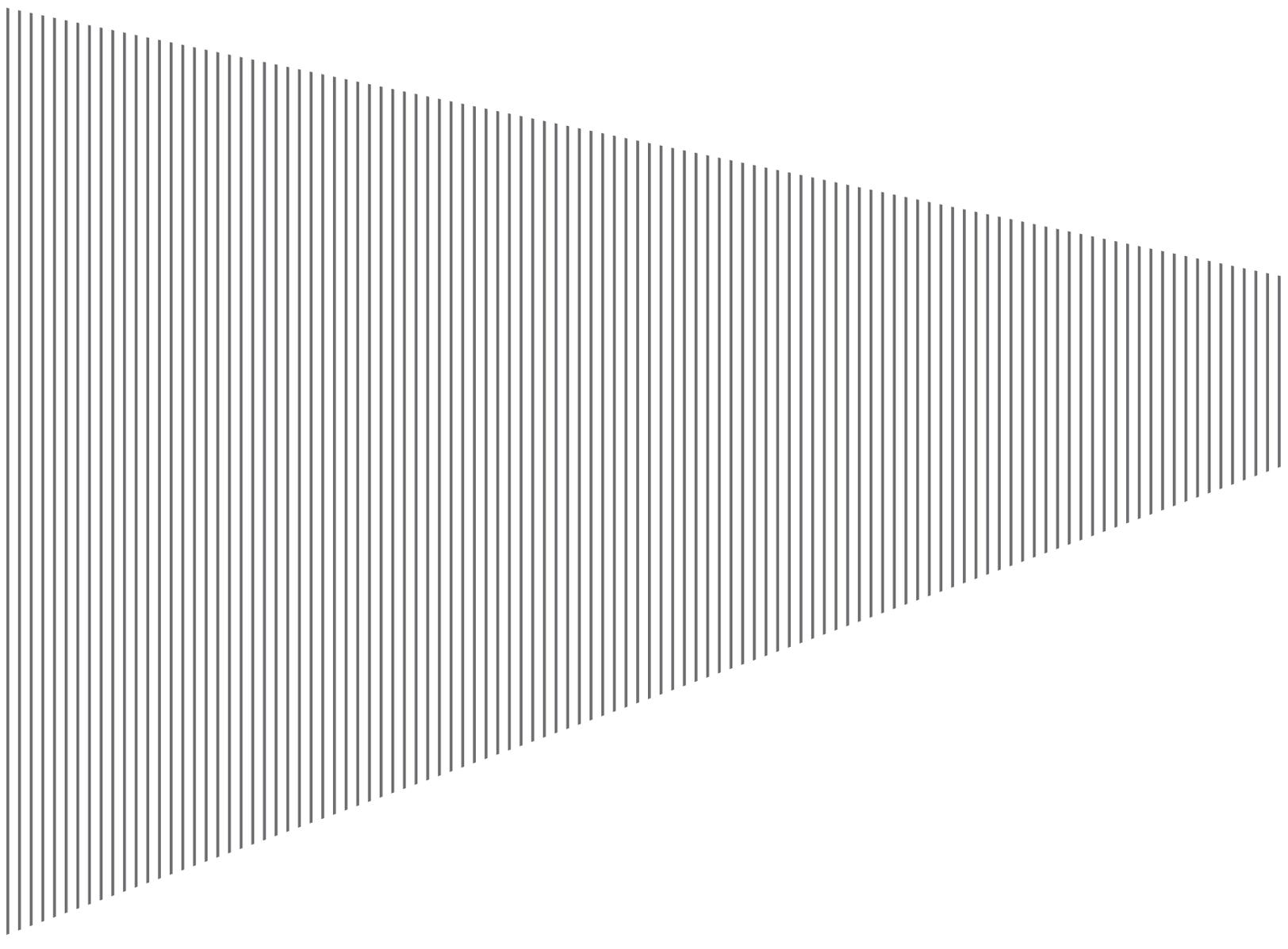
About EY

EY is a global leader in assurance, tax, transaction and advisory services. The insights and quality services we deliver help build trust and confidence in the capital markets and in economies the world over. We develop outstanding leaders who team to deliver on our promises to all of our stakeholders. In so doing, we play a critical role in building a better working world for our people, for our clients and for our communities.

EY refers to the global organization, and may refer to one or more, of the member firms of Ernst & Young Global Limited, each of which is a separate legal entity. Ernst & Young Global Limited, a UK company limited by guarantee, does not provide services to clients. For more information about our organization, please visit ey.com.

© 2018 Ernst & Young LLP.
All Rights Reserved.

ey.com



Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0687

For calendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, 2018

2017

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets; D Employer identification number 31-0672132; E Unrelated business activity codes; F Group exemption number; G Check organization type 501(c) corporation; H Describe the organization's primary unrelated business activity SEE STATEMENT 1; I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No; J The books are in care of CHRIS BERGMAN Telephone number 937-641-5819

Part I Unrelated Trade or Business Income header with columns (A) Income, (B) Expenses, (C) Net

Table for Part I Unrelated Trade or Business Income with rows 1a through 13. Total income of 159,515.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table for Part II Deductions Not Taken Elsewhere with rows 14 through 34. Total deductions of 0, resulting in unrelated business taxable income of 158,515.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:			
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
c	Income tax on the amount on line 34 SEE STATEMENT 3	35c	39,228.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041)		36	
37 Proxy tax. See instructions		37	
38 Alternative minimum tax		38	
39 Tax on Non-Compliant Facility Income. See instructions		39	
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	39,228.

Part IV Tax and Payments

41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	
b	Other credits (see instructions)	41b	
c	General business credit. Attach Form 3800	41c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
e	Total credits. Add lines 41a through 41d	41e	
42	Subtract line 41e from line 40	42	39,228.
43	Other taxes. Check if from: Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43	
44	Total tax. Add lines 42 and 43	44	39,228.
45a	Payments: A 2016 overpayment credited to 2017	45a	
b	2017 estimated tax payments	45b	
c	Tax deposited with Form 8868	45c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d	
e	Backup withholding (see instructions)	45e	
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f	
g	Other credits and payments: Form 2439 _____ Other _____ Total	45g	
46	Total payments. Add lines 45a through 45g	46	
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached	47	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	39,228.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax Refunded	50	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here BERMUDA	Yes	No
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: _____ Date: _____
 Title: **VP FINANCE AND CFO**

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
KAREN O CRIM	<i>Karen O. Crim</i>	5/14/19		P00368385
Firm's name	Firm's EIN		Firm's address	
RSM US LLP	42-0714325		6 S PATTERSON BLVD	
Firm's address			Phone no.	
DAYTON, OH 45402			937-289-0201	

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes	No	
4a	Additional section 263A costs (attach schedule)	4a							
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Alternative Minimum Tax - Corporations

▶ Attach to the corporation's tax return.

