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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 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	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 <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON		D Employer identification number 34-0714357
		Doing Business As		E Telephone number (330) 543-8171
		Number and street (or P O box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 552,659,511
		ONE PERKINS SQUARE		
		City or town, state or country, and ZIP + 4 AKRON, OH 443081062		
F Name and address of principal officer WILLIAM CONSIDINE ONE PERKINS SQUARE AKRON, OH 44308		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		
J Website: ▶ AKRONCHILDRENS.ORG		H(c) Group exemption number ▶		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation 1897	M State of legal domicile OH

Part I Summary	
1	Briefly describe the organization's mission or most significant activities PART 1, LINE 1 AND PART III, LINE 1 THE MISSION OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON IS TO PROVIDE QUALITY MEDICAL AND SURGICAL CARE FOR BABIES, CHILDREN, ADOLESCENTS, AND BURN VICTIMS OF ALL AGES, REGARDLESS OF ABILITY TO PAY, MULTI-LEVEL PROFESSIONAL EDUCATION FOR STUDENTS OF MEDICINE, NURSING AND VARIOUS ALLIED HEALTH PROFESSIONALS, BASIC AND CLINICAL RESEARCH INTO THE CAUSES, TREATMENT AND CURE OF CHILDHOOD ILLNESS, INJURY AND BURN INJURY, COMMUNITY SERVICE INTENDED TO IMPROVE HEALTH STATUS THROUGH LAY EDUCATION, CHILD AND FAMILY ADVOCACY EFFORTS TO IMPROVE THE STATUS OF CHILDREN AND ADOLESCENTS IN OUR REGION OF SERVICE CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON (CHILDREN'S) IS AN INDISPENSABLE, INTEGRATED PEDIATRIC HEALTHCARE DELIVERY SYSTEM SERVING INFANTS, CHILDREN, ADOLESCENTS, AND ADULTS IN AKRON AND NORTHEAST OHIO ESTABLISHED IN 1890 BY THE "KINGS DAUGHTERS," A GROUP OF WOMEN AFFILIATED WITH A LOCAL CHURCH, CHILDREN'S HAS GROWN FROM A TWO-ROOM DAY NURSERY TO A MOD <hr/> <hr/> <hr/>
2	Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
3	Number of voting members of the governing body (Part VI, line 1a) 3 <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>4,16</u>
6	Total number of volunteers (estimate if necessary) 6 <u>1,49</u>
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . 7a <u>1,734,00</u>
b	Net unrelated business taxable income from Form 990-T, line 34 . . . 7b <u>145,83</u>

Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	14,126,048	12,314,180
	9	Program service revenue (Part VIII, line 2g)	365,396,862	416,237,874
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,404,330	1,571,600
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,477,417	4,770,237
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	386,404,657	434,893,891
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	425,031	353,391
	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)	225,306,804	258,950,150
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) \blacktriangle^0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	151,884,879	163,558,335
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	377,616,714	422,861,876
	19	Revenue less expenses Subtract line 18 from line 12	8,787,943	12,032,015
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	516,553,360	566,489,396
	21	Total liabilities (Part X, line 26)	284,644,985	251,695,872
	22	Net assets or fund balances Subtract line 21 from line 20	231,908,375	314,793,524

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				
	 _____		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 

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

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

PART 1, LINE 1 AND PART III, LINE 1 THE MISSION OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON IS TO PROVIDE QUALITY MEDICAL AND SURGICAL CARE FOR BABIES, CHILDREN, ADOLESCENTS, AND BURN VICTIMS OF ALL AGES, REGARDLESS OF ABILITY TO PAY, MULTI-LEVEL PROFESSIONAL EDUCATION FOR STUDENTS OF MEDICINE, NURSING AND VARIOUS ALLIED HEALTH PROFESSIONALS, BASIC AND CLINICAL RESEARCH INTO THE CAUSES, TREATMENT AND CURE OF CHILDHOOD ILLNESS, INJURY AND BURN INJURY, COMMUNITY SERVICE INTENDED TO IMPROVE HEALTH STATUS THROUGH LAY EDUCATION, CHILD AND FAMILY ADVOCACY EFFORTS TO IMPROVE THE STATUS OF CHILDREN AND ADOLESCENTS IN OUR REGION OF SERVICE CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON (CHILDREN'S) IS AN INDISPENSABLE, INTEGRATED PEDIATRIC HEALTHCARE DELIVERY SYSTEM SERVING INFANTS, CHILDREN, ADOLESCENTS, AND ADULTS IN AKRON AND NORTHEAST OHIO ESTABLISHED IN 1890 BY THE "KINGS DAUGHTERS," A GROUP OF WOMEN AFFILIATED WITH A LOCAL CHURCH, CHILDREN'S HAS GROWN FROM A TWO-ROOM DAY NURSERY TO A MOD

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 \$ 82,204,623 including grants of \$) (Revenue \$ 61,951,072)
PROGRAM ACHIEVEMENT 1 - SUBSPECIALTY PHYSICIANS IN KEEPING WITH CHILDREN'S MEDICAL CENTER OF AKRON'S MISSION TO PROVIDE QUALITY MEDICAL AND SURGICAL CARE FOR BABIES, CHILDREN, ADOLESCENTS, AND BURN VICTIMS OF ALL AGES, REGARDLESS OF THE ABILITY TO PAY, CHILDREN'S OFFERS UNIQUE SERVICES IN A BROAD RANGE OF PEDIATRIC SUBSPECIALTIES AS DESCRIBED HEREIN SOME OF CHILDREN'S SUBSPECIALTY AREAS INCLUDE AMBULATORY SERVICES, HEART CENTER, NEUROSURGERY, SEDATION SERVICE, ENT, (CONTINUED ON SCHEDULE O) (CONTINUED FROM PART III, LINE 4A) MATERNAL FETAL MEDICINE, CARE CENTER, GASTROENTEROLOGY, SPORTS MEDICINE, NEUROLOGY, NDC BEHAVIORAL, NEPHROLOGY, ENDOCRINOLOGY, ADOLESCENT MEDICINE, INFECTIOUS DISEASES, HEMATOLOGY SERVICES, PULMONARY MEDICINE, DEVELOPMENTAL PEDIATRICS, PALLIATIVE CARE PROGRAM, OAK ADOPTIVE HEALTH CENTER, LOCUST PEDIATRICS, DIAGNOSTIC REFERRAL GROUP, RHEUMATOLOGY, CLINICAL PHARMACOLOGY AND TOXICOLOGY, PSYCHIATRIC SERVICES, GENETICS, DEPARTMENT OF PEDIATRICS, CAST ROOM, ORTHOPEDICS, AND SKELETAL DYSPLASIA CENTER CHILDREN'S OPENED ITS BEEGLY CAMPUS IN BOARDMAN, OHIO IN DECEMBER 2008 THE 32-BED FACILITY INCLUDES SUBSPECIALTIES SUCH AS NEONATOLOGISTS, HEMATOLOGY/ONCOLOGY CLINIC AND INFUSION CENTER, INPATIENT AND OUTPATIENT REHABILITATION SERVICES ONE OF THE SUBSPECIALTY DEPARTMENTS, THE HEART CENTER, WHICH WAS ESTABLISHED IN MAY 2001, HAS SEEN NUMEROUS CONTRIBUTIONS AND ACCOMPLISHMENTS SINCE ITS INCEPTION OF GREATEST IMPORTANCE IS THE ESTABLISHMENT AND MATURATION OF AN INTEGRATED, SERVICE-LINE ORGANIZATIONAL STRUCTURE THIS HAS INFLUENCED ALL OTHER HEART CENTER INITIATIVES AND ACCOMPLISHMENTS OVER THE LAST EIGHT YEARS INCLUDING THE ESTABLISHMENT OF THE FOLLOWING SERVICES -- CARDIAC SURGICAL SERVICES -- INTERVENTIONAL CARDIOLOGY -- MATERNAL FETAL CARDIOLOGY -- ADULT CONGENITAL CARDIOLOGY -- ELECTROPHYSIOLOGY CARDIOLOGY -- ADVANCED CARDIOLOGY IMAGERY -- OUTREACH CARDIOLOGY SERVICES -- CLINICAL CARDIOLOGY SERVICES (ECHO, EKG, STRESS TESTING) -- PREVENTIVE CARDIOLOGY MAJOR ACCOMPLISHMENTS OF THE HEART CENTER INCLUDE -- COORDINATION OF AN INTEGRATED CLINICAL TEAM AND OPERATIONAL INTERACTION WITH ANESTHESIA, NEONATOLOGY, CRITICAL CARE MEDICINE, AND PERINATOLOGY TO IMPROVE POINT OF CARE DELIVERY -- DEVELOPMENT OF OUTPATIENT, NON-INVASIVE DIAGNOSTIC, AND ADMINISTRATIVE FACILITY ON THE AKRON CAMPUS -- DEVELOPMENT OF OUTREACH FACILITIES AND REFERRAL NETWORKS FOR CARDIOVASCULAR SERVICES IN CLEVELAND, YOUNGSTOWN, STARK COUNTY AND LAKE COUNTY -- IMPLEMENT PROTOCOL MODIFICATIONS TO IMPROVE ECHO SERVICES TO CHILDREN'S AND ACHIEVE ACCREDITATION BY ICAL -- EXPAND REFERRAL NETWORKS AND CLINICAL CAPABILITY OF THE ELECTROPHYSIOLOGY (EP) SERVICE STATISTICS FOR THE HEART CENTER ARE AS FOLLOWS 2009 2008 ----- OUTPATIENT VISITS 9,849 9,292 INPATIENT VISITS 2,974 2,987 CARDIAC PROCEDURES CATH 273 275 SURGERY 127 130 ANOTHER SUBSPECIALTY IS THE PEDIATRIC DIALYSIS RENAL CARE CENTER, WHICH OPENED IN 1985 THIS IS THE ONLY FACILITY IN THE CHILDREN'S SERVICE AREA EQUIPPED TO TREAT BABIES, CHILDREN AND ADOLESCENTS SUFFERING FROM CHRONIC OR ACUTE KIDNEY FAILURE STATE-OF-THE-ART KIDNEY DIALYSIS IS PERFORMED AT CHILDREN'S DIALYSIS IS ALSO AVAILABLE TO TREAT PATIENTS WHO NEED RENAL SUPPORT WHILE THEY RECOVER FROM BURNS, POISONINGS OR OTHER SERIOUS ILLNESS OR INJURY COMPREHENSIVE CARE FOR KIDNEY PATIENTS IS ASSURED BY THE USE OF A TEAM APPROACH UTILIZING THE SKILLS OF PHYSICIANS, NURSES, DIETICIANS, AND SOCIAL WORKERS IN 1987, CHILDREN'S ESTABLISHED THE CHILDREN AT RISK EVALUATION (C A R E) CENTER TO BETTER EVALUATE AND INITIATE TREATMENT FOR CHILDREN OF SUSPECTED PHYSICAL OR SEXUAL ABUSE AND NEGLECT AT THE CENTER, A TEAM OF PHYSICIANS, NURSES, AND SOCIAL WORKERS SEE SCHEDULED PATIENTS REFERRED BY PRIVATE PHYSICIANS (LOCAL AND REGIONAL), POLICE DEPARTMENTS, JUVENILE DETECTIVES, THE CHILDREN'S SERVICES BOARD (SUMMIT AND OTHER COUNTIES) AND OTHER COMMUNITY AGENCIES LOCATED NEAR EMERGENCY SERVICES, THE CENTER ACCOMODATES THESE CHILDREN BY PROVIDING A QUIET STRUCTURE AND UNHURRIED ATMOSPHERE FOR EXAMINATION AND INTERVIEW IN ADDITION TO PROVIDING FORENSIC INTERVIEWS AND EXAMINATIONS TO BE USED PRIOR TO AND DURING COURT PROCEEDINGS, THE CENTER CAN VIDEOTAPE A CHILD'S TESTIMONY TO AVOID REPEATED AND OFTEN PAINFUL INTERVIEWS THE C A R E TEAM ALSO PROVIDES CONSULTATION WHEN ABUSE IS SUSPECTED FOR A CHILD ON AN INPATIENT UNIT IN 2007, CHILDREN'S EXPANDED SERVICES FOR ABUSED CHILDREN AND TEENS IN THE MAHONING VALLEY BY PURCHASING THE TRI-COUNTY CHILD ADVOCACY CENTER THE CENTER NOT ONLY PROVIDES MEDICAL AND FORENSIC EVALUATIONS FOR CHILDREN SUSPECTED OF BEING PHYSICALLY OR SEXUALLY ABUSED, BUT IT ALSO PROVIDES MEDICAL EVALUATIONS FOR KIDS IN FOSTER CARE IN OCTOBER, 2009, CHILDREN'S RECEIVED FEDERAL RECOVERY AND REINVESTMENT ACT (AARA) GRANT FUNDING OF 882,550 FOR THE EXPANSION OF THE C A R E CENTER SERVICES TO INCLUDE TRAUMA INTERVENTION SERVICES ("TIS") FOR CHILD CARE VICTIMS THE PROJECTED ROLL-OUT DATE IS FEBRUARY 1, 2010 THE PROJECT HAS THE FOLLOWING GOALS -- EXPAND THE INFRASTRUCTURE OF C A R E TO INCLUDE TIS, THROUGH THE HIRING AND TRAINING OF ADDITIONAL STAFF AND THE DEVELOPMENT OF PSYCHOLOGICAL EDUCATIONAL MATERIALS FOR CHILDREN WHO HAVE BEEN VICTIMS OF CRIME AND THEIR FAMILIES -- INCREASE THE PARTICIPATION OF VICTIMS IN THE CRIMINAL JUSTICE SYSTEM, AND CONSEQUENTLY, THE PROSECUTION OF CHILD PHYSICAL AND SEXUAL ABUSE CHILDREN WHO ARE VICTIMS OF PHYSICAL OR SEXUAL ABUSE WILL BE IDENTIFIED BY REFERRAL FROM OUTSIDE AGENCIES, INCLUDING LAW ENFORCEMENT AGENCIES, CHILD PROTECTIVE SERVICES, PRIVATE PHYSICIANS, AND CHILDREN'S HOSPITAL EMERGENCY DEPARTMENT PERSONNEL AT ANY OF THE FOUR CHILDREN'S HOSPITAL MEDICAL CENTER EMERGENCY DEPARTMENT LOCATIONS SERVICES TO BE PROVIDED INCLUDE IMMEDIATE TRAUMA-INFORMED, HOME-BASED CRISIS INTERVENTION MANAGEMENT, ADVOCACY THROUGHOUT THE CRIMINAL JUSTICE SYSTEM, AND PSYCHOSOCIAL EDUCATIONS FOR FAMILIES REGARDING TRAUMA SYMPTOMS AND TREATMENT THIS PROJECT IS AN EXPANSION OF A CURRENT SUCCESSFUL EVIDENCE-BASED PROGRAM MODEL, CHILDREN WHO WITNESS VIOLENCE, WHICH HAS SERVED 1,924 CHILDREN WHO HAVE WITNESSED VIOLENCE AND THEIR FAMILIES WITH HOME-BASED TRAUMA INTERVENTION SERVICES OHIO'S RATE OF CHILD ABUSE AND NEGLECT IS RANKED ELEVENTH IN THE NATION RESEARCH HAS SHOWN THAT EXPOSURE TO TRAUMA MAY NEGATIVELY IMPACT THE PHYSICAL, MENTAL, AND EMOTIONAL DEVELOPMENT OF CHILDREN CHILDREN'S HAS HAD SUCCESSFUL AND EXTENSIVE EXPERIENCE IN THE IMPLEMENTATION OF SERVICES TO PROVIDE TRAUMA FOR CHILDREN EXPOSED TO VIOLENCE, THE EXPANSION OF THE C A R E CENTER WILL BUILD UPON THIS MODEL A COMPONENT OF THE DIVISION OF HEMATOLOGY/ONCOLOGY, THE OHIO REGIONAL VI COORDINATED SICKLE CELL PROGRAM AT CHILDREN'S SERVES ADULTS AND CHILDREN IN SEVERAL NORTHEAST OHIO COUNTIES THE GRANT FUNDED PROGRAM PLAYS AN IMPORTANT ROLE IN IMPROVING THE TREATMENT AND EDUCATION OF PERSONS WITH THE SICKLE CELL TRAIT IN THE REGION IN ADDITION TO MEDICAL CARE, SUPPORT SERVICES INCLUDE DISEASE EDUCATION, PERSONAL AND CAREER COUNSELING AND FINANCIAL COUNSELING ARE OFFERED ALSO INCORPORATED IN THE SICKLE CELL CLINIC ARE GENETIC AND PSYCHOSOCIAL COUNSELING SERVICES THE PROGRAM COORDINATES ACTIVITIES OF SICKLE CELL SERVICE AGENCIES THROUGHOUT REGION VI AND PROVIDES EDUCATION PROGRAMS FOR THE GENERAL PUBLIC, AT-RISK GROUPS AND HEALTH CARE PROVIDERS CHILDREN'S HEMOSTASIS AND THROMBOSIS CENTER PROVIDES DIAGNOSTIC AND TREATMENT SERVICES TO CHILDEN AND ADULTS WITH INHERITED BLEEDING AND CLOTTING DISORDERS THE CENTER IS RECOGNIZED BY THE FEDERAL DEPARTMENT OF MATERNAL AND CHILD HEALTH AS A REGIONAL COMPREHENSIVE CENTER THE CENTER IS STAFFED BY BOARD-CERTIFIED HEMOTOLOGISTS, NURSE CLINICIANS, NURSE EDUCATOR, SOCIAL SERVICE STAFF, AN ORTHOPEDIST AND A PHYSICAL THERAPIST IN ADDITION TO PROVIDING MEDICAL ASSESSMENT/TREATMENT THROUGH THE CANCER AND BLOOD DISORDERS CLINIC, THE STAFF PROVIDES COUNSELING AND TEACHING SERVICES THE HOSPITAL ALSO OPERATES A CLINIC IN MILLERSBURG, OHIO, TO SERVE THE AMISH/MENNONITE COMMUNITY CLINICAL TRIALS ARE AVAILABLE TO INDIVIDUALS WITH HEREDITARY COAGULATION DISORDERS ENROLLED IN THE CENTER, IN CONJECTION WITH PHARMACEUTICAL COMPANIES, THE CDC, THE NATIONAL HEMOPHILIA FOUNDATION, AND OTHER RESEARCH AGENCIES CHILDREN'S OFFERS A COMPREHENSIVE CLINICAL TREATMENT CENTER FOR CHILDREN WITH ALL TYPES OF CANCER AND BLOOD DISORDERS HIGHLY SPECIALIZED TEAMS CARE FOR CHILDREN AND TEENS WITH ALL TYPES OF CHILDHOOD CANCERS, SICKLE CELL DISEASE, HEMOGLOBINOPATHIES, AND BLEEDING/CLOTTING DISORDERS, AS WELL AS THOSE WHO REQUIRE STEM CELL/BONE MARROW TRANSPLANTATION CHILDREN'S INPATIENT CANCER AND BLOOD DISORDERS UNIT HAS 20 PRIVATE ROOMS WITH SOOTHING NATURAL LIGHT AND BRIGHT COLORS THERE ARE ROOMING-IN ACCOMODATIONS SO ONE PARENT MAY STAY WITH A CHILD AT ALL TIMES CHILDREN'S OUTPATIENT CANCER AND BLOOD DISORDERS CLINIC HAS 12 TREATMENT AND EXAM ROOMS, INCLUDING THOSE OUTFITTED FOR CHILDREN WHO REQUIRE SPECIAL ISOLATION CHIL	

