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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 2009 Open to Public Inspection
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009			
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization AKRON CHILDRENS HOSPITAL FOUNDATION	
		Doing Business As	
		Number and street (or P O box if mail is not delivered to street address) ONE PERKINS SQUARE	Room/suite
		City or town, state or country, and ZIP + 4 AKRON, OH 44308	
		F Name and address of principal officer JOHN ZOILO ONE PERKINS SQUARE AKRON, OH 44308	
D Employer identification number 23-7114013		E Telephone number (330) 543-8171	
		G Gross receipts \$ 52,142,492	
H(a) Is this a group return for affiliates? ☐ Yes ☒ No		H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
H(c) Group exemption number ▶			
I Tax-exempt status ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527			
J Website: ▶ AKRONCHILDRENS.ORG			
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1971	M State of legal domicile OH

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities CHILDREN'S HOSPITAL FOUNDATION IS ORGANIZED EXCLUSIVELY FOR THE BENEFIT OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON ITS PURPOSE IS TO SOLICIT FUNDS FROM DONORS		
	2	Check this box ☒ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 <u>2</u>	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 <u>2</u>	
	5	Total number of employees (Part V, line 2a)	5 <u>1</u>	
	6	Total number of volunteers (estimate if necessary)	6 <u></u>	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a <u></u>	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b <u></u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 9,104,405	Current Year 7,597,644
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-943,806	-717,891
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-475,753
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,160,599	6,404,000
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,275,612	7,944,402
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,205,411	1,357,215
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) <u>1,806,717</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,200,737	643,827
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	10,681,760	9,945,444
	19	Revenue less expenses Subtract line 18 from line 12	-2,521,161	-3,541,444
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	65,269,927	75,997,738
	21	Total liabilities (Part X, line 26)	1,903,433	929,169
	22	Net assets or fund balances Subtract line 21 from line 20	63,366,494	75,068,569

Part II Signature Block	
Sign Here	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
	Signature of officer 2010-11-11 Date
	MICHAEL P TRAINER CHIEF FINANCIAL OFFICER Type or print name and title
Paid Preparer's Use Only	Preparer's signature Date 2010-11-12 Check if self-employed ☒ Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 CHILDREN'S HOSPITAL MEDICAL CTR OF AKRON ONE PERKINS SQ AKRON, OH 44308 EIN Phone no

Part IIISTatement of Program Service Accomplishments

1

Briefly describe the organization’s mission

CHILDREN'S HOSPITAL FOUNDATION IS ORGANIZED EXCLUSIVELY FOR THE BENEFIT OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON ITS PURPOSE IS TO SOLICIT FUNDS FROM DONORS

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒

No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 7,944,402 including grants of \$ 7,944,402) (Revenue \$)