▶ Go to www.irs.gov/Form4626 for instructions and the latest information.

2017

Name DAYTON CHILDREN'S HOSPITAL		Employer identification number 31-0672132
Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).		
1	Taxable income or (loss) before net operating loss deduction	158,515.
2	Adjustments and preferences:	
a	Depreciation of post-1986 property	
b	Amortization of certified pollution control facilities	
c	Amortization of mining exploration and development costs	
d	Amortization of circulation expenditures (personal holding companies only)	
e	Adjusted gain or loss	
f	Long-term contracts	
g	Merchant marine capital construction funds	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	
i	Tax shelter farm activities (personal service corporations only)	
j	Passive activities (closely held corporations and personal service corporations only)	
k	Loss limitations	
l	Depletion	
m	Tax-exempt interest income from specified private activity bonds	
n	Intangible drilling costs	
o	Other adjustments and preferences	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	158,515.
4	Adjusted current earnings (ACE) adjustment:	
a	ACE from line 10 of the ACE worksheet in the instructions	4a 158,515.
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	4b 0.
c	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note: You must enter an amount on line 4d (even if line 4b is positive)	4d
e	ACE adjustment. <ul style="list-style-type: none"> If line 4b is zero or more, enter the amount from line 4c If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount 	4e 0.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	5 158,515.
6	Alternative tax net operating loss deduction. See instructions	6
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	7 158,515.
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):	
a	Subtract \$150,000 from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	8a 8,515.
b	Multiply line 8a by 25% (0.25)	8b 2,129.
c	Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0-	8c 37,871.
9	Subtract line 8c from line 7. If zero or less, enter -0-	9 120,644.
10	Multiply line 9 by 20% (0.20)	10 24,129.
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions	11
12	Tentative minimum tax. Subtract line 11 from line 10 STMT 4 BLENDED RATE	12 12,164.
13	Regular tax liability before applying all credits except the foreign tax credit	13 39,228.
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	14 0.

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2017)

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions.

1	Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626		1	158,515.
2	ACE depreciation adjustment:			
a	AMT depreciation	2a		
b	ACE depreciation:			
(1)	Post-1993 property	2b(1)		
(2)	Post-1989, pre-1994 property	2b(2)		
(3)	Pre-1990 MACRS property	2b(3)		
(4)	Pre-1990 original ACRS property	2b(4)		
(5)	Property described in sections 168(f)(1) through (4)	2b(5)		
(6)	Other property	2b(6)		
(7)	Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7)		
c	ACE depreciation adjustment. Subtract line 2b(7) from line 2a		2c	
3	Inclusion in ACE of items included in earnings and profits (E&P):			
a	Tax-exempt interest income	3a		
b	Death benefits from life insurance contracts	3b		
c	All other distributions from life insurance contracts (including surrenders)	3c		
d	Inside buildup of undistributed income in life insurance contracts	3d		
e	Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e		
f	Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e		3f	
4	Disallowance of items not deductible from E&P:			
a	Certain dividends received	4a		
b	Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P.L. 113-295, Div. A, section 221(a)(41)(A), Dec. 19, 2014, 128 Stat. 4043)	4b		
c	Dividends paid to an ESOP that are deductible under section 404(k)	4c		
d	Nonpatronage dividends that are paid and deductible under section 1382(c)	4d		
e	Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	4e		
f	Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e		4f	
5	Other adjustments based on rules for figuring E&P:			
a	Intangible drilling costs	5a		
b	Circulation expenditures	5b		
c	Organizational expenditures	5c		
d	LIFO inventory adjustments	5d		
e	Installment sales	5e		
f	Total other E&P adjustments. Combine lines 5a through 5e		5f	
6	Disallowance of loss on exchange of debt pools		6	
7	Acquisition expenses of life insurance companies for qualified foreign contracts		7	
8	Depletion		8	
9	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property		9	
10	Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626		10	158,515.

FORM 990-T	LINE 35C TAX COMPUTATION	STATEMENT 3
1.	TAXABLE INCOME	158,515
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT . .	50,000
3.	LINE 1 LESS LINE 2	108,515
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT . .	25,000
5.	LINE 3 LESS LINE 4	83,515
6.	INCOME SUBJECT TO 34% TAX RATE	83,515
7.	INCOME SUBJECT TO 35% TAX RATE	0
8.	15 PERCENT OF LINE 2	7,500
9.	25 PERCENT OF LINE 4	6,250
10.	34 PERCENT OF LINE 6	28,395
11.	35 PERCENT OF LINE 7	0
12.	ADDITIONAL 5% SURTAX	2,926
13.	ADDITIONAL 3% SURTAX	0
14.	TOTAL INCOME TAX	<u><u>45,071</u></u>
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017	<u><u>33,288</u></u>
	DAYS	
16.	TAX PRORATED FOR NUMBER OF DAYS IN 2017 184	22,721
17.	TAX PRORATED FOR NUMBER OF DAYS IN 2018 181	16,507
18.	TOTAL TAX PRORATED	<u><u>39,228</u></u>

TENTATIVE MINIMUM TAX (TMT) PRORATION

STATEMENT 4

TENTATIVE MINIMUM TAX FOR THE ENTIRE YEAR . . .	24,129.	
	<u>24,129.</u>	
TMT IN EFFECT BEFORE 01/01/2018	24,129.	
	<u>24,129.</u>	
TMT IN EFFECT AFTER 12/31/2017	0.	
	<u>0.</u>	
		DAYS
TMT PRORATED FOR NUMBER OF DAYS IN 2017 . . 184	12,164.	
TMT PRORATED FOR NUMBER OF DAYS IN 2018 . . 181	0.	
	<u>0.</u>	
TMT PRORATED 365		<u>12,164.</u>

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

Note: Generally, the corporation isn't required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment			
1 Total tax (see instructions)		1	39,228.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)	2c		
d Total. Add lines 2a through 2c		2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation doesn't owe the penalty		3	39,228.
4 Enter the tax shown on the corporation's 2016 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	39,228.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it doesn't owe a penalty. See instructions.