4b	(Code) (Expenses \$ 73,989,725 including grants of \$) (Revenue \$ 117,101,976)
PROGRAM ACHIEVEMENT 2 - INPATIENT SERVICES 2009 2008 ---- ----- TOTAL INPATIENT DAYS 61,491 55,506 AKRON CHILDREN'S PHILOSOPHY OF CARE IS CENTERED AROUND THE FAMILIES WE SERVE THIS MEANS WE RESPECT EACH CHILD AND FAMILY'S INDIVIDUAL NEEDS AND STRIVE TO MAKE THE HOSPITAL EXPERIENCE AS PLEASANT AS POSSIBLE (CONTINUED ON SCHEDULE O) (CONTINUED FROM PART III, LINE 4B) THE ROUTINE CARE UNITS, WHICH CONSIST OF PRIVATE ROOMS AND ACCOMODATIONS FOR OVERNIGHT STAY BY PARENTS, ARE BASED UPON THE CONCEPT OF FAMILY-CENTERED CARE THE PRIMARY FOCUS OF THE FACILITY IT TO PROVIDE AN ENVIRONMENT CONDUCIVE TO PEDIATRIC PATIENTS, AIDING THEIR RECOVERY IN A MODERN HOSPITAL SETTING INPATIENT SERVICES INCLUDE SOME OF THE FOLLOWING DIVISIONS NEONATAL INTENSIVE CARE UNIT, PEDIATRIC INTENSIVE CARE UNIT, PSYCHIATRIC CARE UNIT, REGIONAL BURN CENTER, TRAUMA SERVICES A 59-BED REGIONAL NEONATAL INTENSIVE CARE UNIT (NICU) WAS OPENED IN 1993 THE NICU IS DESIGNATED THE LEVEL III TERTIARY NEONATAL UNIT IN OHIO'S PERINATAL REGION VI A FULL STAFF OF MEDICAL, NURSING, AND OTHER HEALTH CARE PROFESSIONALS CARE FOR HIGH-RISK INFANTS IN ONE OF THE MOST ADVANCED FACILITIES IN THE NATION A NEONATOLOGIST IS PRESENT IN-HOUSE AND AROUND THE CLOCK, SEVEN (7) DAYS A WEEK FOR REFERRAL AND CONSULTATION A TRANSPORT TEAM FROM THE NICU IS ALSO AVAILABLE AT ALL TIMES FOR TRANSFER OF PATIENTS BY AMBULANCE OR HELICOPTER FROM ANY ONE OF THE THIRTY-FIVE(35) NETWORK HOSPITALS IN THE AREA THE LEVEL III UNIT IS DIVIDED INTO TWO SECTIONS (1) INTENSIVE CARE AND (2) SUB-INTENSIVE CARE SUB-INTENSIVE CARE INCLUDES CONVALESCENT CARE FOR BABIES READY TO GO HOME, AS WELL AS TRANSITIONAL LEVEL CARE FOR BABIES WHO HAVE BEEN HERE FOR AN EXTENDED PERIOD OF TIME IN SEPTEMBER 2002, CHILDREN'S ENTERED INTO A LEASE AGREEMENT WITH AKRON GENERAL MEDICAL CENTER FOR THE OPERATIONS OF A 15 BED, LEVEL II SPECIAL CARE NURSERY ALTHOUGH LOCATED AT AKRON GENERAL MEDICAL CENTER, THOSE PATIENTS TREATED ARE PATIENTS OF CHILDREN'S CHILDREN'S IS RESPONSIBLE FOR THE MEDICAL AND TREATMENT CARES RENDERED TO THESE PATIENTS USING THE HEALTHCARE KNOWLEDGE AND TECHNIQUES DEVELOPED AND UTILIZED AT CHILDREN'S MAIN CAMPUS AKRON CHILDREN'S HOSPITAL IS ALSO ONE OF THREE HOSPITALS IN THE COUNTRY SELECTED BY THE MARCH OF DIMES FOR A PILOT PROJECT TO ASSIST FAMILIES IN COPING WITH THE BIRTH OF THEIR CHILD WHO NEEDS NEONATAL INTENSIVE CARE AS PART OF THE PILOT PROJECT, CHILDREN'S HAS DEVELOPED EDUCATIONAL MATERIALS AND VIDEOS FOR PARENTS OF PREMATURE INFANTS TO EXPLAIN THE NICU EXPERIENCE DURING 2007, CHILDREN'S AND ST ELIZABETH'S HOSPITAL, YOUNGSTOWN, OHIO ("HMHP")PURCHASED FROM FORUM HEALTH SYSTEM CERTAIN INPATIENT AND OUTPATIENT FACILITIES AND RESIDENTIAL REALTY LOCATED IN BOARDMAN, OHIO ("BEEGLY CAMPUS") CHILDREN'S AND HMHP ENTERED INTO AN AGREEMENT TO PROVIDE PEDIATRIC SERVICES ON THE ST ELIZABETH CAMPUS IN YOUNGSTOWN, OHIO UNTIL THE BEEGLY CAMPUS WAS CONVERTED INTO FACILITIES APPROPRIATE FOR PEDIATRIC INPATIENT, OUTPATIENT AND EMERGENCY SERVICES IN DECEMBER 2009, THE BOARD OF DIRECTORS AND HMHP AGREED TO HAVE ONLY CHILDREN'S OWN AND OPERATE THE BEEGLY CAMPUS PATIENT CARE SERVICES AT THE BEEGLY CAMPUS COMMENCED IN DECEMBER 2008, AND IS NOW KNOWN AS AKRON CHILDREN'S HOSPITAL MAHONING VALLEY TOTAL NICU PATIENT DAYS WERE AS FOLLOWS 2009 2008 ----- NEONATAL AT AKRON 15,095 16,111 NEONATAL AT AGMC 3,713 3,396 NEONATAL AT ST E'S 7,520 2,815 NEONATAL AT BEEGLY 657 0 THE DIVISION OF PEDIATRIC CRITICAL CARE IS RESPONSIBLE FOR OVERSEEING AND DELIVERING CARE IN THE PEDIATRIC INTENSIVE CARE UNIT (PICU) EACH YEAR, THE PICU CARES FOR ABOUT 1,300 CHILDREN AND TEENS IN NORTHEAST OHIO WITH LIFE-THREATENING MEDICAL AND SURGICAL PROBLEMS THE 25,200 SQUARE-FOOT PEDIATRIC INTENSIVE CARE UNIT INCLUDES 23 PRIVATE ROOMS WITH COMFORTABLE PULL-OUT SOFAS TO ENCOURAGE PARENTS TO STAY OVERNIGHT TOTAL PATIENT DAYS WERE 19,882 AND 19,913 IN 2009 AND 2008, RESPECTIVELY SINCE 1978, THE BURN INSTITUTE HAS PROVIDED SPECIALIZED CARE FOR BURN VICTIMS OF ALL AGES THROUGHOUT NORTHEASTERN OHIO AKRON CHILDREN'S IS ONE OF ONLY TWO PEDIATRIC HOSPITALS IN THE COUNTRY THAT TREAT ADULT BURN PATIENTS THE BURN INSTITUTE IS VERIFIED BY THE AMERICAN BURN ASSOCIATION AND THE COMMITTEE ON TRAUMA OF THE AMERICAN COLLEGE OF SURGEONS, WHICH RECOGNIZES INDIVIDUAL AND INSTITUTIONAL COMMITMENT TO TOTAL BURN CARE AND A FORMAL SYSTEM FOR QUALITY BURN CARE DELIVERY EACH YEAR, MORE THAN 250 BURN VICTIMS ARE ADMITTED TO AKRON CHILDREN'S BURN CENTER, WHICH FEATURES 12 PRIVATE PATIENT ROOMS WITH BATHROOMS AND ROOMING-IN ACCOMODATIONS FOR ONE PARENT OR FAMILY MEMBER EACH ROOM IS DIVIDED INTO ZONES DESIGNED TO MEET THE NEEDS OF THE PATIENT, FAMILY AND BURN CARE TEAM THE UNIT ALSO HAS A TREATMENT ROOM, PHYSICAL THERAPY ROOM, OPERATING ROOM AND TUB ROOM THE BURN CENTER COMPREHENSIVELY TREATS SERIOUSLY BURN VICTIMS BY COMBINING THE SKILLS OF PHYSICIANS, NURSES, OCCUPATIONAL THERAPISTS, PHYSICAL THERAPISTS, DIETICIANS, SOCIAL WORKERS, RESPIRATORY THERAPISTS, PSYCHOLOGISTS AND PSYCHIATRISTS BESIDES PROVIDING EXPERT TREATMENT, THE CENTER'S STAFF IS ACTIVELY INVOLVED IN BURN RESEARCH AND BURN CARE TRAINING FOR PROFESSIONAL AND COMMUNITY GROUPS TOTAL PATIENT DAYS FOR THE BURN CENTER WERE 2,571 AND 2,622 FOR 2009 AND 2008, RESPECTIVELY THE DIVISION OF EMERGENCY/TRAUMA SERVICES AT CHILDREN'S SUPPLIES THE EMERGENCY CARE NEEDS OF CHILDREN FROM BIRTH TO TWENTY-ONE(21) YEARS OF AGE AS THE SOLE PEDIATRIC INSTITUTION IN THE AREA, THE DIVISION OF EMERGENCY/TRAUMA SERVICES IS THE DESIGNATED TREATMENT CENTER FOR ALL EMERGENT PEDIATRIC PROBLEMS CHILDREN FROM AKRON AND THE SURROUNDING COUNTIES IN NORTHEAST OHIO ACCOUNTED FOR THE MAJORITY OF THE NEARLY 92,449 VISITS DURING 2009 A FULL-TIME ATTENDING PEDIATRIC EMERGENCY MEDICINE SPECIALIST IS ON DUTY TWENTY-FOUR(24) HOURS A DAY INVOLVED IN THE DIRECT CARE OF PATIENTS AND TEACHING FELLOWS, RESIDENTS, AND MEDICAL STUDENTS THE DIVISION OF EMERGENCY/TRAUMA BOASTS ONE OF THE NATION'S FIRST AND MOST SUCCESSFUL SUTURE PROGRAMS USING SPECIALLY TRAINED TECHNICIANS AND NURSES TO DO MOST OF THE SUTURING OF LACERATIONS IN THE EMERGENCY SETTING THEY SEE BETWEEN 400 AND 750 PATIENTS PER MONTH WHO NEED STITCHES ROUNDING OUT THE SPECIALIZED MEDICAL CARE IN THE ED ARE CHILD LIFE SPECIALISTS WHO ARE ACCUSTOMED TO EXPLAINING PROCEDURES TO CHILDREN AND COMFORTING PARENTS, SOCIAL WORKERS TRAINED TO IDENTIFY NEEDS OF FAMILIES AND POINT THEM TO HELPFUL SERVICES, AND CHAPLAINS AND BEREAVEMENT STAFF WHO ARE ALWAYS ON CALL AKRON CHILDREN'S HOSPITAL IS VERIFIED AS A PEDIATRIC TRAUMA CENTER BY THE AMERICAN COLLEGE OF SURGEONS THE PEDIATRIC TRAUMA VERIFICATION IS BASED ON ITS ABILITY TO PROVIDE QUALITY TRAUMA CARE TO TRAUMA PATIENTS AND THEIR FAMILIES FROM THE TIME OF INJURY, THROUGH THE ACUTE CARE PHASE, INTO THE REHABILITATION PHASE	

4c	(Code) (Expenses \$ 65,460,486 including grants of \$) (Revenue \$ 122,034,444)
PROGRAM ACHIEVEMENT 3 - ANCILLARY SOME OF THE KEY DEPARTMENTS OF ANCILLARY INCLUDE CENTRALIZED CORE LAB, MICROBIOLOGY/VIROLOGY LABS, CYTOGENETICS, RADIOLOGY DIAGNOSTIC IMAGING, RADIOLOGY MRI, RADIOLOGY CT, RADIOLOGY ULTRASOUND, RADIOLOGY NUCLEAR MEDICINE, PHYSICAL THERAPY, SPEECH PATHOLOGY, AUDIOLOGY, OCCUPATIONAL THERPY (CONTINUED ON SCHEDULE O) (CONTINUED FROM PART III, LINE 4C) THE CENTRALIZED CORE LAB INCLUDES THE CHEMISTRY, HEMATOLOGY, COAGULATION, URINALYSIS, SPECIAL CHEMISTRY AND BLOOD BANK LABORATORIES THE CCL OPERATES 24 HOURS/DAY, SEVEN DAYS/WEEK THE CHEMISTRY ANALYZERS TEST FOR MORE THAN 60 DIFFERENT SUBSTANCES FOUND IN BLOOD, URINE AND CEROBROSPINAL FLUID SPECIMENS IN ADDITION TO ROUTINE CHEMISTRIES, TESTING IS PERFORMED FOR THERAPEUTIC AND IMMUNOSUPPRESSIVE DRUG MONITORING SWEAT CHLORIDE ANALYSIS IS PERFORMED TO SCREEN FOR CYSTIC FIBROSIS THE HEMATOLOGY SECTION RUNS ANALYSIS ON THE CELLULAR COMPONENTS OF THE BLOOD CELL COUNTS ARE PERFORMED USING AUTOMATED INSTRUMENTS WHILE CELL MORPHOLOGY IS CONFIRMED BY DOING MANUAL EXAMINATIONS OF STAINED BLOOD SMEARS SPECIAL HEMATOLGY EXAMS, AS WELL AS ROUTINE AND SPECIAL COAGULATION TESTIG IS ALSO PERFORMED IN THE HEMATOLOGY LABORATORY INSTRUMENTS ARE SELECTED TO USE THE SMALLEST AMOUNTS OF BLOOD FOR TESTING IN ORDER TO MINIMIZE BLOOD LOSS FROM OUR PEDIATRIC PATIENTS SPECIALIZED ASSAYS ARE PERFORMED TO AID IN THE DIAGNOSIS OF HEMATOLOGICAL AND COAGULATION DISORDERS LEAD TESTING IS PERFORMED IN THE SPECIAL CHEMISTRY LABORATORY OTHER TESTS PERFORMED IN SPECIAL CHEMISTRY INCLUDE PRENATAL TESTING FOR DOWN'S SYNDROME AND NEURAL TUBE DEFECTS AS WELL AS THYROID AND OTHER HORMONES IN 2009, OVER 440,000 TESTS WERE PERFORMED IN THE CCL, 41% FROM INPATIENTS AND 59% FROM OUTPATIENTS IN ADDITION TO THE CCL, LABORATORY SERVICES ARE PROVIDED BY THE INFECTIOUS DISEASE LABORATORIES (MICROBIOLOGY, VIROLOGY, IMMUNOLOGY, AND MOLECULAR DIAGNOSTICS) THESE SERVICES INCLUDE THE IDENTIFICATION OF BACTERIA AND VIRUSES BY CONVENTIONAL CULTURE TECHNIQUES, RAPID SHELL VIAL AND DIRECT IMMUNOFLOURESCENCE STAINS, AND AMPLIFIED NUCLEIC ACID PROBE ASSAYS THE MOLECULAR DIAGNOSTIC LABORATORY ALSO PERFORMS GENETIC ASSAYS FOR CYSTIC FIBROSIS MUTATIONS AND FOR THE MUTATIONS THAT CAUSE HYPERCOAGULABILITY THE CYTOGENETIC LABORATORY PERFORMS KARYOTYPES AND FISH (IN-SITU HYBRIDIZATION) TO DETECT CHROMOSOME ABNORMALITIES ANATOMIC PATHOLOGY SERVICES INCLUDE SURGICAL PATHOLOGY, RENAL, NERVE, AND MUSCLE, PLACENTAL PATHOLOGY AND AUTOPSY SERVICES THE ANATOMIC PATHOLOGY LABORATORY HAS A STATE OF THE ART JEOL SCANNING ELECTRON MISCROSCOPE TO AID IN THE DIAGNOSIS AT THE SMALLEST CELLULAR LEVEL THE RADIOLOGY DIVISION AT AKRON CHILDREN'S HOSPITAL PERFORMS A FULL SPECTRUM OF DIAGNOSTIC IMAGING PROCEDURES INCLUSIVE OF DIAGNOSTIC/FLUOROSCOPIC XRAYS, CT, NUCLEAR MEDICINE, ULTRASOUND, AND MRI THE RADIOLOGY DIVISION IS STAFF WITH LICENSED DIAGNOSTIC IMAGING TECHNOLOGISTS AND ALL OUR PEDIATRIC IMAGING PROCEDURES ARE READ BY QUALIFIED PEDIATRIC RADIOLOGISTS WITH BOARD CERTIFICATION AND CAQ CREDENTIALS INCLUSIVE OF EXPERTISE IN SPECIFIC RADIOLOGY SUBSPECIALTY AREAS OF IMAGING IN DECEMBER 2008, AKRON CHILDREN'S OPENED OUR 32-BED ACUTE CARE AKRON CHILDREN'S HOSPITAL IN MAHONING VALLEY, SERVING THE NEEDS OF PEDIATRIC PATIENTS IN THE YOUNGSTOWN AND SURROUNDING AREAS WE OPENED A FULLY-EQUIPPED RADIOLOGY DEPARTMENT WHICH INCLUDES ALL DIAGNOSTIC IMAGING SERVICES THAT ARE OFFERED OUR OUR MAIN AKRON CAMPUS IN 2008, THE RADIOLOGY DIVISION SUCCESSFULLY COMPLETED THE JOINT COMMISSION SURVEY WITH NO AREAS OF RECOMMENDATION OR AREAS OF DEFICIENCY ALSO DURING 2008, RADIOLOGY PARTICIPATED WITH NURSING TO IMPLEMENT A CENTRALIZED SEDATION SERVICES DEPARTMENT WHICH SERVES SEDATION NEEDS OF OUR MRI, CT, AND NUCLEAR MEDICINE PEDIATRIC PATIENTS CHILDREN'S HOSPITAL MEDICAL CENTER'S PHYSICAL AND OCCUPATIONAL THERAPISTS ARE DEVOTED TO PROVIDING QUALITY CARE IN THE HOSPITAL AND TO OUTPATIENTS, SCHOOLS AND COMMUNITY PROGRAMS OUR STAFF OF PEDIATRIC THERAPISTS CAN PROVIDE SPECIALIZED TREATMENT FROM BIRTH TO AGE 21 WE ARE AFFILIATED WITH NINE UNIVERSITIES FOR TEACHING OF STUDENTS INCORPORATING THE SUPPORT OF FAMILIES AND SKILLS OF VARIOUS MEDICAL PROFESSIONALS AT CHILDREN'S, THE OCCUPATIONAL THERAPY, PHYSICAL THERAPY, SPEECH, AUDIOLOGY, AND SOCIAL SERVICES STAFFS STRIVE TO PROVIDE PATIENTS WITH THE SKILLS NEEDED TO OVERCOME A VARIETY OF DEVELOPMENTAL, PHYSICAL, AND EMOTIONAL DISABILITIES THE FAMILY CHILD LEARNING CENTER(FCLC), A COOPERATIVE EFFORT OF CHILDREN'S AND KENT STATE UNIVERSITY, OFFERS A HOST OF THERAPY AND EDUCATIONAL SERVICES TO HANDICAPPED INFANTS, PRESCHOOLERS AND THEIR FAMILIES THERAPISTS AND EDUCATORS WORK TOGETHER TO SIGNIFICANTLY ENHANCE THE DEVELOPMENT OF THESE CHILDREN AT AN EARLY AGE FCLC PROVIDES AN EDUCATIONAL TRAINING GROUND FOR GRADUATE STUDENTS IN EDUCATION, SPEECH PATHOLOGY, MOTOR LEARNING AND PHYSICAL AND OCCUPATIONAL THERAPY	