SPURRED BY THEIR COMMON CONCERN FOR THE FUTURE OF CHILD HEALTH CARE IN THE COMMUNITY, A SMALL GROUP OF CHILDREN'S HOSPITAL TRUSTEES MET EARLY IN 1971 TO ASSESS THE LONG-TERM NEEDS OF THE INSTITUTION AND THOSE IT SERVED THEY FORESAW AN UNPRECEDENTED PERIOD OF CHANGE AND GROWTH AHEAD, CAUSED BY THE BURGEONING ADVANCES IN MEDICAL SCIENCE AS WELL AS THE EXPANDING MULTI-COUNTY AREA SERVED BY THE HOSPITAL (CONTINUED ON SCHEDULE O) (CONTINUED FROM FORM 990, PART III, LINE 4A) THEY PREDICTED THAT, TO FULFILL THE HEALTH NEEDS OF THE COMING GENERATION, THE HOSPITAL WOULD HAVE TO UNDERGO A DRASTIC CHANGE - MOVING FROM PRIMARILY A COMMUNITY FACILITY TO A MAJOR REGIONAL MEDICAL CENTER AT THE SAME TIME, THEY REALIZED THAT THIS GROWTH COULD NOT BE FINANCED FROM PATIENT FEES ALONE ON JUNE 3, 1971, THEY FORMALLY ESTABLISHED THE AKRON CHILDREN'S HOSPITAL FOUNDATION, A SEPARATE, NOT-FOR-PROFIT CORPORATION, TO SECURE FUNDS WHICH WOULD "ADD BREADTH AND DEPTH TO THE HOSPITAL'S CAPABILITIES IN HEALTH CARE, MEDICAL RESEARCH AND EDUCATION " ONE OF THE FIRST INITIATIVES OF THE BOARD OF THE NEWLY-FORMED FOUNDATION WAS TO CONDUCT A FUND RAISING APPEAL TO THE COMMUNITY, ON AN ANNUAL BASIS, USING VOLUNTEER SOLICITORS IN ADDITION, THE FOUNDATION ESTABLISHED VARIOUS PROCEDURES FOR MANAGING AND INVESTING FUNDS THEY HOPED AND EXPECTED TO RAISE THE FOUNDATION ALSO COMMITTED SUPPORTING EFFORTS TO EXPAND PUBLIC AWARENESS OF THE HOSPITAL AND ITS ROLES AS A REGIONAL MEDICAL CENTER FOR CHILDREN, AS WELL AS BURN VICTIMS OF ALL AGES IN 2009, 7,944,402 OF FOUNDATION FUNDS WAS USED BY CHILDREN'S HOSPITAL TO SUPPORT ITS MISSION OF THAT AMOUNT, 697,700 WAS USED FOR CAPITAL ITEMS INCLUDING 212,626 FOR THE BUILDING OF THE MAHONING VALLEY RESPITE CENTER, 204,730 FOR THE DESIGN AND CONSTRUCTION OF THE CHILDREN'S GARDEN OF HOPE, 150,000 FOR THE REINBERGER FAMILY CENTER, 30,879 FOR EQUIPMENT IN REHABILITATIVE SERVICES, 14,165 FOR A GLIDESCOPE, 9,703 FOR A DEFIBRILLATOR IN THE BURN CENTER, 8,894 FOR A SPECTROPHOTOMETER AND 8,541 FOR A VIDEO FLUOROSCOPY SWALLOW STUDY TREATMENT CHAIR 3,850,000 AND 350,000 WAS PROVIDED BY THE FOUNDATION FOR CHILDREN'S HOSPITAL PROGRAMS AT THE AKRON AND MAHONING VALLEY LOCATIONS, RESPECTIVELY, THAT WOULD NOT HAVE OTHERWISE BEEN AVAILABLE THROUGH THE ANNUAL BUDGET SPECIFIC SUPPORT IN PART WENT FOR THE FOLLOWING OPERATING SUPPORT 342,000 ADOPTION CENTER, 576,000 HEMATOLOGY/ONCOLOGY, 245,000 PALLIATIVE CARE, 229,000 REGIONAL BURN CENTER, 258,000 PSYCHIATRY INTAKE PROGRAM, 118,000 REACH OUT AND READ PROGRAM, 80,000 FOR THE AUTISM FAMILY CHILD LEARNING CENTER, AND 53,000 FOR THE CHILDREN WHO WITNESS VIOLENCE PROGRAM THE REMAINING AMOUNT WAS USED FOR RESEARCH, TRAINING, EDUCATION AND SUPPORT PROGRAMS INCLUDING NEONATAL, PEDIATRICS, CHILD ADVOCACY AND OTHER PROGRAMS SINCE THE FOUNDATION'S CREATION, THE VISION OF ITS FOUNDERS HAS BEEN JUSTIFIED ALLOCATIONS FROM THE FOUNDATION HAVE PROVIDED A WIDE RANGE OF SPECIALIZED LIFESAVING MEDICAL EQUIPMENT WHICH MIGHT NOT HAVE OTHERWISE BEEN POSSIBLE WITHIN THE HOSPITAL'S BUDGET LIMITATIONS THE FOUNDATION HAS FINANCED MEDICAL RESEARCH INTO CAUSE, PREVENTION AND TREATMENT OF COMPLEX CHILDHOOD DISEASES AND PROBLEMS, AND HAS PROVIDED COMMUNITY SAFETY PROGRAMS IN PROFESSIONAL EDUCATION, PATIENT INFORMATION AND YOUTH DEVELOPMENT THE NET EFFECT OF THESE EFFORTS HAS BEEN TO KEEP CHILDREN'S HOSPITAL AT THE FOREFRONT OF HEALTHCARE, WHILE MINIMIZING THE COST OF SUCH CARE TO PATIENTS AND THEIR FAMILIES

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

\$ 7,944,402

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)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• 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? If "Yes," complete Schedule D, Part VII.			
	• 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? If "Yes," complete Schedule D, Part VIII.			
	• 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? If "Yes," complete Schedule D, Part IX.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
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? If "Yes," complete Schedule G, Part I 	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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>	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	32		No
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>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
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>	36		No
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>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a0	1cYes	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a15	2b	No
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	2a	4aYes	
	b If "Yes," enter the name of the foreign country: CJ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).			7a	Yes
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7b	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7c	No
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7d	
d If "Yes," indicate the number of Forms 8282 filed during the year			7e	No
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7f	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7g	
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7h	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			8	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			9a	
9 Sponsoring organizations maintaining donor advised funds.			9b	
a Did the organization make any taxable distributions under section 4966?			10a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			10b	
10 Section 501(c)(7) organizations. Enter			11a	
a Initiation fees and capital contributions included on Part VIII, line 12			11b	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			12a	
11 Section 501(c)(12) organizations. Enter			12b	
a Gross income from members or shareholders				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year				