6 The corporation is using the adjusted seasonal installment method.

7 The corporation is using the annualized income installment method.

8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment		(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	10/15/17	12/15/17	03/15/18	06/15/18
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	9,807.	9,807.	9,807.	9,807.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11				
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12				
13 Add lines 11 and 12	13				
14 Add amounts on lines 16 and 17 of the preceding column	14		9,807.	19,614.	29,421.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		9,807.	19,614.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	9,807.	9,807.	9,807.	9,807.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C Corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions 19				
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2017 and before 7/1/2017	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 4\% (0.04)}{365}$...	22 \$	\$	\$	\$
23 Number of days on line 20 after 06/30/2017 and before 10/1/2017 ...	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 4\% (0.04)}{365}$...	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2017 and before 1/1/2018	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 4\% (0.04)}{365}$...	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2017 and before 4/1/2018 ...	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 4\% (0.04)}{365}$...	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2018 and before 7/1/2018	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2018 and before 10/1/2018 ...	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2018 and before 1/1/2019	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2018 and before 3/16/2019 ...	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns	38 \$			1,439.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form **5471**

Information Return of U.S. Persons With Respect To Certain Foreign Corporations

OMB No. 1545-0704

(Rev. December 2015)
Department of the Treasury
Internal Revenue Service

▶ For more information about Form 5471, see www.irs.gov/form5471
Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning **JUL 1, 2017**, and ending **JUN 30, 2018**

Attachment
Sequence No. **121**

Name of person filing this return DAYTON CHILDREN'S HOSPITAL <small>Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)</small> ONE CHILDRENS PLAZA City or town, state, and ZIP code DAYTON, OH 45404-1815	A Identifying number 31-0672132 B Category of filer (See instructions. Check applicable box(es)): 1 (repealed) 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period 100.00 %
Filer's tax year beginning JUL 1, 2017 , and ending JUN 30, 2018	
D Check if any excepted specified foreign financial assets are reported on this form (see instructions) <input type="checkbox"/>	

E Person(s) on whose behalf this information return is filed:

STMT 5 (1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director
CHILDREN'S HOME CARE	ONE CHILDREN'S PLAZA DAYTON OH 45404	31-1356037	X		
DAYTON CHILDREN'S HOSPITAL FOUNDATION	ONE CHILDREN'S PLAZA DAYTON OH 45404	31-1045247	X		

Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated.

1a Name and address of foreign corporation PEDIATRIC ASSURANCE COMPANY, LTD BUTTERFIELD BANK BLDG, 6TH FLOOR, 65 FRONT STRE HAMILTON HM12 BERMUDA				b(1) Employer identification number, if any 98-0478183 b(2) Reference ID number (see instructions) c Country under whose laws incorporated BERMUDA	
d Date of incorporation	e Principal place of business	f Principal business activity code number	g Principal business activity	h Functional currency	
07/26/92	BERMUDA	524140	INSURANCE	UNITED STATES, DOLLAR	

2 Provide the following information for the foreign corporation's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States		b If a U.S. income tax return was filed, enter: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">(i) Taxable income or (loss)</td> <td style="width:50%;">(ii) U.S. income tax paid (after all credits)</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>		(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)		
(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)						
c Name and address of foreign corporation's statutory or resident agent in country of incorporation INDEPENDENT MANAGEMENT GROUP, LTD P.O. BOX HM 2087 HMX HAMILTON BERMUDA		d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different					

Schedule A Stock of the Foreign Corporation		
(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
COMMON	120,000	120,000

LHA For Paperwork Reduction Act Notice, see instructions.

Form **5471** (Rev. 12-2015)

Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued

	(a) Name of country or U.S. possession	Amount of tax		
		(b) In foreign currency	(c) Conversion rate	(d) In U.S. dollars
1	U.S.			
2				
3				
4				
5				
6				
7				
8	Total			

Schedule F Balance Sheet

Important: Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	5,158,986.	489,492.
2a	Trade notes and accounts receivable		
b	Less allowance for bad debts	()	()
3	Inventories		
4	Other current assets (attach statement) SEE STATEMENT 8	4,500,000.	3,462,299.
5	Loans to shareholders and other related persons		
6	Investment in subsidiaries (attach statement)		
7	Other investments (attach statement) SEE STATEMENT 9	9,840,253.	12,532,064.
8a	Buildings and other depreciable assets		
b	Less accumulated depreciation	()	()
9a	Depletable assets		
b	Less accumulated depletion	()	()
10	Land (net of any amortization)		
11	Intangible assets:		
a	Goodwill		
b	Organization costs		
c	Patents, trademarks, and other intangible assets		
d	Less accumulated amortization for lines 11a, b, and c	()	()
12	Other assets (attach statement) SEE STATEMENT 10	24,969.	27,930.
13	Total assets	19,524,208.	16,511,785.
Liabilities and Shareholders' Equity			
14	Accounts payable		
15	Other current liabilities (attach statement)		
16	Loans from shareholders and other related persons		
17	Other liabilities (attach statement) SEE STATEMENT 11	11,256,615.	7,565,429.
18	Capital stock:		
a	Preferred stock		
b	Common stock	120,000.	120,000.
19	Paid-in or capital surplus (attach reconciliation) SEE STATEMENT 12	834,453.	834,453.
20	Retained earnings	7,313,140.	7,991,903.
21	Less cost of treasury stock	()	()
22	Total liabilities and shareholders' equity	19,524,208.	16,511,785.

Schedule G Other Information

	Yes	No
1 During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," see the instructions for required statement.		
2 During the tax year, did the foreign corporation own an interest in any trust?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," you are generally required to attach Form 8858 for each entity (see instructions).		
4 During the tax year, was the foreign corporation a participant in any cost sharing arrangement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		
7 During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Schedule H Current Earnings and Profits

Important: Enter the amounts on lines 1 through 5c in functional currency.