4d	Other program services (Describe in Schedule O) See also Additional Data for Description (Expenses \$ 116,708,184 including grants of \$ 353,391) (Revenue \$ 115,150,382)
4e	Total program service expenses▶\$ 338,363,018

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	Yes
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	Yes

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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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	Yes	
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	Yes	
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	Yes	
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	1a	198		
		1b	0		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			1c	Yes	
2a	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?				
	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	2a	4,163		
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)			2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes	
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)?			4a	Yes	
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		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			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		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).					
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?			7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f		No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
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?			8		
9 Sponsoring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966?			9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12			10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b		
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders			11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b		

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	27	
b	Enter the number of voting members that are independent	1b	20	
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	Yes	
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	Yes	
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	Yes	
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	Yes	
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. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 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	13,173,275	804,764
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶266

		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>	3	Yes	
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>	4	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>	5		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
ANESTHESIA FOR CHILDREN 2725 PADDOCK DRIVE AKRON, OH 44333	PHYS SERVICES	1,300,350
BROUSE MCDOWELL CO LPA PO BOX 75579 CLEVELAND, OH 441014755	LEGAL/CONSULTIN	984,746
CHILDREN'S CARE CENTER 9345 RAVENNA ROAD UNIT D TWINSBURG, OH 44087	PHYS SERVICES	775,000
MEDQUIST P O BOX 10832 NEWARK, NJ 071930832	WORD PROCESSING	679,157
ERNST & YOUNG LLP 50 S MAIN STREET SUITE 1200 AKRON, OH 44308	ACCOUNTING	374,585

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 ▶15

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	1,063,193					
	d	Related organizations	1d	7,930,605					
	e	Government grants (contributions)	1e	2,515,387					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	804,995					
	g	Noncash contributions included in lines 1a-1f \$ _____							
	h	Total. Add lines 1a-1f		12,314,180					
Program Service Revenue			Business Code						
	2a	ANCILLARY	621,500	122,034,444	122,034,444				
	b	INPATIENT SERVICES	900,099	117,101,976	117,101,976				
	c	OTHER NET PATIENT SVCS	900,099	104,539,078	104,539,078				
	d	SUBSPECIALTY PHYSICIANS	900,099	61,951,072	61,951,072				
	e	MISC DEPARTMENT INCOME	900,099	10,611,304	10,611,304				
	f	All other program service revenue							
	g	Total. Add lines 2a-2f		416,237,874					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		3,396,289			3,396,289		
	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) O ther					
			114,762,418	402,676					
			116,454,314	535,469					
			-1,691,896	-132,793					
	d	Net gain or (loss)		-1,824,689			-1,824,689		
	8a	Gross income from fundraising events (not including \$ 1,063,193 of contributions reported on line 1c) See Part IV, line 18	a						
			b	Less direct expenses	775,837				
			c	Net income or (loss) from fundraising events . . .	-775,837			-775,837	
	9a	Gross income from gaming activities See Part IV, line 19	a						
			b	Less direct expenses					
			c	Net income or (loss) from gaming activities . . .					
	10a	Gross sales of inventory, less returns and allowances	a						
			b	Less cost of goods sold					
			c	Net income or (loss) from sales of inventory . . .					
	Miscellaneous Revenue		Business Code						
	11a	CAFETERIA	722,210	2,833,450			2,833,450		
b	PHARMACY	446,110	1,054,737		1,054,737				
c	PARKING DECK	812,930	978,622			978,622			
d	All other revenue		679,265		679,265				
e	Total. Add lines 11a-11d		5,546,074						
12	Total revenue. See Instructions		434,893,891	416,237,874	1,734,002	4,607,835			

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	353,391	353,391		
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	9,126,320	1,785,128	7,341,192	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	452,972	318,998	133,974	
7	Other salaries and wages	191,440,180	174,993,720	16,446,460	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	17,264,159	14,909,443	2,354,716	
9	Other employee benefits	27,439,735	22,259,072	5,180,663	
10	Payroll taxes	13,226,784	11,623,747	1,603,037	
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,292,568	52,936	1,239,632	
c	Accounting	392,048	338	391,710	
d	Lobbying	15,000		15,000	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	331,311		331,311	
g	Other	27,401,228	21,774,961	5,626,267	
12	Advertising and promotion	3,461,319	169,015	3,292,304	
13	Office expenses	46,301,848	44,100,645	2,201,203	
14	Information technology	3,278,875		3,278,875	
15	Royalties				
16	Occupancy	10,294,679	5,682,922	4,611,757	
17	Travel	3,210,951	1,798,279	1,412,672	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	5,663,876		5,663,876	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	27,138,763	16,857,213	10,281,550	
23	Insurance	8,762,280	906,294	7,855,986	
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	EQUIP RENTAL/MAINTENANCE	10,794,820	6,089,672	4,705,148	
b	BAD DEBTS-OTHER PROGRAMS	2,528,040	2,528,040		
c	BAD DEBTS-ANCILLARY	1,959,016	1,959,016		
d	MISC EXPENSE-SUBSPECIALTY	1,944,581	1,944,581		
e	BAD DEBTS-INPATIENT	1,879,068	1,879,068		
f	All other expenses	6,908,064	6,376,539	531,525	
25	Total functional expenses. Add lines 1 through 24f	422,861,876	338,363,018	84,498,858	0
26	Joint costs. Check here <input type="checkbox"/> 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			24,880	1	25,530
	2	Savings and temporary cash investments			3,890,237	2	9,187,348
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			52,439,444	4	56,124,171
	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			4,317,086	7	2,911,780
	8	Inventories for sale or use			3,895,468	8	4,227,486
	9	Prepaid expenses and deferred charges			7,093,995	9	7,837,280
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	470,546,057			
	b	Less accumulated depreciation	10b	263,333,757	205,151,210	10c	207,212,300
	11	Investments—publicly traded securities			166,431,325	11	194,510,231
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11			4,309,449	13	4,334,202
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			69,000,266	15	80,119,068
	16	Total assets. Add lines 1 through 15 (must equal line 34)			516,553,360	16	566,489,396
Liabilities	17	Accounts payable and accrued expenses			49,886,896	17	55,519,241
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			119,649,632	20	116,748,151
	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			115,108,457	25	79,428,480
	26	Total liabilities. Add lines 17 through 25			284,644,985	26	251,695,872
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			202,257,538	27	279,558,630
	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 <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			231,908,375	33	314,793,524
	34	Total liabilities and net assets/fund balances			516,553,360	34	566,489,396

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .	Yes	

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 CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON	Employer identification number 34-0714357
--	--

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.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						

12

Gross receipts from related activities, etc (See instructions)

12

13

First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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	
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	

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	

19a**33 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 

b**33 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 

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

Part IV

Supplemental Information. 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

Additional Data

Software ID:
Software Version:
EIN: 34-0714357
Name: CHILDREN'S HOSPITAL MEDICAL CENTER
OF AKRON

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services					
(Code) (Expenses \$	116,708,184	including grants of \$	353,391) (Revenue \$	115,150,382)
CHILDREN'S OPERATES ONE OF THE LARGEST PEDIATRIC PRIMARY CARE NETWORKS WITH 15 OFFICES IN SEVEN COUNTIES INCLUDING CUYAHOGA, MEDINA, WAYNE, TUSCAWARAS AND PORTAGE THE PEDIATRICIANS AND STAFF AT AKRON CHILDREN'S HOSPITAL PEDIATRICS MAINTAIN COOPERATIVE RELATIONSHIPS WITH MANY AREA HEALTH PROVIDERS, INCLUDING SEVERAL HOSPITALS PATIENT CARE IS AVAILABLE 24 HOURS A DAY THROUGH THE PHYSICIAN OFFICE, CHILDREN'S AFTER HOURS, A 24-HOUR NURSE TRIAGE PHONE LINE, AND AKRON CHILDREN'S HOSPITAL BY SHARING INFORMATION BETWEEN OUR OFFICES AND WITH AREA HEALTH CARE PROVIDERS, WE ENSURE THAT ALL CHILDREN RECEIVE THE FINEST CARE -- FROM PREVENTIVE CHECKUPS TO TREATMENT FOR CHRONIC HEALTH PROBLEMS AKRON CHILDREN'S HOSPITAL PEDIATRICS VISITS WERE 239,087 AND 215,867 FOR 2009 AND 2008 RESPECTIVELY THE SURGICAL SERVICES DEPARTMENT AT CHILDREN'S MEDICAL HOSPITAL OF AKRON PERFORMS MORE THAN 10,000 GENERAL AND SPECIALIZED SURGICAL PROCEDURES EACH YEAR--RANGING FROM UNCOMPLICATED TONSILLECTOMIES TO NEUROSURGERY, OPEN HEART, ORTHOPEDIC, AND PLASTIC AND RECONSTRUCTIVE SURGERY CHILDREN'S PERFORMS MORE PEDIATRIC SURGERIES THAN ANY OTHER HOSPITAL IN NORTHEASTERN OHIO THE ENTIRE STAFF AT CHILDREN'S, FROM PEDIATRIC SURGEONS TO PEDIATRIC ANESTHESIOLOGISTS AND NURSES ARE CAREFULLY TRAINED IN MEETING THE UNIQUE SURGICAL NEEDS AND CONCERNS OF CHILDREN AND THEIR FAMILIES THE PEDIATRIC ANESTHESIOLOGISTS ARE EXPERIENCED AT HELPING A CHILD GO TO SLEEP WITH AS LITTLE ANESTHESIA AS POSSIBLE THEY UNDERSTAND THE MEDICAL DIFFERENCES BETWEEN CHILDREN AND ADULTS SPECIAL EQUIPMENT AND TECHNIQUES SUITED TO THE SIZE OF THE PATIENT, FROM INFANTS TO YOUNG ADULTS, HELP ASSURE SUCCESSFUL OUTCOMES TO THE SURGERY AND ANESTHESIA IN ADDITION, CHILD LIFE SPECIALISTS GIVE PRE-SURGERY TOURS ONCE A WEEK TO PREPARE CHILDREN (AND PARENTS) FOR WHAT THEY EXPECT TO SEE, HEAR, FEEL, TASTE OR SMELL CHILDREN'S HAS NINE STATE-OF-THE-ART OPERATING ROOMS TWO ARE DEDICATED TO MINIMALLY INVASIVE SURGERY WITH A VOICE ACTIVATED SYSTEM TO CONTROL THE OR'S THERE ARE ALSO OPERATING SUITES DEDICATED TO NEUROSURGERY AND HEART SURGERY ABOUT 80% OF SURGERIES ARE DONE ON AN OUTPATIENT BASIS, WHICH HAS PROVEN TO BE NOT ONLY MEDICALLY SAFE BUT PSYCHOLOGICALLY BENEFICIAL FOR CHILDREN 2009 2008 ----- SURGICAL PATIENTS - INPATIENT 2,348 2,430 SURGICAL PATIENTS - OUTPATIENT 10,405 10,294					

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 CONSIDINE DIRECTOR/PRE	40 00	X		X				5,032,560	0	99,544
SHAWN LYDEN ASST SECTY/E	40 00	X		X				472,186	0	31,034
NORMAN CHRISTOPHER MD DIRECTOR/CHA	40 00	X						364,299	0	38,417
JOHN POPE DIRECTOR/PHY	40 00	X						264,266	0	38,625
ROBERT STONE DIRECTOR/PHY	40 00	X						115,457	0	2,696
LINDA AULINO DIRECTOR/SEC	1 00	X		X				0	0	0
ROBERT BERK DIRECTOR	1 00	X						0	0	0
SUSAN BERK DIRECTOR	12 00	X						0	0	0
RICHARD GRIGG DIRECTOR	1 00	X						0	0	0
JOYCE HAMAKER DIRECTOR	12 00	X						0	0	0
WILLIAM HOPKINS DIRECTOR	1 00	X						0	0	0
OTIS HOWER DIRECTOR	1 00	X						0	0	0
DUANE ISHAM DIRECTOR	12 00	X						0	0	0
SANDY JOHNSTON DIRECTOR	1 00	X						0	0	0
JEROME JOONDEPH DIRECTOR	1 00	X						0	0	0
ESTELLE KAUFMAN DIRECTOR	1 00	X						0	0	0
DALE KOBLENZER DIRECTOR	1 00	X						0	0	0
SCOTT LEVIN DIRECTOR	1 00	X						0	0	0
PAULA MALONE DIRECTOR	1 00	X						0	0	0
PHILIP MAYNARD DIRECTOR	12 00	X						0	0	0
GREG MCDERMOTT DIRECTOR/CHA	12 00	X		X				0	0	0
STEPHEN MYERS DIRECTOR/VIC	1 00	X		X				0	0	0
DONALD SCHNEIDER DIRECTOR	1 00	X						0	0	0
DAVID SHOWERS DIRECTOR	1 00	X						0	0	0
ROBERT TRABUCCO 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	Former			
HONORABLE JUDGE JAMES WILLIAMS DIRECTOR	1 00	X						0	0	0
WILLIAM WOOLDREDGE DIRECTOR	12 00	X						0	0	0
DENNIS JANCSY CFO/TERM SEP	40 00			X				629,164	0	6,465
MARK WATSON COO	40 00			X				489,320	0	131,896
MICHAEL TRAINER CFO	40 00			X				223,761	0	28,907
GRACE WAKULCHIK VP, PATIENT	40 00				X			283,257	0	53,222
LINDA GENTILE VP, PROF/SUP	40 00				X			186,615	0	47,814
WALTER SCHWOEBLE VP, HR	40 00				X			176,418	0	19,937
CYNTHIA DORMO VP, DEPT OF	40 00				X			171,832	0	40,561
SHARON HRINA VP, MAHONING	40 00				X			152,686	0	25,377
PHILIP SMITH MD DIRECTOR, HE	40 00					X		1,008,046	0	40,645
DENNIS WEINER MD ORTHOPEDIC P	40 00					X		948,909	0	43,620
JUSTIN LAVIN MD PERINATOLOGI	40 00					X		840,886	0	55,377
STEPHEN CRANE MD PERINATOLOGI	40 00					X		716,103	0	30,969
ANTON MILO MD DIRECTOR, EN	40 00					X		707,208	0	6,988
JOHN MCBRIDE FORMER TRUST	40 00						X	256,328	0	62,670
JOHN STONER FORMER CFO							X	133,974	0	0

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
ANCILLARY	621,500	122,034,444	122,034,444		
INPATIENT SERVICES	900,099	117,101,976	117,101,976		
OTHER NET PATIENT SVCS	900,099	104,539,078	104,539,078		
SUBSPECIALTY PHYSICIANS	900,099	61,951,072	61,951,072		
MISC DEPARTMENT INCOME	900,099	10,611,304	10,611,304		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
EQUIP RENTAL/MAINTENANCE	10,794,820	6,089,672	4,705,148	
BAD DEBTS-OTHER PROGRAMS	2,528,040	2,528,040		
BAD DEBTS-ANCILLARY	1,959,016	1,959,016		
MISC EXPENSE-SUBSPECIALTY	1,944,581	1,944,581		
BAD DEBTS-INPATIENT	1,879,068	1,879,068		

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON	Employer identification number 34-0714357
--	--

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

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures

▶ \$
- 3

Volunteer hours

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

- 1

Enter the amount of any excise tax incurred by the organization under section 4955

▶ \$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955

▶ \$
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☒ No
- 4a

Was a correction made?