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	28	
b	Enter the number of voting members that are independent . . .	1b	21	
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?	2		No
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? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		No
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		No
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	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☐ Own website ☒ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ ALICIA LAMANCUSA CHILDREN'S HOSPITAL MEDICAL CENTER ONE PERKINS SQUARE AKRON, OH 44308 (330) 543-8171

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

• 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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form 990 (2009)

1b	Total	198,672	6,141,813	222,727
----	-----------------	---------	-----------	---------

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization1

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

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

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

2

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

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	521,961			
	d	Related organizations	1d	497,500			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,578,183			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f		7,597,644			
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		994,545		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties					
6a		Gross Rents	(i) Real	(ii) Personal			
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)			-1,712,436		-1,712,436
8a		Gross income from fundraising events (not including \$ 521,961 of contributions reported on line 1c) See Part IV, line 18	a				
b		Less direct expenses	b	475,753			
c		Net income or (loss) from fundraising events . .		-475,753			-475,753
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities . .					
10a		Gross sales of inventory, less returns and allowances	a				
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory . .						
	Miscellaneous Revenue	Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		6,404,000			-1,193,644	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	7,944,402	7,944,402		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	223,813			223,813
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	863,201			863,201
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	75,854			75,854
9	Other employee benefits	135,510			135,510
10	Payroll taxes	58,837			58,837
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	194,325		194,325	
g	Other	10,029			10,029
12	Advertising and promotion	84,287			84,287
13	Office expenses	132,964			132,964
14	Information technology				
15	Royalties				
16	Occupancy	52,235			52,235
17	Travel	41,254			41,254
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	22,040			22,040
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	MISCELLANEOUS EXPENSES	106,693			106,693
b					
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	9,945,444	7,944,402	194,325	1,806,717
26	Joint costs. Check here ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			2,834,128	3	1,904,082
	4	Accounts receivable, net			49,559	4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	404,418	131,511	10c	168,474
	b	Less accumulated depreciation	10b	235,944			
	11	Investments—publicly traded securities			60,557,349	11	72,199,711
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			1,697,380	15	1,725,471
	16	Total assets. Add lines 1 through 15 (must equal line 34)			65,269,927	16	75,997,738
Liabilities	17	Accounts payable and accrued expenses			319,365	17	209,587
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	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	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			1,584,068	25	719,582
	26	Total liabilities. Add lines 17 through 25			1,903,433	26	929,169
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			33,715,657	27	39,833,675
	28	Temporarily restricted net assets			19,671,537	28	26,540,886
	29	Permanently restricted net assets			9,979,300	29	8,694,008
	Organizations that do not follow SFAS 117, check here ☐ 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			63,366,494	33	75,068,569
	34	Total liabilities and net assets/fund balances			65,269,927	34	75,997,738

Part XI **Financial Statements and Reporting**

	Yes	No
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? . .		No
b Were the organization's financial statements audited by an independent accountant? 	Yes	
c If "Yes," to 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 . . .	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization AKRON CHILDRENS HOSPITAL FOUNDATION	Employer identification number 23-7114013
---	--

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

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

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

Part II

Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	6,502,562	7,664,463	8,013,271	9,104,405	7,597,644	38,882,345
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	6,502,562	7,664,463	8,013,271	9,104,405	7,597,644	38,882,345
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)						2,040,333
6 Public Support. Subtract line 5 from line 4						36,842,012

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	6,502,562	3,069,267	8,013,271	9,104,405	7,597,644	38,882,345
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,293,673	3,069,267	3,525,236	2,726,606	994,545	12,609,327
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						51,491,672
12 Gross receipts from related activities, etc (See instructions)					12	234,917
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	71 550 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	66 540 %
16a 33 1/3% support test—2009. 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		
b 33 1/3% support test—2008. If the organization did not check the 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		
17a 10%-facts-and-circumstances test—2009. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
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		

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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		
b33 1/3% support tests—2008. 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
AKRON CHILDRENS HOSPITAL FOUNDATION

Employer identification number
23-7114013

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors 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? ☐ Yes☒ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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? ☐ Yes☒ No	

Part II

Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–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 Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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?

☐ Yes☒ No

6

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

7

Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)?

☐ Yes☒ No

9

In Part XIV, 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" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☒ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☒ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes☒ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	30,651,079	34,179,353			
b Contributions	3,667,095	5,744,957			
c Investment earnings or losses	7,080,420	-4,770,848			
d Grants or scholarships					
e Other expenditures for facilities and programs	-3,495,646	-4,502,383			
f Administrative expenses					
g End of year balance	37,902,948	30,651,079			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment 7 040 % %

b

Permanent endowment 22 940 % %

c

Term endowment 70 020 % %

3a

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

(i)

unrelated organizations

3a(i)

No

(ii)

related organizations

3a(ii)

No

b

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

3b

No

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		404,418	235,944	168,474
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				168,474

Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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 on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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 XIV)	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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	TEMPORARILY RESTRICTED FUNDS ARE SUBJECT TO PURPOSE RESTRICTIONS IMPOSED BY THE DONOR. THOSE FUNDS ARE HELD UNTIL THE SPECIFIC PURPOSE IS MET AND THEN THEY ARE RELEASED FROM THE RESTRICTIONS. PERMANENTLY RESTRICTED FUNDS ARE FUNDS THAT ARE INVESTED IN PERPETUITY AND ARE NOT AVAILABLE TO FUND ANY CURRENT OPERATIONS. THE EARNINGS FROM THE ENDOWMENT FUND CAN BE USED FOR THE SPECIFIC PURPOSE IMPOSED BY THE DONOR. BOARD DESIGNATED FUNDS INCLUDE FUNDS FROM UNRESTRICTED SOURCES THAT HAVE BEEN INTENTIONALLY DESIGNATED TO FUNCTION AS ENDOWMENTS. THESE FUNDS ARE TO BE FOR THE SOLE PURPOSE AS THEY WERE DESIGNATED FOR. AKRON CHILDREN'S HOSPITAL FOUNDATION DOES HAVE A POLICY IN PLACE TO MONITOR ALL UNRESTRICTED, TEMPORARILY AND PERMANENTLY RESTRICTED FUNDS.
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	AKRON CHILDREN'S HOSPITAL FOUNDATION IS A SUBSIDIARY IN THE CONSOLIDATED FINANCIAL STATEMENTS OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON. CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON ADOPTED FIN 48 IN 2007. NO DISCLOSURES WERE REQUIRED UNDER GAAP AS CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON DOES NOT HAVE ANY MATERIAL TAX CONTINGENCIES THAT REQUIRED DISCLOSURES IN THE FOOTNOTES.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
AKRON CHILDRENS HOSPITAL FOUNDATION

Employer identification number
23-7114013

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

- 1

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

☐ Mail solicitations
- e

☐ Solicitation of non-government grants
- b

☐ Internet and e-mail solicitations
- f

☐ Solicitation of government grants
- c

☐ Phone solicitations
- g

☐ Special fundraising events
- d

☐ In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes

☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>RADIOTHON</u> (event type)	 (event type)	 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	521,961		521,961
	2	Less Charitable contributions	521,961		521,961
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	475,753		475,753
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3, column d, and line 10. ▶			

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1, column d, and line 7 ▶			

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ► _____			
Address ► _____			
16	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
AKRON CHILDRENS HOSPITAL FOUNDATION

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number
23-7114013

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes

No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CHILDREN'S HOSPITAL MEDICAL CENTERONE PERKINS SQUARE AKRON, OH 44308	340714357	3	7,930,605				PATIENT CARE NEEDS
CHILDREN'S HOME CARE GROUPONE PERKINS SQUARE AKRON, OH 44308	341575266	3	13,797				PATIENT CARE NEEDS

2

Enter total number of section 501(c)(3) and government organizations

2

3

Enter total number of other organizations

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
AKRON CHILDRENS HOSPITAL FOUNDATION

Employer identification number
23-7114013

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☒ Tax idemnification and gross-up payments ☒ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
1b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
4a	Receive a severance payment or change-of-control payment?		No
4b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
4c	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		No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
5a	The organization?		No
5b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III		No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
6a	The organization?		No
6b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
WILLIAM H CONSIDINE	(i) (ii)	1,007,390		4,025,170	87,546	11,998	5,132,104	3,550,000
DENNIS JANCSY	(i) (ii)	466,301	160,000	2,863	4,900	1,565	635,629	
DR JOHN MCBRIDE	(i) (ii)	254,720		1,608	56,677	5,993	318,998	
MICHAEL TRAINER	(i) (ii)	222,956		805	14,725	14,182	252,668	
JOHN ZOILO	(i) (ii)	187,663	5,000	6,009	19,925	5,216	223,813	