1 Current year net income or (loss) per foreign books of account	1	678,763.
2 Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):		
	Net Additions	Net Subtractions
a Capital gains or losses		
b Depreciation and amortization		
c Depletion		
d Investment or incentive allowance		
e Charges to statutory reserves		
f Inventory adjustments		
g Taxes		
h Other (attach statement)	365,000.	1,560,003.
3 Total net additions	365,000.	
4 Total net subtractions		1,560,003.
5a Current earnings and profits (line 1 plus line 3 minus line 4)	5a	-516,240.
b DASTM gain or (loss) for foreign corporations that use DASTM	5b	
c Combine lines 5a and 5b	5c	-516,240.
d Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations)	5d	

Enter exchange rate used for line 5d ▶

Schedule I Summary of Shareholder's Income From Foreign Corporation

If item E on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This schedule I is being completed for:

Name of U.S. shareholder ▶	Identifying number ▶
1 Subpart F income (line 38b, Worksheet A in the instructions)	1
2 Earnings invested in U.S. property (line 17, Worksheet B in the instructions)	2
3 Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions)	3
4 Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions)	4
5 Factoring income	5
6 Total of lines 1 through 5. Enter here and on your income tax return	6
7 Dividends received (translated at spot rate on payment date under section 989(b)(1))	7
8 Exchange gain or (loss) on a distribution of previously taxed income	8

• Was any income of the foreign corporation blocked?	Yes	No
• Did any such income become unblocked during the tax year (see section 964(b))?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If the answer to either question is "Yes," attach an explanation.

FORM 5471

PERSON(S) ON WHOSE BEHALF THIS
INFORMATION RETURN IS FILED

STATEMENT 5

(1) NAME	(2) ADDRESS	(3) IDENTIFYING NUMBER	(4) CHECK APPLI- CABLE BOX(ES)		
			SHR- HLDR	OFFI- -CER	DIREC -TOR
CHILDREN'S CARE GROUP	ONE CHILDREN'S PLAZA DAYTON OH 45404	31-1411364	X		
CHILDREN ANESTHESIA	ONE CHILDREN'S PLAZA DAYTON OH 45404	26-0887231	X		
CHILDREN'S ORTHO CENTER	ONE CHILDREN'S PLAZA DAYTON OH 45404	45-3934418	X		
CAREHOUSE, LLC	ONE CHILDREN'S PLAZA DAYTON OH 45404	46-3722155			

FORM 5471

OTHER INCOME

STATEMENT 6

DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
OTHER INCOME			1,364,925.
UNREALIZED LOSS ON INVESTMENT			195,078.
TOTAL TO 5471, SCHEDULE C, LINE 8			1,560,003.

FORM 5471

OTHER DEDUCTIONS

STATEMENT 7

DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
MANAGEMENT FEES			50,508.
LEGAL AND SECRETARIAL FEES			12,916.
AUDIT FEES			27,800.
ACTUARIAL FEES			28,174.
GOVERNMENT LICENSES			6,871.
BANK CHARGES			444.
INVESTMENT MANAGEMENT FEES			13,008.
COMPUTER EXPENSE			34,160.
TRAVEL			-22,197.
OFFICE EXPENSE			3,464.
CLAIMS AND CLAIMS EXPENSE			1,860,231.
MOVEMENT IN CLAIM RESERVE			-740,025.
CONSULTING FEES			54,639.
MISCELLANEOUS			
TOTAL TO 5471, SCHEDULE C, LINE 16			1,329,993.

FORM 5471

OTHER CURRENT ASSETS

STATEMENT 8

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
REINSURANCE RECEIVABLE	4,500,000.	1,732,374.
INSURANCE BALANCES RECEIVABLE	0.	1,729,925.
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 4	4,500,000.	3,462,299.

FORM 5471

OTHER INVESTMENTS

STATEMENT 9

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
FIXED INTEREST SECURITIES	1,165,142.	1,164,398.
MUTUAL FUND	2,093,825.	11,354,078.
INTEREST RECEIVABLE	8,237.	13,588.
U.S. EQUITIES	6,573,049.	0.
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 7	9,840,253.	12,532,064.

FORM 5471

OTHER ASSETS

STATEMENT 10

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
PREPAID EXPENSES	24,969.	27,930.
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 12	24,969.	27,930.

FORM 5471

OTHER LIABILITIES

STATEMENT 11

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
LOSSES AND LOSS EXPENSE	6,711,161.	5,403,510.
ACCRUED EXPENSES	102,081.	64,517.
DIVIDEND PAYABLE	243,373.	233,952.
INSURANCE BALANCE PAYABLE	4,200,000.	1,843,466.
DUE TO BROKERS FOR INVESTMENT TRADES	0.	19,984.
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 17	11,256,615.	7,565,429.

FORM 5471

RECONCILIATION OF PAID-IN OR CAPITAL SURPLUS

STATEMENT 12

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
ADDITIONAL PAID IN CAPITAL	834,453.	834,453.

FORM 5471

OTHER NET ADJUSTMENTS

STATEMENT 13

DESCRIPTION	NET ADDITIONS	NET SUBTRACTIONS
UNREALIZED GAIN ON INVESTMENT		195,078.
OTHER INCOME		1,364,925.
PREMIUMS PAID (NON-INSURANCE)	365,000.	
TOTAL TO 5471, PAGE 4, SCHEDULE H, LINE 2H	365,000.	1,560,003.

**SCHEDULE J
(Form 5471)**

(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

**Accumulated Earnings and Profits (E&P)
of Controlled Foreign Corporation**

► Information about Schedule J (Form 5471) and its instructions is at www.irs.gov/form5471.
► Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471

Identifying number

DAYTON CHILDREN'S HOSPITAL

31-0672132

Name of foreign corporation

EIN (if any)

Reference ID number

PEDIATRIC ASSURANCE COMPANY, LTD

98-0478183

Important: Enter amounts in functional currency.	(a) Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance)	(b) Pre-1987 E&P Not Previously Taxed (pre-87 section 959(c)(3) balance)	(c) Previously Taxed E&P (sections 959(c)(1) and (2) balances)			(d) Total Section 964(a) E&P (combine columns (a), (b), and (c))
			(i) Earnings Invested in U.S. Property	(ii) Earnings Invested in Excess Passive Assets	(iii) Subpart F Income	
1 Balance at beginning of year	0.				0.	
2a Current year E&P						
b Current year deficit in E&P	516,240.					
3 Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b)	-516,240.					
4 Amounts included under section 951(a) or reclassified under section 959(c) in current year	-516,240.					
5a Actual distributions or reclassifications of previously taxed E&P						
b Actual distributions of nonpreviously taxed E&P						
6a Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)						
b Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)						
7 Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule J (Form 5471) (Rev. 12-2012)

**SCHEDULE M
(Form 5471)**

(Rev. December 2012)

Department of the Treasury
Internal Revenue Service

**Transactions Between Controlled Foreign Corporation
and Shareholders or Other Related Persons**

OMB No. 1545-0704

► Information about Schedule M (Form 5471) and its instructions is at www.irs.gov/form5471.

► Attach to Form 5471.