☐ Yes

☒ No
- b

If "Yes," describe in Part IV

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

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities

▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

▶ \$
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☒ No
- 5

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?	Yes		71,593
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV	Yes		15,000
	j Total lines 1c through 1i			86,593
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
	SCHEDULE C, PART II-B, LINE 1I	311,481 HAS BEEN DETERMINED TO BE GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES THAT CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON PAID IN 2009 OF THAT AMOUNT, 224,887 PERTAINED TO DUES 15,000 WAS ALSO PAID TO A LOBBYIST FOR VARIOUS COMMUNICATIONS HE HAD ON BEHALF OF CHILDREN'S WITH LEGISLATURES THOSE COMMUNICATIONS INVOLVE THE FOLLOWING THE LOBBYIST, ALONG WITH THE MANAGEMENT OF CHILDREN'S, WORKED ON COMPLETING APPROPRIATION REQUESTS FOR 2010 HE PARTICIPATED IN A NATIONAL CONFERENCE CALL ON BEHALF OF CHILDREN'S TO DISCUSS THE NATIONAL PEDIATRIC RESEARCH CONSORTIA ESTABLISHMENT ACT CHILDREN'S WAS ALSO INFORMED BY CONGRESSWOMAN BETTY SUTTON THAT 600,000 WAS SECURED FOR THE BIOINNOVATION INSTITUTE OF AKRON TO WHICH CHILDREN'S IS A KEY COLLABORATOR DURING 2009, THERE WAS CONTINUED MONITORING OF THE STATUS OF THE LABOR HHS/EDUCATION APPROPRIATION BILL IN THE SENATE AND CONTINUED ONGOING COMMUNICATIONS AND CONVERSATION WITH STAFF TO SECURE FUNDING FOR OUR EMERGENCY ROOM DEPARTMENT RENOVATION PROJECT, IN ADDITION TO THE FUNDING SECURED IN 2008 THE FOLLOWING ARE 2009 LOBBYING EXPENSES ASSOCIATION OF AMERICAN MEDICAL COLLEGES 663 NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS 30,579 AMERICAN HOSPITAL ASSOCIATION 9,360 OHIO CHILDREN'S HOSPITAL ASSOCIATION 27,696 OHIO HOSPITAL ASSOCIATION 3,295 ----- TOTAL 71,593 LOBBYIST 15,000 ----- 86,593 ASSOCIATION OF AMERICAN MEDICAL COLLEGES, NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND AMERICAN HOSPITAL ASSOCIATION ARE NATIONAL ORGANIZATIONS THAT CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON HAS MEMBERSHIP ALONG WITH OTHER HOSPITALS AS MEMBERS, THESE NATIONAL ORGANIZATIONS EXPRESS CONCERNS OF HEALTHCARE PROVIDERS IN ADVOCACY AND REPRESENTATION TO NATIONAL AND/OR STATE LEGISLATURES ON HEALTHCARE ISSUES THAT AFFECT US AS AN EXAMPLE, THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES HAS BEEN SUCCESSFUL IN MINIMIZING GRADUATE MEDICAL EDUCATION SPENDING CUTS IN THE FEDERAL BUDGET LEGISLATION THE NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND AMERICAN HOSPITAL ASSOCIATION HAVE BEEN A CONSTANT AND PERSUASIVE VOICE IN CHAMPIONING THE NEEDS OF CHILDREN AND THE HOSPITALS THAT CARES FOR THEM OHIO CHILDREN'S HOSPITAL ASSOCIATION AND OHIO HOSPITAL ASSOCIATION ARE STATE OF OHIO ORGANIZATIONS THAT EXPRESS THE VIEWS OF OHIO'S CHILDREN'S HOSPITALS FOR MEDICAID AND CHILD HEALTHCARE ISSUES LOCAL AGENCIES IN SUMMIT COUNTY, OHIO PROVIDE SERVICES TO RESIDENTS AS A CORPORATE CITIZEN, THE EFFECT OF THE SUCCESS OR FAILURE OF THESE ISSUES HAS IMPLICATIONS ON OUR BUSINESS AND SERVICES WE PROVIDE

SCHEDULE D
(Form 990)

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

Department of the Treasury
Internal Revenue Service

Name of the organization CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON	Employer identification number 34-0714357
---	---

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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> 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
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 ► \$ _____

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	30,651,078	34,179,353			
b Contributions	3,667,095	5,744,957			
c Investment earnings or losses	7,080,419	-4,770,848			
d Grants or scholarships					
e Other expenditures for facilities and programs	-3,495,646	-4,502,384			
f Administrative expenses					
g End of year balance	37,902,948	30,651,078			

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

(ii) related organizations

b

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

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

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		7,511,035		7,511,035
b Buildings		293,099,307	156,508,459	136,590,848
c Leasehold improvements		6,802,010	3,660,227	3,141,783
d Equipment		159,635,751	103,165,071	56,470,680
e Other		3,497,954		3,497,954
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				207,212,300

Schedule D (Form 990) 2009

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	434,893,891
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	422,861,876
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	12,032,015
4	Net unrealized gains (losses) on investments	4	21,557,518
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-318,412
9	Total adjustments (net) Add lines 4 - 8	9	21,239,106
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	33,271,121

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	455,925,023
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	21,557,518
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	21,557,518
3	Subtract line 2e from line 1	3	434,367,505
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	526,386
c	Add lines 4a and 4b	4c	526,386
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	434,893,891

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	422,653,902
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	-400,000
e	Add lines 2a through 2d	2e	-400,000
3	Subtract line 2e from line 1	3	423,053,902
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	-192,026
c	Add lines 4a and 4b	4c	-192,026
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	422,861,876

Part XIVSupplemental 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 THESE FUNDS ARE HELD UNTIL THE SPECIFIC PURPOSE IS MET AND THEN THEY ARE RELEASED FROM 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 FUNDS CAN BE USED FOR THE SPECIFIC PURPOSE IMPOSED BY THE DONOR THE BOARD DESIGNATED FUNDS INCLUDE FUNDS FROM UNRESTRICTED SOURCES THAT HAVE BEEN INTERNALLY DESIGNATED TO FUNCTION AS ENDOWMENTS THESE FUNDS ARE TO BE USED FOR THE SOLE PURPOSE AS THEY WERE DESIGNATED FOR CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON 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	CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON PREPARES CONSOLIDATED FINANCIAL STATEMENTS WITH THEIR AFFILIATED SUBSIDIARIES 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
RECONCILATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	CONTRIBUTED CAPITAL AKRON CHILDREN'S HOSPITAL FOUNDATION -697,699 CONTRIBUTED CAPITAL US DEPT OF HEALTH AND HUMAN RESOURCES -16,948 PARTNERSHIP INCOME -3,765 RECLASSD EXPENSES NETTED AGAINST REVENUE -583,811 RECLASS EXPENSE TO REVENUE 775,837 IN-KIND COMMUNITY SUPPORT 400,000 RECLASS EXPENSE TO REVENUE -775,837 RECLASS EXPENSES NETTED AGAINST REVENUE 583,811
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	CONTRIBUTED CAPITAL AKRON CHILDREN'S HOSPITAL FOUNDATION 697,699 CONTRIBUTED CAPITAL US DEPT OF HEALTH AND HUMAN RESOURCES 16,948 PARTNERSHIP INCOME 3,765 RECLASSD EXPENSES NETTED AGAINST REVENUE 583,811 RECLASS EXPENSE TO REVENUE -775,837
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	IN-KIND COMMUNITY SUPPORT -400,000
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	RECLASS EXPENSE TO REVENUE -775,837 RECLASS EXPENSES NETTED AGAINST REVENUE 583,811

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
CHILDREN'S HOSPITAL MEDICAL CENTER
OF AKRON

Employer identification number

34-0714357

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.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>GIFT SHOP</u>	<u>CHARITY BALL</u>	<u>1</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	647,459	248,596	167,138	1,063,193	
	2	Less Charitable contributions	647,459	248,596	167,138	1,063,193	
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	489,203	130,002	156,632	775,837	
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶					775,837
	11	Net income summary Combine lines 3, column d, and line 10. ▶					-775,837

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			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary 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 ► _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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 H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL MEDICAL CENTER
OF AKRON

Employer identification number
34-0714357

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a Yes	
b	If "Yes," is it a written policy?	1b Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input type="checkbox"/> Applied uniformly to all hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div> <div><input type="checkbox"/> Generally tailored to individual hospitals</div>		
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients		
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>205 000 %</u></div>	3a Yes	
b	Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____</div>	3b Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care		
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4 Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a	Does the organization prepare an annual community benefit report?	6a Yes	
6b	If "Yes," does the organization make it available to the public?	6b	No
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			3,549,596		3,549,596	0 850 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			195,196,292	140,332,040	54,864,252	13 210 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			704,020	704,020		
d Total Charity Care and Means-Tested Government Programs			199,449,908	141,036,060	58,413,848	14 060 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,993,729	50,057	3,943,672	0 950 %
f Health professions education (from Worksheet 5)			6,667,407	1,717,943	4,949,464	1 190 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			640,453		640,453	0 150 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			-42,498		-42,498	
j Total Other Benefits			11,259,091	1,768,000	9,491,091	2 290 %
k Total. Add lines 7d and 7j			210,708,999	142,804,060	67,904,939	0

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development			29,960		29,960	0 010 %
3Community support			465,853		465,853	0 110 %
4Environmental improvements						
5Leadership development and training for community members			3,195		3,195	
6Coalition building			22,999		22,999	0 010 %
7Community health improvement advocacy			105,096		105,096	0 030 %
8Workforce development			101,494		101,494	0 020 %
9Other						
10Total			728,597		728,597	0 180 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1		No
2Enter the amount of the organization's bad debt expense (at cost)	2	4,168,395	
3Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3		
4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.			

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME)	5	6,110,152	
6Enter Medicare allowable costs of care relating to payments on line 5	6	8,061,187	
7Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-1,951,035	
8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other			

Section C. Collection Practices

9aDoes the organization have a written debt collection policy?	9a	Yes	
9bIf "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9b	Yes	

Part IVManagement Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V

Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
CHILDRENS HOSPITAL MED CTR OF AKRON ONE PERKINS SQUARE AKRON, OH 44308	X	X		X	X				
CHILDRENS HOSPITAL MED CTR OF AKRON MAHONING VALLEY AT BEEGHLY 6505 MARKET STREET YOUNGSTOWN, OH 44512	X	X		X	X				
CHILDREN'S AT ROBINSON 6847 CHESTNUT STREET RAVENNA, OH 44266	X								
CHILDREN'S AT ST ELIZABETH 1044 BELMONT YOUNGSTOWN, OH 44504	X		X						
CHILDREN'S SPECIALTY CARE NURSERY 400 WABASH AVE AKRON, OH 44307	X	X							

Part VI

Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

FOR THE PAST SEVERAL YEARS, THE HOSPITAL HAS PREPARED AND FILED A COMMUNITY BENEFIT REPORT WITH THE OHIO HOSPITAL ASSOCIATION FOR THE HOSPITAL AND ITS AFFILIATES

CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON IS A FREE-STANDING CHILDREN'S HOSPITAL AND AN OHIO MEDICAID DISPROPORTIONATE SHARE HOSPITAL THAT PROVIDES SPECIALTY CARE TO PEDIATRIC PATIENTS IN OUR SERVICE AREA IN ADDITION TO PROVIDING THIS CARE TO PEDIATRIC PATIENTS, THE HOSPITAL PROVIDES CARE TO BOTH ADULT AND PEDIATRIC PATIENTS IN OUR REGIONAL BURN CENTER AS A RESULT, THE UNREIMBURSED COSTS OF PROVIDING SUBSIDIZED SERVICES TO MEDICAID ENROLLEES IN OUR NEONATAL INTENSIVE CARE, PEDIATRIC INTENSIVE CARE, DISTINCT PART PSYCHIATRIC CARE, BURN INTENSIVE CARE, OUTPATIENT END STAGE RENAL DISEASE PROGRAM, AND EMERGENCY AND TRAUMA SERVICES ARE REPORTED AS UNREIMBURSED MEDICAID COSTS THE UNREIMBURSED COSTS OF TREATING MEDICARE ENROLLEES IN OUR REGIONAL BURN CENTER AND END STAGE RENAL DISEASE PROGRAMS ARE REPORTED IN PART III, SECTION B MEDICARE

BAD DEBT EXPENSES OF 7,439,877 IS INCLUDED IN 990, PART IX, LINE 25, BUT EXCLUDED FROM THE PERCENTAGE CALCULATION ON SCHEDULE H, PART I, LINE 7(F) AND PART II, COLUMN (F)

7(A)CHARITY CARE AT COST WE BELIEVE THAT UTILIZING A COST-TO-CHARGE RATIO DEVELOPED FOR THE HOSPITAL FACILITY FROM THE HOSPITAL'S OHIO MEDICAID COST REPORT AND APPLYING THIS RATIO TO HOSPITAL CHARITY CHARGES, AS REPORTED IN DETAIL SCHEDULES USED IN THE PREPARATION OF THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS AND OTHER INFORMATION FOR THE HOSPITAL ENTITY, IS THE MOST ACCURATE COSTING METHODOLOGY TO CALCULATE CHARITY CARE AT COST FOR THE PERIOD TOTAL HOSPITAL COSTS FROM THE OHIO MEDICAID COST REPORT USED IN THIS CALCULATION INCLUDE ONLY ALLOWABLE AND REIMBURSABLE COSTS 7(B) UNREIMBURSED MEDICAID AND 7(C) UNREIMBURSED COSTS - OTHER MEANS TESTED WE BELIEVE THAT REPORTING PROGRAM CHARGES, COSTS, AND PAYMENTS DIRECTLY FROM THE HOSPITAL'S OHIO MEDICAID COST REPORT ALONG WITH SIMILAR CALCULATIONS FOR SERVICES RENDERED TO OUT-OF-STATE MEDICAID ENROLLEES IS THE MOST ACCURATE METHODOLOGY TO CALCULATE UNREIMBURSED MEDICAID AND OTHER MEANS-TESTED GOVERNMENT PROGRAM COSTS TO AVOID DOUBLE COUNTING OF COSTS REPORTED ELSEWHERE IN THIS SCHEDULE, GROSS COSTS FOR OTHER REPORTABLE ITEMS HAVE BEEN REDUCED BY THE TOTAL GOVERNMENT PAYOR MIX PERCENTAGE (49.8%) AS REPORTED ON OUR INTERNAL PAYOR MIX REPORT

WE BELIEVE THAT UTILIZING A COST-TO-CHARGE RATIO DEVELOPED FOR THE HOSPITAL FACILITY FROM THE HOSPITAL'S OHIO MEDICAID COST REPORT AND APPLYING THIS RATIO TO HOSPITAL'S PROVISION FOR BAD DEBTS FOR THE HOSPITAL'S ENTITY IS THE MOST ACCURATE COSTING METHODOLOGY TO CALCULATE BAD DEBT EXPENSE AT COST FOR THE PERIOD TOTAL HOSPITAL COSTS FROM THE OHIO MEDICAID COST REPORT USED IN THIS CALCULATION INCLUDE ONLY ALLOWABLE AND REIMBURSABLE COSTS THE ESTIMATED AMOUNT OF BAD DEBT AT COST ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY POLICY IS -0- THE ORGANIZATION'S CHARITY CARE POLICY REQUIRES THAT PATIENTS APPLY FOR CHARITY CARE PATIENTS WHO DO NOT APPLY ARE PRESUMED TO BE INELIGIBLE THE FOLLOWING IS THE TEXT OF THE FOOTNOTE TO THE HOSPITAL'S FINANCIAL STATEMENTS THAT DESCRIBES CHARITY CARE AND BAD DEBTS "CHILDREN'S ACCEPTS ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY, AND PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY WITHOUT CHARGE BECAUSE CHILDREN'S DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THESE CHARGES ARE NOT INCLUDED IN NET PATIENT SERVICE REVENUE MANAGEMENT ESTIMATES THAT CHARGES FOREGONE FOR CHARITY CARE, BASED ON CHILDREN'S ESTABLISHED RATES, WERE APPROXIMATELY 6,335M AND 8,176M FOR 2009 AND 2008, RESPECTIVELY THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR BAD DEBTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE, CHILDREN'S FOLLOWS ITS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST-DUE PATIENT BALANCES WITH COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY CHILDREN'S " THE HOSPITAL RESPECTFULLY SUBMITS THAT SINCE WE ACCEPT ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY, THAT BAD DEBTS AT COST, AS REPORTED HEREIN, REPRESENT AN UNREIMBURSED COST OF PROVIDING CARE TO THE PATIENTS WE SERVE

WE BELIEVE THAT REPORTING PROGRAM CHARGES, COSTS, AND PAYMENTS DIRECTLY FROM THE HOSPITAL'S MEDICARE COST REPORT ALONG WITH SIMILAR CALCULATIONS FOR SERVICES RENDERED TO TRICARE ENROLLEES IS THE MOST ACCURATE METHODOLOGY TO CALCULATE UNREIMBURSED MEDICARE AND OTHER MEANS-TESTED GOVERNMENT PROGRAM COSTS TO AVOID DOUBLE COUNTING OF COSTS REPORTED ELSEWHERE IN THE SCHEDULE, GROSS COSTS FOR OTHER REPORTABLE ITEMS HAVE BEEN REDUCED BY THE TOTAL GOVERNMENT PAYOR MIX PERCENTAGE (49.8%) AS REPORTED ON OUR INTERNAL PAYOR MIX REPORT THE HOSPITAL RESPECTFULLY SUBMITS THAT ITS UNREIMBURSED INPATIENT COSTS INCURRED IN EXCESS OF THE 1982 TRFRA PER DISCHARGE LIMIT (\$64,398) AND UNREIMBURSED OUTPATIENT COSTS INCURRED IN TREATING PATIENTS QUALIFYING FOR MEDICARE END STAGE RENAL DISEASE, (ESRD) COMPOSITE REIMBURSEMENT (\$66,376) SHOULD BE TREATED AS A COMMUNITY BENEFIT THE UNREIMBURSED INPATIENT COSTS ARE COSTS INCURRED PRIMARILY IN THE TREATMENT OF BURN VICTIMS WHO ARE MEDICARE ENROLLEES THE UNREIMBURSED ESRD COSTS ARE COST INCURRED IN EXCESS OF THE COMPOSITE RATE REIMBURSEMENT APPLICABLE TO PATIENTS WHO RECEIVE OUTPATIENT MAINTENANCE DIALYSIS WHILE THE MEDICARE PROGRAM INCREASED OVER COMPOSITE REIMBURSEMENT RATE IN RECOGNITION THAT WE PROVIDE A LIFE-MAINTAINING SERVICE TO AN ATYPICAL PATIENT POPULATION, COSTS INCURRED CONTINUE TO EXCEED REIMBURSEMENT

THE HOSPITAL'S COLLECTION POLICY DESCRIBES THE EVENTS AND THE TIMING OF THE EVENTS THAT LEAD TO SELF-PAY ACCOUNTS OR SELF-PAY BALANCES AFTER INSURANCE PAYMENTS BEING TURNED OVER TO COLLECTION PATIENTS ACCOUNTS THAT ARE KNOWN TO BE ELIGIBLE FOR CHARITY CARE OR PUBLIC ASSISTANCE ARE RECORDED IN SECTIONS OF THE HOSPITAL'S PATIENT ACCOUNTING SYSTEMS THAT PRECLUDE THESE ACCOUNTS FROM BEING SENT TO COLLECTION