Part III

Supplemental Information

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

Ident if ier	Ret urn Reference	Explanat ion
FRINGE OR EXPENSE EXPLANATION	SCHEDULE J, PAGE 1, PART I, LINE 1A	JOHN ZOILO, VICE PRESIDENT OF THE AKRON CHILDREN'S HOSPITAL FOUNDATION, HAS A COUNTRY CLUB MEMBERSHIP THAT IS USED FOR BUSINESS MEETINGS WITH CURRENT AND PROSPECTIVE DONORS
WRITTEN REIMBURSEMENT POLICY EXPLANATION	SCHEDULE J, PAGE 1, PART I, LINE 1B	THE EXECUTIVE REIMBURSEMENT TO JOHN ZOILO, WHICH INCLUDES THE GROSS-UP OF THE COUNTRY CLUB DUES, HAS BEEN APPROVED BY THE BOARD OF DIRECTORS
SEVERANCE, NONQUALIFIED, AND EQUITY- BASED PAYMENTS	SCHEDULE J, PAGE 1, PART I, LINE 4	WILLIAM H CONSIDINE 0 3,972,286 0
OTHER ADDITIONAL INFORMATION	SCHEDULE J, PART III	AKRON CHILDREN'S HOSPITAL FOUNDATION RELIED ON THE RELATED ORGANIZATION, CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON, TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION. JOHN ZOILO'S COMPENSATION WAS PAID THROUGH A COMMON PAYMASTER OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON. SCHEDULE J, PART II, COLUMN (B)(III), OTHER REPORTABLE COMPENSATION. IN JULY 2009, UPON MR. WILLIAM CONSIDINE'S 62ND BIRTHDAY, HE BECAME VESTED IN HIS SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP), AT WHICH TIME, AS REQUIRED BY IRC SECTION 457(F) AND THE REGULATIONS THEREUNDER, THE ENTIRE VALUE OF THE SERP BENEFIT BECAME SUBJECT TO TAXATION. THEREFORE, IN ORDER TO ENABLE HIM TO PAY THE TAXES DUE, THE ENTIRE VALUE OF THE SERP BENEFIT IN THE AMOUNT OF 3,972,286.39 WAS DISTRIBUTED TO MR. CONSIDINE IN 2009. THIS AMOUNT REPRESENTS THE PRESENT VALUE OF WHAT OTHERWISE WOULD HAVE BEEN LIFETIME ANNUAL RETIREMENT BENEFITS DUE MR. CONSIDINE UNDER THE SERP AGREEMENT. THIS SERP PLAN WAS ORIGINALLY DRAFTED IN 1999 AND WAS DESIGNED TO RETAIN MR. CONSIDINE THROUGH HIS 30TH YEAR OF SERVICE AS CHIEF EXECUTIVE OFFICER OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON IN 2009. IN ADDITION, THE SERP PLAN WAS INTENDED TO RESTORE PENSION AND OTHER BENEFITS FORFEITED DUE TO CHANGES IN GOVERNMENT REGULATIONS. MR. CONSIDINE REMAINS AS CEO OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON AND IS THE LONGEST SERVING CEO OF ANY CHILDREN'S HOSPITAL IN THE COUNTRY. SCHEDULE J, PART II, COLUMN (F), COMPENSATION REPORTED IN PRIOR FORM 990. IN ACCORDANCE WITH IRS GUIDANCE, THE 3,550,000 REPORTED IN SCHEDULE J, PART II, COLUMN (F) REPRESENTS DEFERRED COMPENSATION THAT HAS PREVIOUSLY BEEN ACCRUED AND REPORTED BY CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON IN PRIOR YEARS FORM 990. THE 3,550,000 IS ALSO INCLUDED IN IRS FORM 990, SCHEDULE J, COLUMN B(III) AS "OTHER REPORTABLE COMPENSATION" BECAUSE IT WAS PAID TO MR. CONSIDINE UPON THE OCCURANCE OF HIS 62ND BIRTHDAY (SEE ABOVE).

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
AKRON CHILDRENS HOSPITAL FOUNDATION