Name of person filing Form 5471 **DAYTON CHILDREN'S HOSPITAL** Identifying number **31-0672132**

Name of foreign corporation **PEDIATRIC ASSURANCE COMPANY, LTD** EIN (if any) **98-0478183** Reference ID number

Important: Complete a separate Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.

Enter the relevant functional currency and the exchange rate used throughout this schedule ► **UNITED STATES, DOLLAR**

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory) ...					
2 Sales of tangible property other than stock in trade					
3 Sales of property rights (patents, trademarks, etc.)					
4 Platform contribution transaction payments received					
5 Cost sharing transaction payments received					
6 Compensation received for technical, managerial, engineering, construction, or like services					
7 Commissions received					
8 Rents, royalties, and license fees received					
9 Dividends received (exclude deemed distributions under subpart F and distributions of previously taxed income)					
10 Interest received					
11 Premiums received for insurance or reinsurance					
12 Add lines 1 through 11					
13 Purchases of stock in trade (inventory)					
14 Purchases of tangible property other than stock in trade					
15 Purchases of property rights (patents, trademarks, etc.)					
16 Platform contribution transaction payments paid					
17 Cost sharing transaction payments paid					
18 Compensation paid for technical, managerial, engineering, construction, or like services					
19 Commissions paid					
20 Rents, royalties, and license fees paid					
21 Dividends paid					
22 Interest paid					
23 Premiums paid for insurance or reinsurance					
24 Add lines 13 through 23					
25 Amounts borrowed (enter the maximum loan balance during the year) - see instr.					
26 Amounts loaned (enter the maximum loan balance during the year) - see instr.					

**SCHEDULE O
(Form 5471)**

(Rev. December 2012)

Department of the Treasury
Internal Revenue Service

Organization or Reorganization of Foreign Corporation, and Acquisitions and Dispositions of its Stock

Information about Schedule O (Form 5471) and its instructions is at www.irs.gov/form5471

▶ Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471 DAYTON CHILDREN'S HOSPITAL		Identifying number 31-0672132
Name of foreign corporation PEDIATRIC ASSURANCE COMPANY, LTD	EIN (if any) 98-0478183	Reference ID number

Important: Complete a separate Schedule O for each foreign corporation for which information must be reported.

Part I To Be Completed by U.S. Officers and Directors				
(a) Name of shareholder for whom acquisition information is reported	(b) Address of shareholder	(c) Identifying number of shareholder	(d) Date of original 10% acquisition	(e) Date of additional 10% acquisition

Part II To Be Completed by U.S. Shareholders
Note: If this return is required because one or more shareholders became U.S. persons, attach a list showing the names of such persons and the date each became a U.S. person.

Section A - General Shareholder Information				
(a) Name, address, and identifying number of shareholder(s) filing this schedule	(b) For shareholder's latest U.S. income tax return filed, indicate:			(c) Date (if any) shareholder last filed information return under section 6046 for the foreign corporation
	(1) Type of return (enter form number)	(2) Date return filed	(3) Internal Revenue Service Center where filed	

Section B - U.S. Persons Who Are Officers or Directors of the Foreign Corporation				
(a) Name of U.S. officer or director	(b) Address	(c) Social security number	(d) Check appropriate box(es)	
			Officer	Director

Section C - Acquisition of Stock						
(a) Name of shareholder(s) filing this schedule	(b) Class of stock acquired	(c) Date of acquisition	(d) Method of acquisition	(e) Number of shares acquired		
				(1) Directly	(2) Indirectly	(3) Constructively

(f) Amount paid or value given	(g) Name and address of person from whom shares were acquired

Section D - Disposition of Stock

(a) Name of shareholder disposing of stock	(b) Class of stock	(c) Date of disposition	(d) Method of disposition	(e) Number of shares disposed of		
				(1) Directly	(2) Indirectly	(3) Constructively

(f) Amount received	(g) Name and address of person to whom disposition of stock was made

Section E - Organization or Reorganization of Foreign Corporation

(a) Name and address of transferor	(b) Identifying number (if any)	(c) Date of transfer
DAYTON CHILDREN'S HOSPIT ONE CHILDREN'S PLAZA DAYTON OH 45404-1815	31-0672132	

(d) Assets transferred to foreign corporation			(e) Description of assets transferred by, or notes or securities issued by, foreign corporation
(1) Description of assets	(2) Fair market value	(3) Adjusted basis (if transferor was U.S. person)	
CASH	1,729,925.	1,729,925.	SECTION 351-SEE ATTACH.

Section F - Additional Information

(a) If the foreign corporation or a predecessor U.S. corporation filed (or joined with a consolidated group in filing) a U.S. income tax return for any of the last 3 years, attach a statement indicating the year for which a return was filed (and, if applicable, the name of the corporation filing the consolidated return), the taxable income or loss, and the U.S. income tax paid (after all credits).

(b) List the date of any reorganization of the foreign corporation that occurred during the last 4 years while any U.S. person held 10% or more in value or vote (directly or indirectly) of the corporation's stock ►

(c) If the foreign corporation is a member of a group constituting a chain of ownership, attach a chart, for each unit of which a shareholder owns 10% or more in value or voting power of the outstanding stock. The chart must indicate the corporation's position in the chain of ownership and the percentages of stock ownership (see instructions for an example).

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment
 Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor DAYTON CHILDREN'S HOSPITAL	Identifying number (see instructions) 31-0672132
---	--

- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? Yes No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) PEDIATRIC ASSURANCE COMPANY, LTD	4a Identifying number, if any 98-0478183
--	---

5 Address (including country) BUTTERFIELD BANK BLDG, 6TH FLOOR 65 FRONT ST. HAMILTON, BERMUDA	4b Reference ID number
--	-------------------------------

6 Country code of country of incorporation or organization
BD

7 Foreign law characterization (see instructions)
CORPORATION

- 8** Is the transferee foreign corporation a controlled foreign corporation? Yes No

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 12-2017)

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash, Stock, and Securities

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			1,729,925.		
Stock and securities (other than those that qualify as eligible property under Regs. sec. 1.367(a)-2(b)(3))					

9 Was cash the only property transferred? Yes No
 If "Yes," skip the remainder of Part III and go to Part IV.

10 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? Yes No

Section B - Property qualifying for Active Trade or Business exception under Regs. sec. 1.367(a)-2(a)(2)(i) and (ii)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Tangible property (not listed under another category)					
Working interest in oil and gas property (as described in Regs. sec. 1.367(a)-2(b)(2) and (f))					
Financial asset (as described in Regs. sec. 1.367(a)-2(b)(3))					
Certain tangible property to be leased (see Regs. sec. 1.367(a)-2(e))					
Totals					

* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

Section C - Property not qualifying for Active Trade or Business exception (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Inventory					
Installment obligations, etc. (as described in Regs. sec. 1.367(a)-2(c)(2))					
Nonfunctional currency, etc. (as described in Regs. sec. 1.367(a)-2(c)(3))					
Certain leased tangible property (as described in Regs. sec. 1.367(a)-2(c)(4))					
Certain property to be retransferred (see Regs. sec. 1.367(a)-2(g))					
Property described in Regs. sec. 1.6038B-1(c)(4)(iv)					
Property described in Regs. sec. 1.6038B-1(c)(4)(vii)					
Totals					

* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

- 11** Did the transferor transfer assets that qualify for the trade or business exception under section 367(a)(3)? Yes No
- 12** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-2 through 1.367(a)-7 for any of the following.
- a** Transfer of property subject to section 367(a)(1) gain recognition Yes No
 - b** Depreciation recapture Yes No
 - c** Branch loss recapture Yes No
 - d** If the answer to 12c is "Yes," enter the amount of foreign branch loss recapture \$ _____
 - e** Any other income recognition provision contained in the above-referenced regulations Yes No
- If the answer to line 12a, 12b, 12c, or 12e is "Yes," see instructions for information that must be included in the *Supplemental Part III Information Required To Be Reported* section below.

Section D - Intangible property under Regs. sec. 1.367(a)-1(d)(5)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 936(h)(3)(B)						
Property subject to sec. 367(d) pursuant to Regs. sec. 1.367(a)-1(b)(5)						
Totals						

- 13 a Did the transferor transfer property described in section 936(h)(3)(B) (not including section 1221(a)(3) property or a working interest in oil and gas property)? Yes No
- b If the answer to line 13a is "Yes," enter the total amount included in income under section 367(d), if any, for the transfer of all such property on the income tax return for the year of the transfer ► \$ _____
- 14 a Did the transferor apply section 367(d) to a transfer of any property pursuant to Regulations section 1.367(a)-1(b)(5)? Yes No
- b If the answer to line 14a is "Yes," enter the total amount included in income under section 367(d), if any, for the transfer of all such property on the income tax return for the year of the transfer ► \$ _____
- c If the answer to line 14a is "No," did the transferor transfer any property for which it could have applied section 367(d) pursuant to Regulations section 1.367(a)-1(b)(5) but did not? Yes No
- d If the answer to line 14c is "Yes," enter the total amount of gain recognized, if any, under section 367(a)(1) on the transfer of all such property on the income tax return for the year of the transfer ► \$ _____
- 15 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed twenty years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 15c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ _____
- 16 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

- 17 Enter the transferor's interest in the foreign transferee corporation before and after the transfer.
(a) Before 100.000 % (b) After 100.000 %
- 18 Type of nonrecognition transaction (see instructions) ► IRC SECTION 351
- 19 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 20 Did this transfer result from a change in entity classification? Yes No
- 21 a Did a domestic corporation make a distribution of property covered by section 367(e)(2) (see instructions)? Yes No
If "Yes," complete lines 21b and 21c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ _____
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Part I U.S. Transferor Information (see instructions)

Name of transferor DAYTON CHILDREN'S HOSPITAL	Identifying number (see instructions) 31-0672132
---	--

- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? Yes No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) HIRTLE CALLAGHAN PRIVATE EQUITY OFFSHORE FUND IX LTD	4a Identifying number, if any 98-1159136
---	--

5 Address (including country) PO BOX 309 GT UGLAND HOUSE, SOUTH CHURCH STREET GEORGE TOWN, CAYMAN ISLANDS CAYMAN ISLANDS	4b Reference ID number
---	------------------------

6 Country code of country of incorporation or organization
CJ

7 Foreign law characterization (see instructions)
CORPORATION

- 8** Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash, Stock, and Securities

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			3,074,345.		
Stock and securities (other than those that qualify as eligible property under Regs. sec. 1.367(a)-2(b)(3))					

9 Was cash the only property transferred? Yes No
If "Yes," skip the remainder of Part III and go to Part IV.

10 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? Yes No

Section B - Property qualifying for Active Trade or Business exception under Regs. sec. 1.367(a)-2(a)(2)(i) and (ii)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Tangible property (not listed under another category)					
Working interest in oil and gas property (as described in Regs. sec. 1.367(a)-2(b)(2) and (f))					
Financial asset (as described in Regs. sec. 1.367(a)-2(b)(3))					
Certain tangible property to be leased (see Regs. sec. 1.367(a)-2(e))					
Totals					

* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

Section C - Property not qualifying for Active Trade or Business exception (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Inventory					
Installment obligations, etc. (as described in Regs. sec. 1.367(a)-2(c)(2))					
Nonfunctional currency, etc. (as described in Regs. sec. 1.367(a)-2(c)(3))					
Certain leased tangible property (as described in Regs. sec. 1.367(a)-2(c)(4))					
Certain property to be retransferred (see Regs. sec. 1.367(a)-2(g))					
Property described in Regs. sec. 1.6038B-1(c)(4)(iv)					
Property described in Regs. sec. 1.6038B-1(c)(4)(vii)					
Totals					

* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

- 11** Did the transferor transfer assets that qualify for the trade or business exception under section 367(a)(3)? Yes No
- 12** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-2 through 1.367(a)-7 for any of the following.
- a** Transfer of property subject to section 367(a)(1) gain recognition Yes No
 - b** Depreciation recapture Yes No
 - c** Branch loss recapture Yes No
 - d** If the answer to 12c is "Yes," enter the amount of foreign branch loss recapture \$ _____
 - e** Any other income recognition provision contained in the above-referenced regulations Yes No
- If the answer to line 12a, 12b, 12c, or 12e is "Yes," see instructions for information that must be included in the *Supplemental Part III Information Required To Be Reported* section below.