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON USES A VARIETY OF METHODS TO ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITY IT SERVES WE PERFORM STRATEGIC PLANNING AS AN ONGOING PROCESS, WITH ANNUAL UPDATES AS PART OF THE ANNUAL UPDATE, WE REVIEW POPULATION AND DEMOGRAPHIC CHANGES IN OUR LARGER SERVICE AREA, FOCUSING PARTICULARLY ON CHILDREN AND FAMILIES WE GIVE ATTENTION TO THE PROVISION OF HEALTH CARE SERVICES THROUGHOUT OUR REGION, LOOKING AT OUR OWN AND THOSE PROVIDED BY OTHER HEALTH CARE ORGANIZATIONS, USING STATEWIDE DATA INCLUDING ALL PEDIATRIC HOSPITAL DISCHARGES BY ZIP CODE OF PATIENT RESIDENCE WE ALSO CAREFULLY TRACK THE DEMAND FOR AND SUPPLY OF PHYSICIANS, NURSES AND ALLIED HEALTH PROVIDERS WE EVALUATE THE NEED FOR PRIMARY, SECONDARY AND TERTIARY SERVICES THROUGHOUT OUR SERVICE AREA IN ADDITION, WE ENGAGE IN MULTIPLE EFFORTS TO GUAGE THE NEEDS OF OUR COMMUNITY THROUGH PERIODIC SURVEYS OF THE POPULATION, FOCUSING ON PARENTAL AWARENESS AND PREFERENCE OF PEDIATRIC HEALTH CARE SERVICES, AND AGAIN ESTIMATING ACTUAL USE OF SERVICES FROM ALL PROVIDERS WE ARE ACTIVELY REPRESENTED IN DOZENS OF COMMUNITY GROUPS, AND GATHER INPUT FROM THESE GROUPS BOTH BY ACTIVE PARTICIPATION AND BY REVIEWING DATA AND STUDIES PRODUCED BY SUCH GROUPS, INCLUDING SCHOOL DISTRICTS, HUMAN SERVICE AGENCIES, AND CHARITABLE AND ADVOCACY GROUPS WE MAKE AN EFFORT TO LISTEN TO OUR OWN STAFF, SEEKING AND GETTING FEEDBACK FROM OUR 4000 STAFF AND THOUSANDS OF VOLUNTEERS AND PHYSICIANS, WHO COLLECTIVELY PROVIDE A RICH SOURCE OF INFORMATION REGARDING COMMUNITY NEEDS AND OPPORTUNITIES FINALLY, WE ACTIVELY SOLICIT INPUT FROM THE CHILDREN AND FAMILIES WHO USE OUR SERVICES, THROUGH A PARENT ADVISORY GROUP, AND VIA MULTIPLE WRITTEN AND ELECTRONIC (WEB-BASED) TOOLS

3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

THE HOSPITAL PROVIDES EDUCATION TO PATIENTS TO INFORM THEM THAT THEY MAY QUALIFY FOR CARE AT NO CHARGE OR AT A REDUCED CHARGE IN A VARIETY OF WAYS -- THE HOSPITAL HAS SIGNAGE AT ALL OF ITS REGISTRATION SITES TO INFORM PATIENTS THAT THEY MAY QUALIFY FOR FREE HOSPITAL CARE APPLICATIONS FOR FREE CARE ARE AVAILABLE AT ALL REGISTRATION SITES AND THROUGHOUT THE HOSPITAL (REQUIRED BY THE OHIO MEDICAID HOSPITAL CARE ASSURANCE ("HCAP") RULES) -- THE HOSPITAL HAS INFORMATION REGARDING ELIGIBILITY FOR FREE CARE ON ALL BILLING STATEMENTS MAILED TO PATIENTS AND THEIR GUARANTORS -- THE HOSPITAL EMPLOYS FINANCIAL COUNSELORS TO EXPLAIN THE HOSPITAL'S FREE CARE, CHARITY CARE, AND THE VARIOUS PUBLIC ASSISTANCE PROGRAMS TO UNINSURED OR UNDERINSURED PATIENTS -- THE HOSPITAL'S WEBSITE PROVIDES PATIENTS WITH INFORMATION RELATING TO THE HOSPITAL'S FREE CARE, CHARITY CARE AND VARIOUS PUBLIC ASSISTANCE PROGRAMS AVAILABLE -- THE HOSPITAL CONTRACTS WITH AN INDEPENDENT FIRM TO SCREEN PATIENTS FOR PUBLIC ASSISTANCE ELIGIBILITY AND COMPLETION AND SUBMISSION OF PUBLIC ASSISTANCE APPLICATIONS THIS SAME FIRM CONTRACTS PATIENTS WHOSE BALANCES HAVE BEEN TURNED OVER TO COLLECTION TO SCREEN THOSE PATIENTS FOR FREE CARE OR CHARITY CARE ELIGIBILITY, AND ASSIST THESE GUARANTORS WITH THE APPLICATION PROCESS

4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

CHILDREN'S SERVES AN AREA COMPRISING MUCH OF THE NORTHEASTERN QUADRANT OF THE STATE OF OHIO, INCLUDING 25 COUNTIES SUMMIT, MEDINA, PORTAGE, STARK, WAYNE, TUSCARAWAS, HOLMES, TRUMBULL, MAHONING, COLUMBIANA, JEFFERSON, CARROLL, HARRISON, GUERNSEY, COSHOCTON, KNOX, ASHLAND, RICHLAND, CRAWFORD, HURON, LORAIN, CUYAHOGA, GEauga, LAKE AND ASHTABULA WE ARE PARTICULARLY INTERESTED AND FOCUSED ON THE CHILD POPULATION, COMPRISING ABOUT 925,000 IN 2007, AND WE ALSO FOCUS ON THOSE CHILDREN WITH THE HIGHEST LEVEL OF HEALTH AND DEVELOPMENTAL NEEDS, WHICH TOTAL ABOUT 5% OF THE OVERALL CHILD POPULATION SPECIFICALLY, CHILDREN'S MAIN CAMPUS IS LOCATED IN AKRON, OHIO, WITHIN THE BOUNDARIES OF SUMMIT COUNTY, WHERE IT SERVES AS THE COUNTY SEAT AKRON HAS A POPULATION OF 198,145, AND A POVERTY RATE OF 22.5% IN 2009, AKRON HAD AN AVERAGE UNEMPLOYMENT RATE OF 10.5% SUMMIT COUNTY HAS A POPULATION OF 542,562 OF THIS POPULATION, 14% ARE PERSONS LIVING BELOW THE POVERTY LEVEL 20.3% OF SUMMIT COUNTY RESIDENTS WHO ARE UNDER THE AGE OF 18 ARE LIVING IN POVERTY IN 2009, SUMMIT COUNTY HAD AN AVERAGE UNEMPLOYMENT RATE OF 9.8% IN DECEMBER OF 2008, CHILDREN'S OPENED AKRON CHILDREN'S HOSPITAL MAHONING VALLEY, BEEGHLY CAMPUS THE BEEGHLY CAMPUS IS A 50-BED INPATIENT FACILITY WITH AN EMERGENCY DEPARTMENT STAFFED 24 HOURS A DAY, 7 DAYS A WEEK IT IS LOCATED IN BOARDMAN, OHIO, WITHIN THE BOUNDARIES OF MAHONING COUNTY MAHONING COUNTY HAS A POPULATION OF 237,978 AND, OF THIS POPULATION, 16.6% ARE PERSONS LIVING BELOW THE POVERTY LEVEL 24% OF MAHONING COUNTY RESIDENTS WHO ARE UNDER THE AGE OF 18 LIVE IN POVERTY IN 2009, MAHONING COUNTY HAD AN AVERAGE UNEMPLOYMENT RATE OF 12.4% IN JULY 2008, PRIOR TO THE OPENING OF THIS FACILITY, THE APPALACHIAN REGIONAL DEVELOPMENT ACT OF 2008 (\$496) WAS SIGNED INTO LAW ONE OF THE COMPONENTS OF THIS LEGISLATION WAS THE ADDITION OF MAHONING AND TRUMBULL COUNTIES TO THE APPALACHIAN REGION MAHONING, TRUMBULL AND COLUMBIANA COUNTIES REPRESENT THE IMMEDIATE SERVICE AREA OF THE BEEGHLY CAMPUS, AND NOW, WITH THIS ACT BECOMING LAW, ALL THREE COUNTIES ARE LOCATED WITHIN THE APPALACHIAN REGION MAHONING, TRUMBULL AND COLUMBIANA COUNTIES ARE CLASSIFIED BY THE APPALACHIAN REGIONAL COMMISSION AS BEING TRANSITIONAL--THEY HAVE WORSE ECONOMIC RATES THAN THE NATIONAL AVERAGE FOR ONE OR MORE OF THREE ECONOMIC INDICATORS (THREE-YEAR AVERAGE UNEMPLOYMENT, PER CAPITA MARKET INCOME, AND POVERTY) BUT DON'T RATE LOW ENOUGH TO BE CLASSIFIED AS DISTRESSED TRUMBULL COUNTY HAS A POVERTY RATE OF 14.6% AND COLUMBIANA COUNTY HAS A POVERTY RATE OF 15.1% IN 2009, TRUMBULL COUNTY HAD AN AVERAGE UNEMPLOYMENT RATE OF 13.8% AND COLUMBIANA COUNTY'S AVERAGE UNEMPLOYMENT RATE WAS 13.2% AKRON CHILDREN'S HOSPITAL MAHONING VALLEY HAS SPECIFIC INITIATIVES IN THE CITY OF YOUNGSTOWN, OHIO, AS WELL YOUNGSTOWN SERVES AS THE COUNTY SEAT OF MAHONING COUNTY AND HAS A POPULATION OF 65,227 AND A POVERTY RATE OF 33.5%, WHICH IS THE HIGHEST POVERTY RATE OF OHIO'S TEN LARGEST CITIES WE ARE PART OF A COLLABORATIVE VENTURE WITH HUMILITY OF MARY HEALTH PARTNERS IN STAFFING THE NEONATAL SPECIAL CARE NURSERY, A 33-BED UNIT CARING FOR NEWBORNS WITH DEVELOPMENTAL PROBLEMS SUCH AS IMMATURE LUNGS, CENTRAL NERVOUS SYSTEM DISORDERS, LOW BIRTH WEIGHT AND BIRTH DEFECTS, AT ST ELIZABETH HEALTH CENTER THE NEONATAL SPECIAL CARE NURSERY IS STAFFED BY AKRON CHILDREN'S HOSPITAL NEONATOLOGISTS AND NURSES THE CHILD ADVOCACY CENTER, ALSO PART OF THE AKRON CHILDREN'S HOSPITAL MAHONING VALLEY, PROVIDES MEDICAL AND FORENSIC EVALUATIONS FOR CHILDREN AND TEENS WHO MAY HAVE BEEN NEGLECTED, OR PHYSICALLY OR SEXUALLY ABUSED THE CENTER ALSO PERFORMS MEDICAL EVALUATION FOR KIDS ENTERING FOSTER CARE, AS WELL AS COMMUNITY OUTREACH INITIATIVES, INCLUDING A CAMPAIGN TO PROMOTE GREATER AWARENESS OF SHAKEN BABY SYNDROME THE CHILD ADVOCACY CENTER WORKS CLOSELY WITH CHILDREN'S SERVICES AGENCIES IN MAHONING, TRUMBULL, COLUMBIANA, AND ASHTABULA COUNTIES, AS WELL AS IN MERCER COUNTY, PA

5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

EVERYTHING DONE BY CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON PROVIDES A BENEFIT TO THE COMMUNITIES WE SERVE OUR PRIMARY BENEFIT TO EACH COMMUNITY WE SERVE IS PROVIDING HEALTH CARE FOR MORE THAN 500,000 CHILDREN ANNUALLY IN ADDITION, WE ALSO PROVIDE COMMUNITY BUILDING ACTIVITIES AS DEPICTED IN PART II OF THIS SCHEDULE OUR EFFORTS ARE DIRECTED SPECIFICALLY AT MULTIPLE LEVELS, INCLUDING LEADERSHIP DEVELOPMENT, UNDER WHICH WE SUPPORT VARIOUS COMMUNITY-BASED PROGRAMS THAT SPECIFICALLY DEVELOP YOUNG LEADERS, INCLUDING SUCH PROGRAMS AS LEADERSHIP AKRON (FOR COMMUNITY LEADERSHIP) AND THE CHILD & FAMILY LEADERSHIP EXCHANGE (FOR CLINICAL AND SOCIAL SERVICE LEADERSHIP), GENERAL COMMUNITY SUPPORT, UNDER WHICH WE PROVIDE FINANCIAL AND STAFF SUPPORT FOR VARIOUS COMMUNITY BASED INITIATIVES, GENERALLY RELATED TO THE HEALTHY DEVELOPMENT OF YOUNG PEOPLE AND THEIR FAMILIES IN THE SERVICE AREA, COMMUNITY HEALTH IMPROVEMENT, UNDER WHICH WE SUPPORT A NUMBER OF MULTI-AGENCY AND GOVERNMENTAL INITIATIVES TO ENCOURAGE FITNESS ACTIVITIES, HEALTH SCREENINGS, AND RELATED ACTIVITIES, WORKFORCE DEVELOPMENT, UNDER WHICH WE ASSIST IN PUBLIC-PRIVATE PARTNERSHIPS THAT EDUCATE CHILDREN ABOUT CAREERS IN THE FULL RANGE OF HEALTH CARE, FROM SKILLED TRADES TO MEDICINE AND NURSING

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)

CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON INTENDS THAT ALL OF ITS ACTIVITIES EITHER DIRECTLY PROMOTE THE HEALTH OF THE COMMUNITY, BOTH BY DIRECT INVESTMENTS IN THE DELIVERY OF PEDIATRIC CARE SERVICES, AND IN PROVIDING BURN CARE FOR PATIENTS OF ALL AGES WE ALSO MAKE MAJOR INVESTMENTS OF OUR FUNDS AND OTHER RESOURCES IN THE PROVISION OF EDUCATION FOR LAY AND PROFESSIONAL PERSONS, AND IN RESEARCH THAT WILL IMPROVE HEALTH CARE FOR ALL CHILDREN WE TAKE AN ACTIVE ROLE IN ADVOCATING FOR IMPROVED HEALTH AND IMPROVED ACCESS TO HEALTH CARE FOR ALL

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

N/A

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

OH

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
CHILDREN'S HOSPITAL MEDICAL CENTER
OF AKRON

Employer identification number
34-0714357

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
AKRON CHILDRENS HOSPITAL FOUNDATION ONE PERKINS SQUARE AKRON, OH 44308	237114013	3	297,500				DONATIONS TO FUNDS
AKRON PUBLIC SCHOOLS 70 N BROADWAY AKRON, OH 443081911	346000033	3	10,000				CARING COMM PROGRAM
CASCADE LOCKS PARK ASSOCIATION248 FERNDAL E ST AKRON, OH 44304	341621024	3	11,111				CAPITAL CAMPAIGN
NAT'L ASSOC OF CHILDREN'S HOSPITAL 401 WYTHE STREET ALEXANDRIA, VA 22314	510120256	3	26,000				N A C H FED'L ADVOC

2

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

▶

4

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 CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON	Employer identification number 34-0714357
--	--

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		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	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		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	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		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	Yes	
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)?		

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

[illegible]

Part IIISupplemental 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.

Identifier	Return Reference	Explanation
FRINGE OR EXPENSE EXPLANATION	SCHEDULE J, PAGE 1, PART I, LINE 1A	WILLIAM CONSIDINE, CEO AND SHAWN LYDEN, EXECUTIVE VP, HAD A 2009 COUNTRY CLUB MEMBERSHIP THAT WAS USED BY CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON FOR BUSINESS MEETINGS. WILLIAM CONSIDINE ALSO RECEIVED GROSSUP PAYMENTS FOR HIS AUTOMOBILE AND LIFE INSURANCE PAYMENTS MADE BY CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON.
WRITTEN REIMBURSEMENT POLICY EXPLANATION	SCHEDULE J, PAGE 1, PART I, LINE 1B	THE EXECUTIVE REIMBURSEMENTS TO WILLIAM CONSIDINE AND SHAWN LYDEN, WHICH INCLUDE THE GROSS-UP OF THE SAME BENEFITS EACH YEAR, HAVE BEEN APPROVED BY THE BOARD OF DIRECTORS.
SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS	SCHEDULE J, PAGE 1, PART I, LINE 4	WILLIAM CONSIDINE 0 3,972,286 0 JOHN STONER 133,974 0 0
NON-FIXED PAYMENTS PROVIDED	SCHEDULE J, PAGE 1, PART I, LINE 7	CHILDREN'S DOES HAVE CONTRACTS WITH CERTAIN PHYSICIANS THAT EARN BONUSES BASED ON WORK RELATIVE VALUE UNITS (WRVU'S). RVU'S (RELATIVE VALUE UNITS) CAPTURE THE THREE FOLLOWING COMPONENTS OF PATIENT CARE: 1. PHYSICIAN WORK RVU: THE RELATIVE LEVEL OF TIME, SKILL, TRAINING AND INTENSITY TO PROVIDE A GIVEN SERVICE. EACH CPT CODE IS TARGETED FOR REVIEW AT LEAST EVERY FIVE YEARS TO DETERMINE THE WORK RVU FOR A PARTICULAR SERVICE. A CODE WITH A HIGHER RVU WORK TAKES MORE TIME, MORE INTENSITY OR SOME COMBINATION OF THE TWO. 2. PRACTICE EXPENSE RVU: THIS COMPONENT ADDRESSES THE COST OF MAINTAINING A PRACTICE, INCLUDING RENT, EQUIPMENT, SUPPLIES AND NON-PHYSICIAN STAFF COSTS (DIRECT AND INDIRECT COSTS). 3. MALPRACTICE RVU: THESE ARE GENERALLY THE SMALLEST COMPONENT OF THE RVU VALUES AND REPRESENT PAYMENT FOR THE PROFESSIONAL LIABILITY EXPENSES.
OTHER ADDITIONAL INFORMATION	SCHEDULE J, PART III	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 OCCURRENCE OF HIS 62ND BIRTHDAY (SEE ABOVE).