Employer identification number
23-7114013

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	(CONTINUED FROM FORM 990, PART III, LINE 4A) THEY PREDICTED THAT, TO FULFILL THE HEALTH NEEDS OF THE COMING GENERATION, THE HOSPITAL WOULD HAVE TO UNDERGO A DRASTIC CHANGE - MOVING FROM PRIMARILY A COMMUNITY FACILITY TO A MAJOR REGIONAL MEDICAL CENTER AT THE SAME TIME, THEY REALIZED THAT THIS GROWTH COULD NOT BE FINANCED FROM PATIENT FEES ALONE ON JUNE 3, 1971, THEY FORMALLY ESTABLISHED THE AKRON CHILDREN'S HOSPITAL FOUNDATION, A SEPARATE, NOT-FOR-PROFIT CORPORATION, TO SECURE FUNDS WHICH WOULD "ADD BREADTH AND DEPTH TO THE HOSPITAL'S CAPABILITIES IN HEALTH CARE, MEDICAL RESEARCH AND EDUCATION" ONE OF THE FIRST INITIATIVES OF THE BOARD OF THE NEWLY-FORMED FOUNDATION WAS TO CONDUCT A FUND RAISING APPEAL TO THE COMMUNITY, ON AN ANNUAL BASIS, USING VOLUNTEER SOLICITORS IN ADDITION, THE FOUNDATION ESTABLISHED VARIOUS PROCEDURES FOR MANAGING AND INVESTING FUNDS THEY HOPED AND EXPECTED TO RAISE THE FOUNDATION ALSO COMMITTED SUPPORTING EFFORTS TO EXPAND PUBLIC AWARENESS OF THE HOSPITAL AND ITS ROLES AS A REGIONAL MEDICAL CENTER FOR CHILDREN, AS WELL AS BURN VICTIMS OF ALL AGES IN 2009, 7,944,402 OF FOUNDATION FUNDS WAS USED BY CHILDREN'S HOSPITAL TO SUPPORT ITS MISSION OF THAT AMOUNT, 697,700 WAS USED FOR CAPITAL ITEMS INCLUDING 212,626 FOR THE BUILDING OF THE MAHONING VALLEY RESPITE CENTER, 204,730 FOR THE DESIGN AND CONSTRUCTION OF THE CHILDREN'S GARDEN OF HOPE, 150,000 FOR THE REINBERGER FAMILY CENTER, 30,879 FOR EQUIPMENT IN REHABILITATIVE SERVICES, 14,165 FOR A GLIDESCOPE, 9,703 FOR A DEFIBRILLATOR IN THE BURN CENTER, 8,894 FOR A SPECTROPHOTOMETER AND 8,541 FOR A VIDEO FLUOROSCOPY SWALLOW STUDY TREATMENT CHAIR 3,850,000 AND 350,000 WAS PROVIDED BY THE FOUNDATION FOR CHILDREN'S HOSPITAL PROGRAMS AT THE AKRON AND MAHONING VALLEY LOCATIONS, RESPECTIVELY, THAT WOULD NOT HAVE OTHERWISE BEEN AVAILABLE THROUGH THE ANNUAL BUDGET SPECIFIC SUPPORT IN PART WENT FOR THE FOLLOWING OPERATING SUPPORT 342,000 ADOPTION CENTER, 576,000 HEMATOLOGY/ONCOLOGY, 245,000 PALLIATIVE CARE, 229,000 REGIONAL BURN CENTER, 258,000 PSYCHIATRY INTAKE PROGRAM, 118,000 REACH OUT AND READ PROGRAM, 80,000 FOR THE AUTISM FAMILY CHILD LEARNING CENTER, AND 53,000 FOR THE CHILDREN WHO WITNESS VIOLENCE PROGRAM THE REMAINING AMOUNT WAS USED FOR RESEARCH, TRAINING, EDUCATION AND SUPPORT PROGRAMS INCLUDING NEONATAL, PEDIATRICS, CHILD ADVOCACY AND OTHER PROGRAMS SINCE THE FOUNDATION'S CREATION, THE VISION OF ITS FOUNDERS HAS BEEN JUSTIFIED ALLOCATIONS FROM THE FOUNDATION HAVE PROVIDED A WIDE RANGE OF SPECIALIZED LIFESAVING MEDICAL EQUIPMENT WHICH MIGHT NOT HAVE OTHERWISE BEEN POSSIBLE WITHIN THE HOSPITAL'S BUDGET LIMITATIONS THE FOUNDATION HAS FINANCED MEDICAL RESEARCH INTO CAUSE, PREVENTION AND TREATMENT OF COMPLEX CHILDHOOD DISEASES AND PROBLEMS, AND HAS PROVIDED COMMUNITY SAFETY PROGRAMS IN PROFESSIONAL EDUCATION, PATIENT INFORMATION AND YOUTH DEVELOPMENT THE NET EFFECT OF THESE EFFORTS HAS BEEN TO KEEP CHILDREN'S HOSPITAL AT THE FOREFRONT OF HEALTHCARE, WHILE MINIMIZING THE COST OF SUCH CARE TO PATIENTS AND THEIR FAMILIES
FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES	FORM 990, PART V, LINE 4B	CAYMAN ISLANDS
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	AKRON CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON IS THE SOLE MEMBER OF AKRON CHILDREN'S HOSPITAL FOUNDATION
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON IS THE SOLE MEMBER OF AKRON CHILDREN'S HOSPITAL FOUNDATION AND ITS GOVERNING BODY HAS THE RIGHT TO ELECT OR APPOINT MEMBERS OF THE ORGANIZATION'S GOVERNING BODY
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11	THE FORM 990 IS PROVIDED TO THE AUDIT COMMITTEE AND CHAIRMAN OF THE BOARD OF DIRECTORS OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON FOR REVIEW AND DISCUSSION PRIOR TO FILING THE RETURN WITH THE INTERNAL REVENUE SERVICE THE AUDIT COMMITTEE IS A COMMITTEE OF THE BOARD OF DIRECTORS AND EMPOWERED TO COMPLETE THE REVIEW ON BEHALF OF THE BOARD OF DIRECTORS