Section D - Intangible property under Regs. sec. 1.367(a)-1(d)(5)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 936(h)(3)(B)						
Property subject to sec. 367(d) pursuant to Regs. sec. 1.367(a)-1(b)(5)						
Totals						

- 13 a Did the transferor transfer property described in section 936(h)(3)(B) (not including section 1221(a)(3) property or a working interest in oil and gas property)? Yes No
- b If the answer to line 13a is "Yes," enter the total amount included in income under section 367(d), if any, for the transfer of all such property on the income tax return for the year of the transfer ► \$ _____
- 14 a Did the transferor apply section 367(d) to a transfer of any property pursuant to Regulations section 1.367(a)-1(b)(5)? Yes No
- b If the answer to line 14a is "Yes," enter the total amount included in income under section 367(d), if any, for the transfer of all such property on the income tax return for the year of the transfer ► \$ _____
- c If the answer to line 14a is "No," did the transferor transfer any property for which it could have applied section 367(d) pursuant to Regulations section 1.367(a)-1(b)(5) but did not? Yes No
- d If the answer to line 14c is "Yes," enter the total amount of gain recognized, if any, under section 367(a)(1) on the transfer of all such property on the income tax return for the year of the transfer ► \$ _____
- 15 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed twenty years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 15c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ _____
- 16 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

- 17 Enter the transferor's interest in the foreign transferee corporation before and after the transfer.
(a) Before 5.014 % (b) After 5.515 %
- 18 Type of nonrecognition transaction (see instructions) ► IRC SECTION 351
- 19 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 20 Did this transfer result from a change in entity classification? Yes No
- 21 a Did a domestic corporation make a distribution of property covered by section 367(e)(2) (see instructions)? Yes No
If "Yes," complete lines 21b and 21c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ _____
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Part I U.S. Transferor Information (see instructions)

Name of transferor DAYTON CHILDREN'S HOSPITAL	Identifying number (see instructions) 31-0672132
---	--

- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? Yes No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) HIRTLE CALLAGHAN PRIVATE EQUITY OFFSHORE FUND X LTD	4a Identifying number, if any 98-1165306
--	--

5 Address (including country) PO BOX 309 GT UGLAND HOUSE, SOUTH CHURCH STREET GEORGE TOWN, CAYMAN ISLANDS CAYMAN ISLANDS	4b Reference ID number
---	------------------------

6 Country code of country of incorporation or organization
CJ

7 Foreign law characterization (see instructions)
CORPORATION

- 8** Is the transferee foreign corporation a controlled foreign corporation? Yes No

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash, Stock, and Securities

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			3,093,164.		
Stock and securities (other than those that qualify as eligible property under Regs. sec. 1.367(a)-2(b)(3))					

9 Was cash the only property transferred? Yes No
If "Yes," skip the remainder of Part III and go to Part IV.

10 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? Yes No

Section B - Property qualifying for Active Trade or Business exception under Regs. sec. 1.367(a)-2(a)(2)(i) and (ii)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Tangible property (not listed under another category)					
Working interest in oil and gas property (as described in Regs. sec. 1.367(a)-2(b)(2) and (f))					
Financial asset (as described in Regs. sec. 1.367(a)-2(b)(3))					
Certain tangible property to be leased (see Regs. sec. 1.367(a)-2(e))					
Totals					

* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

Section C - Property not qualifying for Active Trade or Business exception (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Inventory					
Installment obligations, etc. (as described in Regs. sec. 1.367(a)-2(c)(2))					
Nonfunctional currency, etc. (as described in Regs. sec. 1.367(a)-2(c)(3))					
Certain leased tangible property (as described in Regs. sec. 1.367(a)-2(c)(4))					
Certain property to be retransferred (see Regs. sec. 1.367(a)-2(g))					
Property described in Regs. sec. 1.6038B-1(c)(4)(iv)					
Property described in Regs. sec. 1.6038B-1(c)(4)(vii)					
Totals					

* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

- 11** Did the transferor transfer assets that qualify for the trade or business exception under section 367(a)(3)? Yes No
- 12** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-2 through 1.367(a)-7 for any of the following.
- a** Transfer of property subject to section 367(a)(1) gain recognition Yes No
 - b** Depreciation recapture Yes No
 - c** Branch loss recapture Yes No
 - d** If the answer to 12c is "Yes," enter the amount of foreign branch loss recapture \$ _____
 - e** Any other income recognition provision contained in the above-referenced regulations Yes No
- If the answer to line 12a, 12b, 12c, or 12e is "Yes," see instructions for information that must be included in the *Supplemental Part III Information Required To Be Reported* section below.

Section D - Intangible property under Regs. sec. 1.367(a)-1(d)(5)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 936(h)(3)(B)						
Property subject to sec. 367(d) pursuant to Regs. sec. 1.367(a)-1(b)(5)						
Totals						

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment
 Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor DAYTON CHILDREN'S HOSPITAL	Identifying number (see instructions) 31-0672132
---	--

- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? Yes No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) HIRTLE CALLAGHAN PRIVATE EQUITY OFFSHORE FUND XI LTD	4a Identifying number, if any 98-1159136
---	--

5 Address (including country) PO BOX 309 GT UGLAND HOUSE, SOUTH CHURCH STREET GEORGE TOWN, CAYMAN ISLANDS CAYMAN ISLANDS	4b Reference ID number
---	------------------------

6 Country code of country of incorporation or organization
CJ

7 Foreign law characterization (see instructions)
CORPORATION

- 8** Is the transferee foreign corporation a controlled foreign corporation? Yes No

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 12-2017)

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash, Stock, and Securities

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			1,468,229.		
Stock and securities (other than those that qualify as eligible property under Regs. sec. 1.367(a)-2(b)(3))					

9 Was cash the only property transferred? Yes No
If "Yes," skip the remainder of Part III and go to Part IV.

10 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? Yes No

Section B - Property qualifying for Active Trade or Business exception under Regs. sec. 1.367(a)-2(a)(2)(i) and (ii)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Tangible property (not listed under another category)					
Working interest in oil and gas property (as described in Regs. sec. 1.367(a)-2(b)(2) and (f))					
Financial asset (as described in Regs. sec. 1.367(a)-2(b)(3))					
Certain tangible property to be leased (see Regs. sec. 1.367(a)-2(e))					
Totals					

* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

Section C - Property not qualifying for Active Trade or Business exception (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Inventory					
Installment obligations, etc. (as described in Regs. sec. 1.367(a)-2(c)(2))					
Nonfunctional currency, etc. (as described in Regs. sec. 1.367(a)-2(c)(3))					
Certain leased tangible property (as described in Regs. sec. 1.367(a)-2(c)(4))					
Certain property to be retransferred (see Regs. sec. 1.367(a)-2(g))					
Property described in Regs. sec. 1.6038B-1(c)(4)(iv)					
Property described in Regs. sec. 1.6038B-1(c)(4)(vii)					
Totals					

* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

- 11** Did the transferor transfer assets that qualify for the trade or business exception under section 367(a)(3)? Yes No
- 12** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-2 through 1.367(a)-7 for any of the following.
- a** Transfer of property subject to section 367(a)(1) gain recognition Yes No
 - b** Depreciation recapture Yes No
 - c** Branch loss recapture Yes No
 - d** If the answer to 12c is "Yes," enter the amount of foreign branch loss recapture \$ _____
 - e** Any other income recognition provision contained in the above-referenced regulations Yes No
- If the answer to line 12a, 12b, 12c, or 12e is "Yes," see instructions for information that must be included in the *Supplemental Part III Information Required To Be Reported* section below.