Software ID:

Software Version:

EIN: 34-0714357

Name: CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
WILLIAM CONSIDINE	(i) (ii)	1,007,390		4,025,170	87,546	11,998	5,132,104	3,550,000
SHAWN LYDEN	(i) (ii)	441,448	25,000	5,738	14,700	16,334	503,220	
NORMAN CHRISTOPHER MD	(i) (ii)	319,392	42,498	2,409	23,957	14,460	402,716	
JOHN POPE	(i) (ii)	238,736	25,000	530	22,469	16,156	302,891	
DENNIS JANCSY	(i) (ii)	466,301	160,000	2,863	4,900	1,565	635,629	
MARK WATSON	(i) (ii)	418,681	65,000	5,639	126,317	5,579	621,216	
MICHAEL TRAINER	(i) (ii)	222,956		805	14,725	14,182	252,668	
GRACE WAKULCHIK	(i) (ii)	280,607		2,650	43,814	9,408	336,479	
LINDA GENTILE	(i) (ii)	180,005	5,000	1,610	31,939	15,875	234,429	
WALTER SCHWOEBLE	(i) (ii)	167,612	8,061	745	9,815	10,122	196,355	
CYNTHIA DORMO	(i) (ii)	161,675	10,000	157	39,203	1,358	212,393	
SHARON HRINA	(i) (ii)	151,023		1,663	20,353	5,024	178,063	
PHILIP SMITH MD	(i) (ii)	976,114	30,000	1,932	24,056	16,589	1,048,691	
DENNIS WEINER MD	(i) (ii)	689,872	242,969	16,068	32,046	11,574	992,529	
JUSTIN LAVIN MD	(i) (ii)	789,151	46,191	5,544	38,788	16,589	896,263	
STEPHEN CRANE MD	(i) (ii)	683,097	31,854	1,152	16,091	14,878	747,072	
ANTON MILO MD	(i) (ii)	636,793		70,415		6,988	714,196	
JOHN MCBRIDE	(i) (ii)	254,720		1,608	56,677	5,993	318,998	
JOHN STONER	(i) (ii)			133,974			133,974	133,974

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
CHILDREN'S HOSPITAL MEDICAL CENTER
OF AKRON

Employer identification number
34-0714357

Part I

Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	AKRON BATH AND COPLEY JOINT TWSP HOSPITAL IMPR & REFUNDING REV BONDS	34-1448680	009730LE0	12-09-2003	48,176,171	REFUND PRIOR ISSUE		X		X

Part II

Proceeds

	A	B	C	D	E
1	Total proceeds of issue	48,176,171			
2	Gross proceeds in reserve funds				
3	Proceeds in refunding or defeasance escrows				
4	Other unspent proceeds				
5	Issuance costs from proceeds	555,263			
6	Working capital expenditures from proceeds				
7	Capital expenditures from proceeds	6,940,486			
8	Year of substantial completion	2004			
		YesNo	YesNo	YesNo	YesNo
9	Were the bonds issued as part of a current refunding issue?	X			
10	Were the bonds issued as part of an advance refunding issue?		X		
11	Has the final allocation of proceeds been made?	X			
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

Part III

Private Business Use

	A	B	C	D	E
	YesNo	YesNo	YesNo	YesNo	YesNo
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	X			
2	Are there any lease arrangements with respect to the financed property which may result in private business use?	X			

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	X									
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X									
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2	Is the bond issue a variable rate issue?		X								
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X								
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X								
6	Did the bond issue qualify for an exception to rebate?		X								

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
CHILDREN'S HOSPITAL MEDICAL CENTER
OF AKRON

Employer identification number

34-0714357

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? YesNo
2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$			
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$			

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$										

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
LAURIE SCHEULER	FAMILY MEMBER	24,765	COMPENSATION		No
	OF CURRENT DIR				No
FIRST MERIT	VP-FIRST MERIT	241,882	FEES TO FIRST MERIT		No
	AND CURRENT DIR				No
OHIO EDISON	FIRSTENERGY OFF	2,620,365	ELECTRIC BILLS ARE		No
	AND CURRENT DIR		PAID TO OH EDISON		No

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 CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON	Employer identification number 34-0714357
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Identifier	Return Reference	Explanation
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Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	<p>PART 1, LINE 1 AND PART III, LINE 1 THE MISSION OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON IS TO PROVIDE QUALITY MEDICAL AND SURGICAL CARE FOR BABIES, CHILDREN, ADOLESCENTS, AND BURN VICTIMS OF ALL AGES, REGARDLESS OF ABILITY TO PAY, MULTI-LEVEL PROFESSIONAL EDUCATION FOR STUDENTS OF MEDICINE, NURSING AND VARIOUS ALLIED HEALTH PROFESSIONALS, BASIC AND CLINICAL RESEARCH INTO THE CAUSES, TREATMENT AND CURE OF CHILDHOOD ILLNESS, INJURY AND BURN INJURY, COMMUNITY SERVICE INTENDED TO IMPROVE HEALTH STATUS THROUGH LAY EDUCATION, CHILD AND FAMILY ADVOCACY EFFORTS TO IMPROVE THE STATUS OF CHILDREN AND ADOLESCENTS IN OUR REGION OF SERVICE CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON (CHILDREN'S) IS AN INDISPENSABLE, INTEGRATED PEDIATRIC HEALTHCARE DELIVERY SYSTEM SERVING INFANTS, CHILDREN, ADOLESCENTS, AND ADULTS IN AKRON AND NORTHEAST OHIO ESTABLISHED IN 1890 BY THE "KINGS DAUGHTERS," A GROUP OF WOMEN AFFILIATED WITH A LOCAL CHURCH, CHILDREN'S HAS GROWN FROM A TWO-ROOM DAY NURSERY TO A MODERN 253-BED, FULL SERVICE HOSPITAL IN ITS 119 YEAR HISTORY, CHILDREN'S HAS RECEIVED UNFAILING COMMUNITY SUPPORT AND OUTSTANDING LEADERSHIP WHICH HAS RESULTED IN CONTINUED IMPROVEMENT IN PATIENT CARE AND THE EXPANSION OF MEDICAL SERVICES CHILDREN'S IS THE LARGEST PEDIATRIC HEALTH CARE SYSTEM IN NORTHEAST OHIO, OPERATING TWO FREESTANDING PEDIATRIC HOSPITALS, FOUR EMERGENCY DEPARTMENT LOCATIONS, 30 PEDIATRIC SPECIALTY CLINICS, AND OFFERING SERVICES AT ABOUT 70 LOCATIONS ACROSS THE REGION IN 2009, CHILDREN'S SERVED OVER 500,000 PATIENTS THROUGH ALL OF ITS PROGRAMS CHILDREN'S ALSO OPERATES A PEDIATRIC PRIMARY CARE NETWORK WITH 15 OFFICES IN SEVEN COUNTIES CHILDREN'S IS DESIGNATED AS A MAGNET HOSPITAL BY THE AMERICAN NURSES CREDENTIALING CENTER EFFECTIVE MARCH 2007 CHILDREN'S NEONATAL AND PEDIATRIC TRANSPORT TEAM RECEIVED ACCREDITATION BY THE COMMISSION ON ACCREDITATION OF MEDICAL TRANSPORT SYSTEMS EFFECTIVE APRIL 1, 2007 CHILDREN'S REGIONAL BURN CENTER WAS VERIFIED BY THE AMERICAN BURN ASSOCIATION AND AMERICAN COLLEGE OF SURGEONS LAST VERIFICATION WAS DATED NOVEMBER 6, 2008 IT IS REQUIRED EVERY 3 YEARS, THEREFORE REVERIFICATION WILL OCCUR AGAIN IN 2011 CHILDREN'S IS A LEVEL II TRAUMA CENTER DESIGNATION CHILDREN'S ALSO HAS A PEDIATRIC TEACHING CENTER DESIGNATION (1 OF 14 IN THE UNITED STATES) CHILDREN'S LABORATORY HAS FULL ACCREDITATION BY THE COLLEGE OF AMERICAN PATHOLOGISTS (CAP) THE CHILDREN'S PALLIATIVE CARE LEADERSHIP CENTER IS ONE OF TWO PEDIATRIC CENTERS IN THE UNITED STATES WE PROVIDE MORE THAN 100 ADVOCACY, EDUCATION, OUTREACH AND RESEARCH PROGRAMS TO CHILDREN AND THEIR FAMILIES THROUGHOUT THE REGION THE THREE LARGEST PROGRAM SERVICES ARE DESCRIBED IN DETAIL IN PART III OF THE CORE FORM 990, BUT CHILDREN'S HOSPITAL MEDICAL CENTER'S ACCOMPLISHMENTS INCLUDE OTHER ACHIEVEMENTS AS DESCRIBED BELOW IN 2008, CHILDREN'S PARTNERED WITH AKRON GENERAL HEALTH SYSTEM, SUMMA HEALTH SYSTEM, THE UNIVERSITY OF AKRON AND NORTHEASTERN OHIO UNIVERSITIES COLLEGES OF MEDICINE AND PHARMACY AND BECAME ONE OF THE FOUNDING MEMBERS OF THE BIOINNOVATION INSTITUTE IN AKRON, A UNIQUE COLLABORATION OF RESEARCH, EDUCATION AND HEALTH INSTITUTIONS DESIGNED TO PIONEER THE NEXT GENERATION OF LIFE-ENHANCING AND LIFE-SAVING INNOVATIONS CHILDREN'S HAS COMMITTED TO SUPPORT THE INSTITUTE BY CONTRIBUTING 4,000,000 OVER THE NEXT 5 YEARS IN FEBRUARY 2008, CHILDREN'S OPENED THE 6,000 SQUARE FOOT REINBERGER FAMILY CENTER TO GIVE FAMILIES A MUCH-NEEDED BREAK FROM THE STRESS OF HOSPITALIZATION THE CENTER ALSO FEATURES THE STERLING JEWELERS FAMILY AREA FOR FAMILY MEMBERS WHO NEED A PLACE TO STAY OVERNIGHT THE CENTER IS OPEN TWENTY-FOUR(24) HOURS, SEVEN DAYS A WEEK CHILDREN'S LAUNCHED OHIO'S FIRST AND ONLY MEDICAL TRANSPORT HELICOPTER DEDICATED TO PEDIATRICS IN OCTOBER 2008 APTLY DUBBED AIR BEAR, THE HELICOPTER IS EASY TO SPOT IN THE SKY ABOVE NORTHEAST OHIO WITH ITS COLORFUL PAINT DESIGN CHILDREN'S MEDICAL CENTER OF AKRON OPENED ITS BEEGHLY CAMPUS IN BOARDMAN, OHIO IN DECEMBER 2008 THE 32-BED FACILITY INCLUDES A PEDIATRIC EMERGENCY DEPARTMENT, AN OUTPATIENT HEMATOLOGY/ONCOLOGY CLINIC AND INFUSION CENTER, INPATIENT AND OUTPATIENT REHABILITATION SERVICES, INPATIENT PHARMACY SERVICES, RADIOLOGY, A FULL-SERVICE LABORATORY AND TRANSPORT SERVICES THE ROUTINE CARE UNITS, WHICH CONSIST OF PRIVATE ROOMS AND ACCOMODATIONS FOR OVERNIGHT STAY BY PARENTS, ARE BASED UPON THE CONCEPT OF FAMILY-CENTERED CARE THE PRIMARY FOCUS OF THE FACILITY IS TO PROVIDE AN ENVIRONMENT CONDUCIVE TO PEDIATRIC PATIENTS, AIDING THEIR CARE AND RECOVERY IN A MODERN HOSPITAL SETTING CHILDREN'S IS A NOT-FOR-PROFIT FACILITY WHICH OPERATES TWENTY-FOUR(24) HOURS A DAY, SEVEN(7) DAYS A WEEK CHILDREN'S ACCEPTS ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY DURING THE YEAR ENDED DECEMBER 31, 2009, TOTAL UNCOMPENSATED CARE (INCLUDING CHARITY CARE, ALLOWANCES AND CONTRACT ADJUSTMENTS) WAS 309,748,301 CHILDREN'S QUALIFIES AS A DISPROPORTIONATE SHARE HOSPITAL PER ODJFS OHIO DEPARTMENT OF JOBS AND FAMILY SERVICES CHILDREN'S PROVIDES PEDIATRIC SERVICES AT AKRON GENERAL MEDICAL CENTER, MEDCENTRAL HEALTH SYSTEM IN MANSFIELD, AULTMAN HOSPITAL IN CANTON, FISHER-TITUS CENTER IN NORWALK AND ROBINSON MEMORIAL HOSPITAL IN RAVENNA, AS WELL AS OFFICES IN BEACHWOOD AND HUDSON CHILDREN'S ALSO OPERATES ONE OF THE LARGEST PEDIATRIC PRIMARY CARE NETWORKS WITH 15 OFFICES IN SEVEN COUNTIES INCLUDING CUYAHOGA, MEDINA, WAYNE, TUSCAWARAS AND PORTAGE</p>

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	<p>(CONTINUED FROM PART III, LINE 4A) MATERNAL FETAL MEDICINE, CARE CENTER, GASTROENTEROLOGY, SPORTS MEDICINE, NEUROLOGY, NDC BEHAVIORAL, NEPHROLOGY, ENDOCRINOLOGY, ADOLESCENT MEDICINE, INFECTIOUS DISEASES, HEMATOLOGY SERVICES, PULMONARY MEDICINE, DEVELOPMENTAL PEDIATRICS, PALLIATIVE CARE PROGRAM, OAK ADOPTIVE HEALTH CENTER, LOCUST PEDIATRICS, DIAGNOSTIC REFERRAL GROUP, RHEUMATOLOGY, CLINICAL PHARMACOLOGY AND TOXICOLOGY, PSYCHIATRIC SERVICES, GENETICS, DEPARTMENT OF PEDIATRICS, CAST ROOM, ORTHOPEDICS, AND SKELETAL DYSPLASIA CENTER CHILDREN'S OPENED ITS BEECHLY CAMPUS IN BOARDMAN, OHIO IN DECEMBER 2008 THE 32-BED FACILITY INCLUDES SUBSPECIALTIES SUCH AS NEONATOLOGISTS, HEMATOLOGY/ONCOLOGY CLINIC AND INFUSION CENTER, INPATIENT AND OUTPATIENT REHABILITATION SERVICES ONE OF THE SUBSPECIALTY DEPARTMENTS, THE HEART CENTER, WHICH WAS ESTABLISHED IN MAY 2001, HAS SEEN NUMEROUS CONTRIBUTIONS AND ACCOMPLISHMENTS SINCE ITS INCEPTION OF GREATEST IMPORTANCE IS THE ESTABLISHMENT AND MATURATION OF AN INTEGRATED, SERVICE-LINE ORGANIZATIONAL STRUCTURE THIS HAS INFLUENCED ALL OTHER HEART CENTER INITIATIVES AND ACCOMPLISHMENTS OVER THE LAST EIGHT YEARS INCLUDING THE ESTABLISHMENT OF THE FOLLOWING SERVICES -- CARDIAC SURGICAL SERVICES -- INTERVENTIONAL CARDIOLOGY -- MATERNAL FETAL CARDIOLOGY -- ADULT CONGENITAL CARDIOLOGY -- ELECTROPHYSIOLOGY CARDIOLOGY -- ADVANCED CARDIOLOGY IMAGERY -- OUTREACH CARDIOLOGY SERVICES -- CLINICAL CARDIOLOGY SERVICES (ECHO, EKG, STRESS TESTING) -- PREVENTIVE CARDIOLOGY MAJOR ACCOMPLISHMENTS OF THE HEART CENTER INCLUDE -- COORDINATION OF AN INTEGRATED CLINICAL TEAM AND OPERATIONAL INTERACTION WITH ANESTHESIA, NEONATOLOGY, CRITICAL CARE MEDICINE, AND PERINATOLOGY TO IMPROVE POINT OF CARE DELIVERY -- DEVELOPMENT OF OUTPATIENT, NON-INVASIVE DIAGNOSTIC, AND ADMINISTRATIVE FACILITY ON THE AKRON CAMPUS -- DEVELOPMENT OF OUTREACH FACILITIES AND REFERRAL NETWORKS FOR CARDIOVASCULAR SERVICES IN CLEVELAND, YOUNGSTOWN, STARK COUNTY AND LAKE COUNTY -- IMPLEMENT PROTOCOL MODIFICATIONS TO IMPROVE ECHO SERVICES TO CHILDREN'S AND ACHIEVE ACCREDITATION BY ICAL -- EXPAND REFERRAL NETWORKS AND CLINICAL CAPABILITY OF THE ELECTROPHYSIOLOGY (EP) SERVICE STATISTICS FOR THE HEART CENTER ARE AS FOLLOWS 2009 2008 --- --- ----- OUTPATIENT VISITS 9,849 9,292 INPATIENT VISITS 2,974 2,987 CARDIAC PROCEDURES CATH 273 275 SURGERY 127 130 ANOTHER SUBSPECIALTY IS THE PEDIATRIC DIALYSIS RENAL CARE CENTER, WHICH OPENED IN 1985 THIS IS THE ONLY FACILITY IN THE CHILDREN'S SERVICE AREA EQUIPPED TO TREAT BABIES, CHILDREN AND ADOLESCENTS SUFFERING FROM CHRONIC OR ACUTE KIDNEY FAILURE STATE-OF-THE-ART KIDNEY DIALYSIS IS PERFORMED AT CHILDREN'S DIALYSIS IS ALSO AVAILABLE TO TREAT PATIENTS WHO NEED RENAL SUPPORT WHILE THEY RECOVER FROM BURNS, POISONINGS OR OTHER SERIOUS ILLNESS OR INJURY COMPREHENSIVE CARE FOR KIDNEY PATIENTS IS ASSURED BY THE USE OF A TEAM APPROACH UTILIZING THE SKILLS OF PHYSICIANS, NURSES, DIETICIANS, AND SOCIAL WORKERS IN 1987, CHILDREN'S ESTABLISHED THE CHILDREN AT RISK EVALUATION (CARE) CENTER TO BETTER EVALUATE AND INITIATE TREATMENT FOR CHILDREN OF SUSPECTED PHYSICAL OR SEXUAL ABUSE AND NEGLECT AT THE CENTER, A TEAM OF PHYSICIANS, NURSES, AND SOCIAL WORKERS SEE SCHEDULED PATIENTS REFERRED BY PRIVATE PHYSICIANS (LOCAL AND REGIONAL), POLICE DEPARTMENTS, JUVENILE DETECTIVES, THE CHILDREN'S SERVICES BOARD (SUMMIT AND OTHER COUNTIES) AND OTHER COMMUNITY AGENCIES LOCATED NEAR EMERGENCY SERVICES, THE CENTER ACCOMMODATES THESE CHILDREN BY PROVIDING A QUIET STRUCTURE AND UNHURRIED ATMOSPHERE FOR EXAMINATION AND INTERVIEW IN ADDITION TO PROVIDING FORENSIC INTERVIEWS AND EXAMINATIONS TO BE USED PRIOR TO AND DURING COURT PROCEEDINGS, THE CENTER CAN VIDEOTAPE A CHILD'S TESTIMONY TO AVOID REPEATED AND OFTEN PAINFUL INTERVIEWS THE CARE TEAM ALSO PROVIDES CONSULTATION WHEN ABUSE IS SUSPECTED FOR A CHILD ON AN INPATIENT UNIT IN 2007, CHILDREN'S EXPANDED SERVICES FOR ABUSED CHILDREN AND TEENS IN THE MAHONING VALLEY BY PURCHASING THE TRI-COUNTY CHILD ADVOCACY CENTER THE CENTER NOT ONLY PROVIDES MEDICAL AND FORENSIC EVALUATIONS FOR CHILDREN SUSPECTED OF BEING PHYSICALLY OR SEXUALLY ABUSED, BUT IT ALSO PROVIDES MEDICAL EVALUATIONS FOR KIDS IN FOSTER CARE IN OCTOBER, 2009, CHILDREN'S RECEIVED FEDERAL RECOVERY AND REINVESTMENT ACT (AARA) GRANT FUNDING OF 882,550 FOR THE EXPANSION OF THE CARE CENTER SERVICES TO INCLUDE TRAUMA INTERVENTION SERVICES ("TIS") FOR CHILD CARE VICTIMS THE PROJECTED ROLL-OUT DATE IS FEBRUARY 1, 2010 THE PROJECT HAS THE FOLLOWING GOALS -- EXPAND THE INFRASTRUCTURE OF CARE TO INCLUDE TIS, THROUGH THE HIRING AND TRAINING OF ADDITIONAL STAFF AND THE DEVELOPMENT OF PSYCHOLOGICAL EDUCATIONAL MATERIALS FOR CHILDREN WHO HAVE BEEN VICTIMS OF CRIME AND THEIR FAMILIES -- INCREASE THE PARTICIPATION OF VICTIMS IN THE CRIMINAL JUSTICE SYSTEM, AND CONSEQUENTLY, THE PROSECUTION OF CHILD PHYSICAL AND SEXUAL ABUSE CHILDREN WHO ARE VICTIMS OF PHYSICAL OR SEXUAL ABUSE WILL BE IDENTIFIED BY REFERRAL FROM OUTSIDE AGENCIES, INCLUDING LAW ENFORCEMENT AGENCIES, CHILD PROTECTIVE SERVICES, PRIVATE PHYSICIANS, AND CHILDREN'S HOSPITAL EMERGENCY DEPARTMENT PERSONNEL AT ANY OF THE FOUR CHILDREN'S HOSPITAL MEDICAL CENTER EMERGENCY DEPARTMENT LOCATIONS SERVICES TO BE PROVIDED INCLUDE IMMEDIATE TRAUMA-INFORMED, HOME-BASED CRISIS INTERVENTION MANAGEMENT, ADVOCACY THROUGHOUT THE CRIMINAL JUSTICE SYSTEM, AND PSYCHOSOCIAL EDUCATIONS FOR FAMILIES REGARDING TRAUMA SYMPTOMS AND TREATMENT THIS PROJECT IS AN EXPANSION OF A CURRENT SUCCESSFUL EVIDENCE-BASED PROGRAM MODEL, CHILDREN WHO WITNESS VIOLENCE, WHICH HAS SERVED 1,924 CHILDREN WHO HAVE WITNESSED VIOLENCE AND THEIR FAMILIES WITH HOME-BASED TRAUMA INTERVENTION SERVICES OHIO'S RATE OF CHILD ABUSE AND NEGLECT IS RANKED ELEVENTH IN THE NATION RESEARCH HAS SHOWN THAT EXPOSURE TO TRAUMA MAY NEGATIVELY IMPACT THE PHYSICAL, MENTAL, AND EMOTIONAL DEVELOPMENT OF CHILDREN CHILDREN'S HAS HAD SUCCESSFUL AND EXTENSIVE EXPERIENCE IN THE IMPLEMENTATION OF SERVICES TO PROVIDE TRAUMA FOR CHILDREN EXPOSED TO VIOLENCE, THE EXPANSION OF THE CARE CENTER WILL BUILD UPON THIS MODEL A COMPONENT OF THE DIVISION OF HEMATOLOGY/ONCOLOGY, THE OHIO REGIONAL VI COORDINATED SICKLE CELL PROGRAM AT CHILDREN'S SERVES ADULTS AND CHILDREN IN SEVERAL NORTHEAST OHIO COUNTIES THE GRANT FUNDED PROGRAM PLAYS AN IMPORTANT ROLE IN IMPROVING THE TREATMENT AND EDUCATION OF PERSONS WITH THE SICKLE CELL TRAIT IN THE REGION IN ADDITION TO MEDICAL CARE, SUPPORT SERVICES INCLUDE DISEASE EDUCATION, PERSONAL AND CAREER COUNSELING AND FINANCIAL COUNSELING ARE OFFERED ALSO INCORPORATED IN THE SICKLE CELL CLINIC ARE GENETIC AND PSYCHOSOCIAL COUNSELING SERVICES THE PROGRAM COORDINATES ACTIVITIES OF SICKLE CELL SERVICE AGENCIES THROUGHOUT REGION VI AND PROVIDES EDUCATION PROGRAMS FOR THE GENERAL PUBLIC, AT-RISK GROUPS AND HEALTH CARE PROVIDERS CHILDREN'S HEMOSTASIS AND THROMBOSIS CENTER PROVIDES DIAGNOSTIC AND TREATMENT SERVICES TO CHILDEN AND ADULTS WITH INHERITED BLEEDING AND CLOTTING DISORDERS THE CENTER IS RECOGNIZED BY THE FEDERAL DEPARTMENT OF MATERNAL AND CHILD HEALTH AS A REGIONAL COMPREHENSIVE CENTER THE CENTER IS STAFFED BY BOARD-CERTIFIED HEMOTOLOGISTS, NURSE CLINICIANS, NURSE EDUCATOR, SOCIAL SERVICE STAFF, AN ORTHOPEDIST AND A PHYSICAL THERAPIST IN ADDITION TO PROVIDING MEDICAL ASSESSMENT/TREATMENT THROUGH THE CANCER AND BLOOD DISORDERS CLINIC, THE STAFF PROVIDES COUNSELING AND TEACHING SERVICES THE HOSPITAL ALSO OPERATES A CLINIC IN MILLERSBURG, OHIO, TO SERVE THE AMISH/MENNONITE COMMUNITY CLINICAL TRIALS ARE AVAILABLE TO INDIVIDUALS WITH HEREDITARY COAGULATION DISORDERS ENROLLED IN THE CENTER, IN CONJECTION WITH PHARMACEUTICAL COMPANIES, THE CDC, THE NATIONAL HEMOPHILIA FOUNDATION, AND OTHER RESEARCH AGENCIES CHILDREN'S OFFERS A COMPREHENSIVE CLINICAL TREATMENT CENTER FOR CHILDREN WITH ALL TYPES OF CANCER AND BLOOD DISORDERS HIGHLY SPECIALIZED TEAMS CARE FOR CHILDREN AND TEENS WITH ALL TYPES OF CHILDHOOD CANCERS, SICKLE CELL DISEASE, HEMOGLOBINOPATHIES, AND BLEEDING/CLOTTING DISORDERS, AS WELL AS THOSE WHO REQUIRE STEM CELL/BONE MARROW TRANSPLANTATION CHILDREN'S INPATIENT CANCER AND BLOOD DISORDERS UNIT HAS 20 PRIVATE ROOMS WITH SOOTHING NATURAL LIGHT AND BRIGHT COLORS THERE ARE ROOMING-IN ACCOMMODATIONS SO ONE PARENT MAY STAY WITH A CHILD AT ALL TIMES CHILDREN'S OUTPATIENT CANCER AND BLOOD DISORDERS CLINIC HAS 12 TREATMENT AND EXAM ROOMS, INCLUDING THOSE OUTFITTED FOR CHILDREN WHO REQUIRE SPECIAL ISOLATION CHILDREN'S CARES FOR MORE PATIENTS WITH HEMOPHILIA B (FACTOR IX DEFICIENCY) THAN ANY OTHER HOSPITAL IN THE COUNTRY CHILDREN'S CANCER PROGRAM HAS BEEN RECOGNIZED BY THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER AS A "PEDIATRIC TEACHING HOSPITAL CANCER PROGRAM" THE DIVISION OF DEVELOPMENTAL PEDIATRICS PROVIDES DIAGNOSTIC EVALUATIONS AND TREATMENT FOR CHILDREN WITH DEVELOPMENTAL DISORDERS, E.G. SPINA BIFIDA, CEREBRAL PALSY, MENTAL RETARDATION AND AUTISM THE STAFF WORKS WITH TEAMS OF ALLIED</p>