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	IT IS CHILDREN'S POLICY THAT ALL EMPLOYEES DISCLOSE REAL OR APPARENT CONFLICTS OF INTEREST AS A CONDITION OF EMPLOYMENT WITH CHILDREN'S THE POLICIES AND PROCEDURES ARE ADMINISTERED BY CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON CHILDREN'S ALSO REQUIRES THAT EACH EMPLOYEE DISCLOSE IN WRITING, ANNUALLY, TO THE PRESIDENT A LIST OF ALL BUSINESSES OR OTHER ORGANIZATIONS IN WHICH HE/SHE IS AN OFFICER, MEMBER, OWNER, SHAREHOLDER, TRUSTEE OR EMPLOYEE FOR WHICH HE/SHE ACTS AS AN AGENT OR MIGHT REASONABLY IN THE FUTURE ENTER INTO A RELATIONSHIP OR TRANSACTION IN WHICH THE EMPLOYEE COULD HAVE A DUALITY OF INTEREST IF A SITUATION ARISES IN WHICH THERE IS A DUALITY OF INTEREST, OR A QUESTION OF DUALITY OF INTEREST, AND, AS SUCH, POTENTIAL FOR A CONFLICT OF INTEREST, IT IS THE PRIMARY RESPONSIBILITY OF THE INDIVIDUAL DIRECTLY INVOLVED AND RESPONSIBILITY OF OTHER PERSONNEL, TO THE EXTENT THAT THEY BECOME AWARE OF A DUALITY OF INTEREST, TO MAKE IMMEDIATE AND COMPLETE WRITTEN DISCLOSURE TO THE APPROPRIATE VICE PRESIDENT HE/SHE WILL REVIEW THE SITUATION WITH THE VICE PRESIDENT OF HUMAN RESOURCES WHO WILL PRESENT IT TO THE PRESIDENT OR HIS DESIGNEE IT IS THE RESPONSIBILITY OF THE PRESIDENT OR HIS DESIGNEE TO EVALUATE ANY CIRCUMSTANCES IN WHICH A DUALITY OF INTEREST EXISTS, (IF KNOWN, WHEN DISCLOSED OR UNDISCLOSED)TO DETERMINE WHETHER THE DUALITY REPRESENTS THE POTENTIAL FOR A CONFLICT OF INTEREST, AND WHETHER SUCH CONFLICT IS SO SUBSTANTIAL THAT IT IS DEEMED TO BE DETRIMENTAL TO CHILDREN'S
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON'S EXECUTIVE TOTAL COMPENSATION PROGRAM IS GOVERNED BY THE COMPENSATION COMMITTEE (COMMITTEE) OF THE BOARD OF DIRECTORS, WHO ALSO DETERMINES THE COMPENSATION OF THE CHILDREN'S HOSPITAL FOUNDATION OFFICERS, DIRECTORS AND KEY EMPLOYEES KEY COMMITTEE RESPONSIBILITIES INCLUDE - ENSURE EXECUTIVE TOTAL COMPENSATION IS APPROPRIATE IN LIGHT OF THE HOSPITAL'S MISSION AND VALUES, AND - APPROVE AN EXECUTIVE COMPENSATION PHILOSOPHY, THE ASSOCIATED PROGRAMS, AND ALL COMPENSATION ACTIONS FOR INDIVIDUAL EXECUTIVES THE COMMITTEE IS COMPRISED OF INDEPENDENT MEMBERS OF THE HOSPITAL BOARD WHO HAVE NO PERSONAL INTEREST IN ANY EXECUTIVE COMPENSATION TRANSACTION - SHOULD A POTENTIAL CONFLICT OF INTEREST BE IDENTIFIED, THE COMMITTEE DETERMINES THE EXTENT OF THE CONFLICT AND THE MEANS TO ADDRESS IT - IN CERTAIN CASES, A COMMITTEE MEMBER MAY BE ASKED NOT TO PARTICIPATE IN DISCUSSIONS OF, OR VOTE ON, A PARTICULAR COMPENSATION TRANSACTION THE COMMITTEE GOVERNS THE HOSPITAL'S EXECUTIVE TOTAL COMPENSATION FOR ALL SENIOR EXECUTIVES WHO ARE DEEMED TO BE DISQUALIFIED PERSONS THE COMMITTEE ALSO GOVERNS THE TOTAL COMPENSATION OF OTHER DISQUALIFIED PERSONS, E G , FAMILY MEMBERS OF BOARD MEMBERS OR EXECUTIVES WHO ARE EMPLOYED BY THE HOSPITAL THE COMMITTEE FOLLOWS ALL STEPS REQUIRED BY THE INTERNAL REVENUE SERVICE TO QUALIFY FOR THE SAFE HARBOR UNDER THE INTERMEDIATE SANCTIONS REGULATIONS IT - REVIEWS MARKET COMPENSATION DATA FOR COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS WHICH ARE COMPILED BY AN INDEPENDENT CONSULTANT IT ENGAGES, - USES THIS DATA TO MAKE EXECUTIVE DECISIONS, AND - DOCUMENTS ITS COMPENSATION DELIBERATIONS AND DECISIONS IN A TIMELY MANNER THE COMMITTEE REVIEWS APPROPRIATE SECTIONS OF THE HOSPITAL IRS FORM 990 BEFORE IT IS FILED TO ENSURE ACCURACY AND COMPLETENESS AN INDEPENDENT SALARY SURVEY WAS COMPLETED IN 2008 AND RECOMMENDATIONS WERE PROVIDED AND PRESENTED BY THE INDEPENDENT CONSULTANT TO THE COMPENSATION COMMITTEE FOR APPROVAL
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	AN INDEPENDENT SALARY SURVEY WAS COMPLETED IN 2008 AND RECOMMENDATIONS WERE PROVIDED AND PRESENTED BY THE INDEPENDENT CONSULTANT TO THE COMPENSATION COMMITTEE FOR APPROVAL