Section D - Intangible property under Regs. sec. 1.367(a)-1(d)(5)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 936(h)(3)(B)						
Property subject to sec. 367(d) pursuant to Regs. sec. 1.367(a)-1(b)(5)						
Totals						

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment
 Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor DAYTON CHILDREN ' S HOSPITAL	Identifying number (see instructions) 31-0672132
---	--

- 1** If the transferor was a corporation, complete questions 1a through 1d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(5) been made? Yes No

- 2** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation) HIRTLE CALLAGHAN SPECIAL OPPORTUNITIES SPC CLOSED-END 3	4a Identifying number, if any 98-1077734
---	---

5 Address (including country) PO BOX 309 GT UGLAND HOUSE, SOUTH CHURCH STREET GEORGE TOWN, CAYMAN ISLANDS CAYMAN ISLANDS	4b Reference ID number
--	-------------------------------

6 Country code of country of incorporation or organization
CJ

7 Foreign law characterization (see instructions)
CORPORATION

- 8** Is the transferee foreign corporation a controlled foreign corporation? Yes No

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **926** (Rev. 12-2017)

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash, Stock, and Securities

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash			774,371.		
Stock and securities (other than those that qualify as eligible property under Regs. sec. 1.367(a)-2(b)(3))					

9 Was cash the only property transferred? Yes No
 If "Yes," skip the remainder of Part III and go to Part IV.

10 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? Yes No

Section B - Property qualifying for Active Trade or Business exception under Regs. sec. 1.367(a)-2(a)(2)(i) and (ii)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Tangible property (not listed under another category)					
Working interest in oil and gas property (as described in Regs. sec. 1.367(a)-2(b)(2) and (f))					
Financial asset (as described in Regs. sec. 1.367(a)-2(b)(3))					
Certain tangible property to be leased (see Regs. sec. 1.367(a)-2(e))					
Totals					

* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

Section C - Property not qualifying for Active Trade or Business exception (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer*
Inventory					
Installment obligations, etc. (as described in Regs. sec. 1.367(a)-2(c)(2))					
Nonfunctional currency, etc. (as described in Regs. sec. 1.367(a)-2(c)(3))					
Certain leased tangible property (as described in Regs. sec. 1.367(a)-2(c)(4))					
Certain property to be retransferred (see Regs. sec. 1.367(a)-2(g))					
Property described in Regs. sec. 1.6038B-1(c)(4)(iv)					
Property described in Regs. sec. 1.6038B-1(c)(4)(vii)					
Totals					

* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

- 11** Did the transferor transfer assets that qualify for the trade or business exception under section 367(a)(3)? Yes No
- 12** Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-2 through 1.367(a)-7 for any of the following.
- a** Transfer of property subject to section 367(a)(1) gain recognition Yes No
 - b** Depreciation recapture Yes No
 - c** Branch loss recapture Yes No
 - d** If the answer to 12c is "Yes," enter the amount of foreign branch loss recapture \$ _____
 - e** Any other income recognition provision contained in the above-referenced regulations Yes No
- If the answer to line 12a, 12b, 12c, or 12e is "Yes," see instructions for information that must be included in the *Supplemental Part III Information Required To Be Reported* section below.

Section D - Intangible property under Regs. sec. 1.367(a)-1(d)(5)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 936(h)(3)(B)						
Property subject to sec. 367(d) pursuant to Regs. sec. 1.367(a)-1(b)(5)						
Totals						

- 13 a Did the transferor transfer property described in section 936(h)(3)(B) (not including section 1221(a)(3) property or a working interest in oil and gas property)? Yes No
- b If the answer to line 13a is "Yes," enter the total amount included in income under section 367(d), if any, for the transfer of all such property on the income tax return for the year of the transfer ► \$ _____
- 14 a Did the transferor apply section 367(d) to a transfer of any property pursuant to Regulations section 1.367(a)-1(b)(5)? Yes No
- b If the answer to line 14a is "Yes," enter the total amount included in income under section 367(d), if any, for the transfer of all such property on the income tax return for the year of the transfer ► \$ _____
- c If the answer to line 14a is "No," did the transferor transfer any property for which it could have applied section 367(d) pursuant to Regulations section 1.367(a)-1(b)(5) but did not? Yes No
- d If the answer to line 14c is "Yes," enter the total amount of gain recognized, if any, under section 367(a)(1) on the transfer of all such property on the income tax return for the year of the transfer ► \$ _____
- 15 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed twenty years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 15c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ _____
- 16 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

- 17 Enter the transferor's interest in the foreign transferee corporation before and after the transfer.
(a) Before 3.647 % (b) After 3.908 %
- 18 Type of nonrecognition transaction (see instructions) ► IRC SECTION 351
- 19 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 20 Did this transfer result from a change in entity classification? Yes No
- 21 a Did a domestic corporation make a distribution of property covered by section 367(e)(2) (see instructions)? Yes No
If "Yes," complete lines 21b and 21c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ _____
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. DAYTON CHILDREN'S HOSPITAL	Employer identification number (EIN) or <div style="text-align: center; font-size: large;">31-0672132</div>
	Number, street, and room or suite no. If a P.O. box, see instructions. ONE CHILDRENS PLAZA	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DAYTON, OH 45404-1815	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

CHRIS BERGMAN

• The books are in the care of ▶ **ONE CHILDREN'S PLAZA - DAYTON, OH 45404**
 Telephone No. ▶ **937-641-5819** Fax No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2017**, and ending **JUN 30, 2018**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. DAYTON CHILDREN'S HOSPITAL	Employer identification number (EIN) or 31-0672132
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. ONE CHILDRENS PLAZA	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DAYTON, OH 45404-1815	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

CHRIS BERGMAN

• The books are in the care of ▶ **ONE CHILDREN'S PLAZA - DAYTON, OH 45404**
Telephone No. ▶ **937-641-5819** Fax No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2017**, and ending **JUN 30, 2018**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Electronic Filing PDF Attachment