Identifier	Return Reference	Explanation
SECOND ACHIEVEMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	<p>(CONTINUED FROM PART III, LINE 4B) THE ROUTINE CARE UNITS, WHICH CONSIST OF PRIVATE ROOMS AND ACCOMODATIONS FOR OVERNIGHT STAY BY PARENTS, ARE BASED UPON THE CONCEPT OF FAMILY-CENTERED CARE THE PRIMARY FOCUS OF THE FACILITY IT TO PROVIDE AN ENVIRONMENT CONDUCIVE TO PEDIA TRIC PATIENTS, AIDING THEIR RECOVERY IN A MODERN HOSPITAL SETTING INPATIENT SERVICES INCLUDE SOME OF THE FOLLOWING DIVISIONS NEONATAL INTENSIVE CARE UNIT, PEDIA TRIC INTENSIVE CARE UNIT, PSYCHIATRIC CARE, REGIONAL BURN CENTER, TRAUMA SERVICES A 59-BED REGIONAL NEONATAL INTENSIVE CARE UNIT (NICU) WAS OPENED IN 1993 THE NICU IS DESIGNATED THE LEVEL III TERTIARY NEONATAL UNIT IN OHIO'S PERINATAL REGION VI A FULL STAFF OF MEDICAL, NURSING, AND OTHER HEALTH CARE PROFESSIONALS CARE FOR HIGH-RISK INFANTS IN ONE OF THE MOST ADVANCED FACILITIES IN THE NATION A NEONATOLOGIST IS PRESENT IN-HOUSE AND AROUND THE CLOCK, SEVEN (7) DAYS A WEEK FOR REFERRAL AND CONSULTATION A TRANSPORT TEAM FROM THE NICU IS ALSO AVAILABLE AT ALL TIMES FOR TRANSFER OF PATIENTS BY AMBULANCE OR HELICOPTER FROM ANY ONE OF THE THIRTY-FIVE(35) NETWORK HOSPITALS IN THE AREA THE LEVEL III UNIT IS DIVIDED INTO TWO SECTIONS (1) INTENSIVE CARE AND (2) SUB-INTENSIVE CARE SUB-INTENSIVE CARE INCLUDES CONVALESCENT CARE FOR BABIES READY TO GO HOME, AS WELL AS TRANSITIONAL LEVEL CARE FOR BABIES WHO HAVE BEEN HERE FOR AN EXTENDED PERIOD OF TIME IN SEPTEMBER 2002, CHILDREN'S ENTERED INTO A LEASE AGREEMENT WITH AKRON GENERAL MEDICAL CENTER FOR THE OPERATIONS OF A 15 BED, LEVEL II SPECIAL CARE NURSERY ALTHOUGH LOCATED AT AKRON GENERAL MEDICAL CENTER, THOSE PATIENTS TREATED ARE PATIENTS OF CHILDREN'S CHILDREN'S IS RESPONSIBLE FOR THE MEDICAL AND TREATMENT CARES RENDERED TO THESE PATIENTS USING THE HEALTHCARE KNOWLEDGE AND TECHNIQUES DEVELOPED AND UTILIZED AT CHILDREN'S MAIN CAMPUS AKRON CHILDREN'S HOSPITAL IS ALSO ONE OF THREE HOSPITALS IN THE COUNTRY SELECTED BY THE MARCH OF DIMES FOR A PILOT PROJECT TO ASSIST FAMILIES IN COPING WITH THE BIRTH OF THEIR CHILD WHO NEEDS NEONATAL INTENSIVE CARE AS PART OF THE PILOT PROJECT, CHILDREN'S HAS DEVELOPED EDUCATIONAL MATERIALS AND VIDEOS FOR PARENTS OF PREMATURE INFANTS TO EXPLAIN THE NICU EXPERIENCE DURING 2007, CHILDREN'S AND ST ELIZABETH'S HOSPITAL, YOUNGSTOWN, OHIO ("HMHP")PURCHASED FROM FORUM HEALTH SYSTEM CERTAIN INPATIENT AND OUTPATIENT FACILITIES AND RESIDENTIAL REALTY LOCATED IN BOARDMAN, OHIO ("BEEGHLI CAMPUS") CHILDREN'S AND HMHP ENTERED INTO AN AGREEMENT TO PROVIDE PEDIA TRIC SERVICES ON THE ST ELIZABETH CAMPUS IN YOUNGSTOWN, OHIO UNTIL THE BEEGHLI CAMPUS WAS CONVERTED INTO FACILITIES APPROPRIATE FOR PEDIA TRIC INPATIENT, OUTPATIENT AND EMERGENCY SERVICES IN DECEMBER 2009, THE BOARD OF DIRECTORS AND HMHP AGREED TO HAVE ONLY CHILDREN'S OWN AND OPERATE THE BEEGHLI CAMPUS PATIENT CARE SERVICES AT THE BEEGHLI CAMPUS COMMENCED IN DECEMBER 2008, AND IS NOW KNOWN AS AKRON CHILDREN'S HOSPITAL MAHONING VALLEY TOTAL NICU PATIENT DAYS WERE AS FOLLOWS 2009 2008 ----- NEONATAL AT AKRON 15,095 16,111 NEONATAL AT AGMC 3,713 3,396 NEONATAL AT ST E'S 7,520 2,815 NEONATAL AT BEEGHLI 657 0 THE DIVISION OF PEDIA TRIC CRITICAL CARE IS RESPONSIBLE FOR OVERSEEING AND DELIVERING CARE IN THE PEDIA TRIC INTENSIVE CARE UNIT (PICU) EACH YEAR, THE PICU CARES FOR ABOUT 1,300 CHILDREN AND TEENS IN NORTHEAST OHIO WITH LIFE-THREATENING MEDICAL AND SURGICAL PROBLEMS THE 25,200 SQUARE-FOOT PEDIA TRIC INTENSIVE CARE UNIT INCLUDES 23 PRIVATE ROOMS WITH COMFORTABLE PULL-OUT SOFAS TO ENCOURAGE PARENTS TO STAY OVERNIGHT TOTAL PATIENT DAYS WERE 19,882 AND 19,913 IN 2009 AND 2008, RESPECTIVELY SINCE 1978, THE BURN INSTITUTE HAS PROVIDED SPECIALIZED CARE FOR BURN VICTIMS OF ALL AGES THROUGHOUT NORTHEASTERN OHIO AKRON CHILDREN'S IS ONE OF ONLY TWO PEDIA TRIC HOSPITALS IN THE COUNTRY THAT TREAT ADULT BURN PATIENTS THE BURN INSTITUTE IS VERIFIED BY THE AMERICAN BURN ASSOCIATION AND THE COMMITTEE ON TRAUMA OF THE AMERICAN COLLEGE OF SURGEONS, WHICH RECOGNIZES INDIVIDUAL AND INSTITUTIONAL COMMITMENT TO TOTAL BURN CARE AND A FORMAL SYSTEM FOR QUALITY BURN CARE DELIVERY EACH YEAR, MORE THAN 250 BURN VICTIMS ARE ADMITTED TO AKRON CHILDREN'S BURN CENTER, WHICH FEATURES 12 PRIVATE PATIENT ROOMS WITH BATHROOMS AND ROOMING-IN ACCOMODATIONS FOR ONE PARENT OR FAMILY MEMBER EACH ROOM IS DIVIDED INTO ZONES DESIGNED TO MEET THE NEEDS OF THE PATIENT, FAMILY AND BURN CARE TEAM THE UNIT ALSO HAS A TREATMENT ROOM, PHYSICAL THERAPY ROOM, OPERATING ROOM AND TUB ROOM THE BURN CENTER COMPREHENSIVELY TREATS SERIOUSLY BURN VICTIMS BY COMBINING THE SKILLS OF PHYSICIANS, NURSES, OCCUPATIONAL THERAPISTS, PHYSICAL THERAPISTS, DIETICIANS, SOCIAL WORKERS, RESPIRATORY THERAPISTS, PSYCHOLOGISTS AND PSYCHIATRISTS BESIDES PROVIDING EXPERT TREATMENT, THE CENTER'S STAFF IS ACTIVELY INVOLVED IN BURN RESEARCH AND BURN CARE TRAINING FOR PROFESSIONAL AND COMMUNITY GROUPS TOTAL PATIENT DAYS FOR THE BURN CENTER WERE 2,571 AND 2,622 FOR 2009 AND 2008, RESPECTIVELY THE DIVISION OF EMERGENCY/TRAUMA SERVICES AT CHILDREN'S SUPPLIES THE EMERGENCY CARE NEEDS OF CHILDREN FROM BIRTH TO TWENTY-ONE(21) YEARS OF AGE AS THE SOLE PEDIA TRIC INSTITUTION IN THE AREA, THE DIVISION OF EMERGENCY/TRAUMA SERVICES IS THE DESIGNATED TREATMENT CENTER FOR ALL EMERGENT PEDIA TRIC PROBLEMS CHILDREN FROM AKRON AND THE SURROUNDING COUNTIES IN NORTHEAST OHIO ACCOUNTED FOR THE MAJORITY OF THE NEARLY 92,449 VISITS DURING 2009 A FULL-TIME ATTENDING PEDIA TRIC EMERGENCY MEDICINE SPECIALIST IS ON DUTY TWENTY-FOUR(24) HOURS A DAY INVOLVED IN THE DIRECT CARE OF PATIENTS AND TEACHING FELLOWS, RESIDENTS, AND MEDICAL STUDENTS THE DIVISION OF EMERGENCY/TRAUMA BOASTS ONE OF THE NATION'S FIRST AND MOST SUCCESSFUL SUTURE PROGRAMS USING SPECIALLY TRAINED TECHNICIANS AND NURSES TO DO MOST OF THE SUTURING OF LACERATIONS IN THE EMERGENCY SETTING THEY SEE BETWEEN 400 AND 750 PATIENTS PER MONTH WHO NEED STITCHES ROUNDING OUT THE SPECIALIZED MEDICAL CARE IN THE ED ARE CHILD LIFE SPECIALISTS WHO ARE ACCUSTOMED TO EXPLAINING PROCEDURES TO CHILDREN AND COMFORTING PARENTS, SOCIAL WORKERS TRAINED TO IDENTIFY NEEDS OF FAMILIES AND POINT THEM TO HELPFUL SERVICES, AND CHAPLAINS AND BEREAVEMENT STAFF WHO ARE ALWAYS ON CALL AKRON CHILDREN'S HOSPITAL IS VERIFIED AS A PEDIA TRIC TRAUMA CENTER BY THE AMERICAN COLLEGE OF SURGEONS THE PEDIA TRIC TRAUMA VERIFICATION IS BASED ON ITS ABILITY TO PROVIDE QUALITY TRAUMA CARE TO TRAUMA PATIENTS AND THEIR FAMILIES FROM THE TIME OF INJURY, THROUGH THE ACUTE CARE PHASE, INTO THE REHABILITATION PHASE</p>