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	AKRON CHILDREN'S HOSPITAL FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST IN ADDITION, THE GOVERNING DOCUMENTS ARE LOCATED ON THE OHIO SECRETARY OF STATE'S WEBSITE THE FINANCIAL STATEMENTS ARE ALSO DISCLOSED ON THE EMMA (ELECTRONIC MUNICIPAL MARKET ACCESS) WEBSITE

RELATED ORGANIZATIONS FORM 990, PAGE 7, PART VII THE FOLLOWING AVERAGE OF HOURS PER WEEK WERE WORKED BY THE INDIVIDUALS LISTED IN PART VII, SECTION A FOR THE RELATED ORGANIZATION, CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON WILLIAM H CONSIDINE - 40 HOURS PER WEEK DENNIS JANCSY - 40 WEEKS PER WEEK UNTIL SEPT 2009, TERMINATED 9/25/09 MICHAEL TRAINER - 40 HOURS PER WEEK DR JOHN CROW - 40 HOURS PER WEEK DR JOHN MCBRIDE - 40 HOURS PER WEEK PHILIP MAYNARD - 12 HOURS PER WEEK WILLIAM WOOLDREDGE - 12 HOURS PER WEEK JOYCE HAMAKER - 12 HOURS PER WEEK DUANE ISHAM - 12 HOURS PER WEEK GREGORY MCDERMOTT - 12 HOURS PER WEEK ADDITIONAL INFORMATION SCHEDULE O FORM 990, PART V, LINE 2A AKRON CHILDREN'S HOSPITAL FOUNDATION DOES HAVE ITS OWN EMPLOYEES BUT USES A COMMON PAYMASTER WITH ITS RELATED ORGANIZATION, CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON PREPARES AND ISSUES ALL W-2'S TO AKRON CHILDREN'S HOSPITAL FOUNDATION

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

Cat No 51056K

Schedule O (Form 990) 2009

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
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Part V

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

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

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

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

No

No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Software ID:

Software Version:

EIN: 23-7114013

Name: AKRON CHILDRENS HOSPITAL FOUNDATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
WILLIAM H CONSIDINE DIREC/CEO	1 00	X		X				0	5,032,560	99,544
DENNIS JANCSY TREAS/CFO TH	1 00	X		X				0	629,164	6,465
DR JOHN MCBRIDE DIRECTOR	1 00	X						0	256,328	62,670
MICHAEL TRAINER TREAS/CFO	1 00	X		X				0	223,761	28,907
JOHN ZOILO VICE CHAIR/V	40 00	X		X				198,672	0	25,141
PHILIP H MAYNARD CHAIRMAN	4 00	X		X				0	0	0
GEORGE R SARKIS SECRETARY	4 00	X		X				0	0	0
WILLIAM D WOOLDREDGE DIRECTOR	4 00	X						0	0	0
JOHN R ADAMS DIRECTOR	1 00	X						0	0	0
JAMES P BERRY DIRECTOR	1 00	X						0	0	0
JOAN BAILEY DIRECTOR	1 00	X						0	0	0
DAVID BOUFFARD DIRECTOR	1 00	X						0	0	0
DR JOHN CROW DIRECTOR	1 00	X						0	0	0
MICHAEL GEORGE DIRECTOR	1 00	X						0	0	0
JOYCE HAMAKER DIRECTOR	1 00	X						0	0	0
WILLARD HOLLAND DIRECTOR	1 00	X						0	0	0
ADAM A BRIGGS DIRECTOR	1 00	X						0	0	0
THOMAS R CROWLEY DIRECTOR	1 00	X						0	0	0
DUANE L ISHAM DIRECTOR	1 00	X						0	0	0
RAJEEV KISHORE DIRECTOR	1 00	X						0	0	0
MARK T LAROSE DIRECTOR	1 00	X						0	0	0
DIANA MCCOOL DIRECTOR	1 00	X						0	0	0
JOHN H VOLLMAN MD DIRECTOR	1 00	X						0	0	0
PATRICIA B ZIEGLER DIRECTOR	1 00	X						0	0	0
MATTHEW BURKE DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors									
(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(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			
WILLIAM CUSHWA JR DIRECTOR	1 00	X					0	0	0
GREGORY A MCDERMOTT DIRECTOR	1 00	X					0	0	0
JAMES D SHOWERS DIRECTOR	1 00	X					0	0	0
GREGORY J MICHALEC DIRECTOR	1 00	X					0	0	0