THIRD ACHIEVEMENT DESCRIPTION FORM 990, PAGE 2, PART III, LINE 4C (CONTINUED FROM PART III, LINE 4C) THE CENTRALIZED CORE LAB INCLUDES THE CHEMISTRY, HEMATOLOGY, COAGULATION, URINALYSIS, SPECIAL CHEMISTRY AND BLOOD BANK LABORATORIES THE CCL OPERATES 24 HOURS/DAY, SEVEN DAYS/WEEK THE CHEMISTRY ANALYZERS TEST FOR MORE THAN 60 DIFFERENT SUBSTANCES FOUND IN BLOOD, URINE AND CEROBROSPINAL FLUID SPECIMENS IN ADDITION TO ROUTINE CHEMISTRIES, TESTING IS PERFORMED FOR THERAPEUTIC AND IMMUNOSUPPRESSIVE DRUG MONITORING SWEAT CHLORIDE ANALYSIS IS PERFORMED TO SCREEN FOR CYSTIC FIBROSIS THE HEMATOLOGY SECTION RUNS ANALYSIS ON THE CELLULAR COMPONENTS OF THE BLOOD CELL COUNTS ARE PERFORMED USING AUTOMATED INSTRUMENTS WHILE CELL MORPHOLOGY IS CONFIRMED BY DOING MANUAL EXAMINATIONS OF STAINED BLOOD SMEARS SPECIAL HEMATOLGY EXAMS, AS WELL AS ROUTINE AND SPECIAL COAGULATION TESTIG IS ALSO PERFORMED IN THE HEMATOLOGY LABORATORY INSTRUMENTS ARE SELECTED TO USE THE SMALLEST AMOUNTS OF BLOOD FOR TESTING IN ORDER TO MINIMIZE BLOOD LOSS FROM OUR PEDIATRIC PATIENTS SPECIALIZED ASSAYS ARE PERFORMED TO AID IN THE DIAGNOSIS OF HEMATOLOGICAL AND COAGULATION DISORDERS LEAD TESTING IS PERFORMED IN THE SPECIAL CHEMISTRY LABORATORY OTHER TESTS PERFORMED IN SPECIAL CHEMISTRY INCLUDE PRENATAL TESTING FOR DOWN'S SYNDROME AND NEURAL TUBE DEFECTS AS WELL AS THYROID AND OTHER HORMONES IN 2009, OVER 440,000 TESTS WERE PERFORMED IN THE CCL, 41% FROM INPATIENTS AND 59% FROM OUTPATIENTS IN ADDITION TO THE CCL, LABORATORY SERVICES ARE PROVIDED BY THE INFECTIOUS DISEASE LABORATORIES (MICROBIOLOGY, VIROLOGY, IMMUNOLOGY, AND MOLECULAR DIAGNOSTICS) THESE SERVICES INCLUDE THE IDENTIFICATION OF BACTERIA AND VIRUSES BY CONVENTIONAL CULTURE TECHNIQUES, RAPID SHELL VIAL AND DIRECT IMMUNOFLOURESCENCE STAINS, AND AMPLIFIED NUCLEIC ACID PROBE ASSAYS THE MOLECULAR DIAGNOSTIC LABORATORY ALSO PERFORMS GENETIC ASSAYS FOR CYSTIC FIBROSIS MUTATIONS AND FOR THE MUTATIONS THAT CAUSE HYPERCOAGULABILITY THE CYTOGENETIC LABORATORY PERFORMS KARYOTYPES AND FISH (IN-SITU HYBRIDIZATION) TO DETECT CHROMOSOME ABNORMALITIES ANATOMIC PATHOLOGY SERVICES INCLUDE SURGICAL PATHOLOGY, RENAL, NERVE, AND MUSCLE, PLACENTAL PATHOLOGY AND AUTOPSY SERVICES THE ANATOMIC PATHOLOGY LABORATORY HAS A STATE OF THE ART JEOL SCANNING ELECTRON MISCROSCOPE TO AID IN THE DIAGNOSIS AT THE SMALLEST CELLULAR LEVEL THE RADIOLOGY DIVISION AT AKRON CHILDREN'S HOSPITAL PERFORMS A FULL SPECTRUM OF DIAGNOSTIC IMAGING PROCEDURES INCLUSIVE OF DIAGNOSTIC/FLUOROSCOPIC XRAYS, CT, NUCLEAR MEDICINE, ULTRASOUND, AND MRI THE RADIOLOGY DIVISION IS STAFF WITH LICENSED DIAGNOSTIC IMAGING TECHNOLOGISTS AND ALL OUR PEDIATRIC IMAGING PROCEDURES ARE READ BY QUALIFIED PEDIATRIC RADIOLOGISTS WITH BOARD CERTIFICATION AND CAQ CREDENTIALS INCLUSIVE OF EXPERTISE IN SPECIFIC RADIOLOGY SUBSPECIALTY AREAS OF IMAGING IN DECEMBER 2008, AKRON CHILDREN'S OPENED OUR 32-BED ACUTE CARE AKRON CHILDREN'S HOSPITAL IN MAHONING VALLEY, SERVING THE NEEDS OF PEDIATRIC PATIENTS IN THE YOUNGSTOWN AND SURROUNDING AREAS WE OPENED A FULLY-EQUIPPED RADIOLOGY DEPARTMENT WHICH INCLUDES ALL DIAGNOSTIC IMAGING SERVICES THAT ARE OFFERED OUR OUR MAIN AKRON CAMPUS IN 2008, THE RADIOLOGY DIVISION SUCESSFULLY COMPLETED THE JOINT COMMISSION SURVEY WITH NO AREAS OF RECOMMENDATION OR AREAS OF DEFICIENCY ALSO DURING 2008, RADIOLOGY PARTICIPATED WITH NURSING TO IMPLEMENT A CENTRALIZED SEDATION SERVICES DEPARTMENT WHICH SERVES SEDATION NEEDS OF OUR MRI, CT, AND NUCLEAR MEDICINE PEDIATRIC PATIENTS CHILDREN'S HOSPITAL MEDICAL CENTER'S PHYSICAL AND OCCUPATIONAL THERAPISTS ARE DEVOTED TO PROVIDING QUALITY CARE IN THE HOSPITAL AND TO OUTPATIENTS, SCHOOLS AND COMMUNITY PROGRAMS OUR STAFF OF PEDIATRIC THERAPISTS CAN PROVIDE SPECIALIZED TREATMENT FROM BIRTH TO AGE 21 WE ARE AFFILIATED WITH NINE UNIVERSITIES FOR TEACHING OF STUDENTS INCORPORATING THE SUPPORT OF FAMILIES AND SKILLS OF VARIOUS MEDICAL PROFESSIONALS AT CHILDREN'S, THE OCCUPATIONAL THERAPY, PHYSICAL THERAPY, SPEECH, AUDIOLOGY, AND SOCIAL SERVICES STAFFS STRIVE TO PROVIDE PATIENTS WITH THE SKILLS NEEDED TO OVERCOME A VARIETY OF DEVELOPMENTAL, PHYSICAL, AND EMOTIONAL DISABILITIES THE FAMILY CHILD LEARNING CENTER(FCLC), A COOPERATIVE EFFORT OF CHILDREN'S AND KENT STATE UNIVERSITY, OFFERS A HOST OF THERAPY AND EDUCATIONAL SERVICES TO HANDICAPPED INFANTS, PRESCHOOLERS AND THEIR FAMILIES THERAPISTS AND EDUCATORS WORK TOGETHER TO SIGNIFICANTLY ENHANCE THE DEVELOPMENT OF THESE CHILDREN AT AN EARLY AGE FCLC PROVIDES AN EDUCATIONAL TRAINING GROUND FOR GRADUATE STUDENTS IN EDUCATION, SPEECH PATHOLOGY, MOTOR LEARNING AND PHYSICAL AND OCCUPATIONAL THERAPY ALL OTHER ACHIEVEMENTS DESCRIPTION FORM 990, PAGE 2, PART III, LINE 4D CHILDREN'S OPERATES ONE OF THE LARGEST PEDIATRIC PRIMARY CARE NETWORKS WITH 15 OFFICES IN SEVEN COUNTIES INCLUDING CUYAHOGA, MEDINA, WAYNE, TUSCAWARAS AND PORTAGE THE PEDIATRICIANS AND STAFF AT AKRON CHILDREN'S HOSPITAL PEDIATRICS MAINTAIN COOPERATIVE RELATIONSHIPS WITH MANY AREA HEALTH PROVIDERS, INCLUDING SEVERAL HOSPITALS PATIENT CARE IS AVAILABLE 24 HOURS A DAY THROUGH THE PHYSICIAN OFFICE, CHILDREN'S AFTER HOURS, A 24-HOUR NURSE TRIAGE PHONE LINE, AND AKRON CHILDREN'S HOSPITAL BY SHARING INFORMATION BETWEEN OUR OFFICES AND WITH AREA HEALTH CARE PROVIDERS, WE ENSURE THAT ALL CHILDREN RECEIVE THE FINEST CARE -- FROM PREVENTIVE CHECKUPS TO TREATMENT FOR CHRONIC HEALTH PROBLEMS AKRON CHILDREN'S HOSPITAL PEDIATRICS VISITS WERE 239,087 AND 215,867 FOR 2009 AND 2008 RESPECTIVELY THE SURGICAL SERVICES DEPARTMENT AT CHILDREN'S MEDICAL HOSPITAL OF AKRON PERFORMS MORE THAN 10,000 GENERAL AND SPECIALIZED SURGICAL PROCEDURES EACH YEAR--RANGING FROM UNCOMPLICATED TONSILLECTOMIES TO NEUROSURGERY, OPEN HEART, ORTHOPEDIC, AND PLASTIC AND RECONSTRUCTIVE SURGERY CHILDREN'S PERFORMS MORE PEDIATRIC SURGERIES THAN ANY OTHER HOSPITAL IN NORTHEASTERN OHIO THE ENTIRE STAFF AT CHILDREN'S, FROM PEDIATRIC SURGEONS TO PEDIATRIC ANESTHESIOLOGISTS AND NURSES ARE CAREFULLY TRAINED IN MEETING THE UNIQUE SURGICAL NEEDS AND CONCERNS OF CHILDREN AND THEIR FAMILIES THE PEDIATRIC ANESTHESIOLOGISTS ARE EXPERIENCED AT HELPING A CHILD GO TO SLEEP WITH AS LITTLE ANESTHESIA AS POSSIBLE THEY UNDERSTAND THE MEDICAL DIFFERENCES BETWEEN CHILDREN AND ADULTS SPECIAL EQUIPMENT AND TECHNIQUES SUITED TO THE SIZE OF THE PATIENT, FROM INFANTS TO YOUNG ADULTS, HELP ASSURE SUCCESSFUL OUTCOMES TO THE SURGERY AND ANESTHESIA IN ADDITION, CHILD LIFE SPECIALISTS GIVE PRE-SURGERY TOURS ONCE A WEEK TO PREPARE CHILDREN (AND PARENTS) FOR WHAT THEY EXPECT TO SEE, HEAR, FEEL, TASTE OR SMELL CHILDREN'S HAS NINE STATE-OF-THE-ART OPERATING ROOMS TWO ARE DEDICATED TO MINIMALLY INVASIVE SURGERY WITH A VOICE ACTIVATED SYSTEM TO CONTROL THE OR'S THERE ARE ALSO OPERATING SUITES DEDICATED TO NEUROSURGERY AND HEART SURGERY ABOUT 80% OF SURGERIES ARE DONE ON AN OUTPATIENT BASIS, WHICH HAS PROVEN TO BE NOT ONLY MEDICALLY SAFE BUT PSYCHOLOGICALLY BENEFICIAL FOR CHILDREN 2009 2008 ----- SURGICAL PATIENTS - INPATIENT 2,348 2,430 SURGICAL PATIENTS - OUTPATIENT 10,405 10,294 FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES FORM 990, PART V, LINE 4B CAYMAN ISLANDS RELATED PARTY INFORMATION AMONG OFFICERS FORM 990, PAGE 6, PART VI, LINE 2 ROBERT C BERK TRUSTEE SPOUSE OF TRUSTEE SUSAN BERK TRUSTEE SPOUSE OF TRUSTEE CLASSES OF MEMBERS OR STOCKHOLDERS FORM 990, PAGE 6, PART VI, LINE 6 THE DULY ELECTED, QUALIFIED AND ACTING DIRECTORS AND THE ACTIVE MEMBERS OF THE WOMAN'S BOARD OF CHILDREN'S HOSPITAL ARE MEMBERS OF THE CORPORATION

Identifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	THE NUMBER OF THE DIRECTORS OF THIS CORPORATION SHALL BE SET BY THE MEMBERS FIVE OF THE MEMBERS SHALL CONSIST OF THE WOMEN'S BOARD OF CHILDREN'S HOSPITAL THE PRESIDENT AND THE PRESIDENT OF THE MEDICAL STAFF SHALL EACH BE A MEMBER OF THE BOARD OF DIRECTORS THE REMAINING MEMBERS OF THE BOARD OF DIRECTORS SHALL BE ELECTED BY THE MEMBERS OF THE CORPORATION A DIRECTOR SHALL BE ELECTED FOR A THREE-YEAR TERM, BUT A PERSON MAY BE NOMINATED FOR AND ELECTED TO A SHORTER TERM IN ORDER THAT THE TERMS OF APPROXIMATELY ONE-THIRD OF THE DIRECTORS SHALL EXPIRE EACH YEAR EACH DIRECTOR SHALL SERVE UNTIL HIS SUCCESSOR BE ELECTED AND QUALIFIED UPON UNANIMOUS RESOLUTION OF THE MEMBERS, A PERSON WHO HAS RENDERED LONG AND OUTSTANDING SERVICE TO THE HOSPITAL MAY BE ELECTED TO A LIFE TERM AS A DIRECTOR THE DIRECTORS RESPONSIBILITES INCLUDE (1) TO ENSURE THAT THE HOSPITAL IS MEETING THE COMMUNITY'S HEALTH NEEDS AND IS INFORMED ABOUT THE AVAILABILITY OF THE HOSPITAL'S SERVICES, (2) BELIEVE STRONGLY IN THE HOSPITAL'S MISSION AND SERVE AS ACTIVE PUBLIC ADVOCATES FOR THE HOSPITAL, (3) ESTABLISH GOALS AND POLICIES FOR THE HOSPITAL, (4) WORK WITH THE HOSPITAL PRESIDENT TO DEVELOP AND UPDATE LONG-RANGE PLANS AND PROVIDE FOR FINANCIAL STABILITY, (5) IDENTIFY, RECRUIT AND SELECT NEW DIRECTORS, (6) PERIODICALLY EVALUATE THE PERFORMANCE OF DIRECTOR COMMITTEES, INDIVIDUAL DIRECTORS AND BOARD OF DIRECTORS PERFORMANCE AS A WHOLE, (7) SELECT AND EVALUATE THE PRESIDENT AS CHIEF EXECUTIVE OFFICER, (8) APPROVE MEDICAL STAFF APPOINTMENTS AND PRIVILEGES, (9) MAINTAIN AUTHORITY FOR THE OVERALL FUNCTIONING AND SUPPORT OF A HOSPITAL-WIDE QUALITY ASSURANCE PROGRAM, AND (10)PARTICIPATE IN AND PROVIDE LEADERSHIP FOR HOSPITAL FUND-RAISING PROGRAMS THE CORPORATE POWERS, PROPERTY, AND AFFAIRS OF THE CORPORATION SHALL BE EXERCISED, CONDUCTED, AND CONTROLLED BY THE DIRECTORS THE DIRECTORS SHALL ELECT THE MEMBERS OF THE EXECUTIVE COMMITTEE OF THE BOARD

DECISIONS SUBJECT TO APPROVAL OF MEMBERS FORM 990, PAGE 6, PART VI, LINE 7B THE CORPORATE POWERS, PROPERTY, AND AFFAIRS OF THE CORPORATION, SHALL BE EXERCISED, CONDUCTED, AND CONTROLLED BY THE DIRECTORS THE DIRECTORS SHALL ELECT THE MEMBERS OF THE EXECUTIVE COMMITTEE OF THE BOARD SUBJECT TO THE DIRECTION AND CONTROL OF THE DIRECTORS, OR THE EXECUTIVE COMMITTEE OF THE BOARD, THE MANAGEMENT OF THE HOSPITAL SHALL BE VESTED IN THE PRESIDENT AS CHIEF EXECUTIVE OFFICER THE PRESIDENT SHALL, IN ALL MATTERS PERTAINING TO HOSPITAL ADMINISTRATION, DIRECTLY REPRESENT THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS AND SHALL BE RESPONSIBLE TO THEM RESPECTIVELY FOR THE PROPER PERFORMANCE OF HIS DUTIES IT SHALL BE THE DUTY OF THE PRESIDENT TO MAKE KNOWN AND ENFORCE ALL RULES AND REGULATIONS WHICH SHALL BE MADE BY AND UNDER THE AUTHORITY OF THE DIRECTORS OR THE EXECUTIVE COMMITTEE OF THE BOARD IN ALL CASES OF DISPUTED AUTHORITY, OR UNCERTAINTY AS TO THE MEANING OF THESE REGULATIONS, THE DECISION OF THE PRESIDENT SHALL BE ABSOLUTE UNTIL A RULING SHALL HAVE BEEN RENDERED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS POLICIES AND PROCEDURES GOVERNING CHAPTERS FORM 990, PAGE 6, PART VI, LINE 10B CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON MAINTAINS WRITTEN POLICIES AND PROCEDURES GOVERNING THE ACTIVITIES OF ALL AFFILIATES TO ENSURE THEIR CONSISTENCY WITH ACTIVITIES OF THE ORGANIZATION 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 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 CORPORATE SERVICES 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 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 INDEPENDANT SALARY SURVEY WAS COMPLETED IN 2008 AND RECOMMENDATIONS WERE PROVIDED AND PRESENTED BY THE INDEPENDANT CONSULTANT TO THE 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 COMMITTEE FOR APPROVAL GOVERNING DOCUMENTS DISCLOSURE EXPLANATION FORM 990, PAGE 6, PART VI, LINE 19 CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON 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

Identifier	Return Reference	Explanation
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, AKRON CHILDREN'S HOSPITAL FOUNDATION WILLIAM CONSIDINE - 1 HOUR PER WEEK DENNIS JANCZY - 1 HOUR PER WEEK, UNTIL SEPT 2009, TERMINATED 9/25/09 MICHAEL TRAINER - 1 HOUR PER WEEK JOYCE HAMAKER - 1 HOUR PER WEEK DUANE ISHAM - 1 HOUR PER WEEK PHILIP MAYNARD - 1 HOUR PER WEEK GREG MCDERMOTT - 1 HOUR PER WEEK WILLIAM WOOLDREDGE - 1 HOUR PER WEEK JOHN MCBRIDE - 1 HOUR PER WEEK

PURPOSE OF ISSUE DESCRIPTION SCHEDULE K AKRON, BATH, AND COPLEY JOINT TWSP MAJORITY OF BOND PROCEEDS REFUNDED SERIES 1993 BONDS WITH SMALL PORTION OF MONIES TO COMPLETE THE 2001 PROJECT ADDITIONAL INFORMATION SCHEDULE O SCHEDULE K, PART IV, LINE 1 REBATE CALCULATION WAS COMPLETED, BUT THE 8038T WAS NOT FILED BECAUSE NO REBATE WAS DUE SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS LAURIE SCHUELER IS THE DAUGHTER OF DUANE ISHAM, BOARD MEMBER GREG MCDERMOTT, CHAIRMAN OF THE BOARD, IS A VICE-PRESIDENT WITHIN FIRST MERIT BANK, OF WHICH CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON CONDUCTS THEIR CHECKING AND INVESTMENTS BANKING RICHARD GRIGG, BOARD MEMBER, IS A FIRST ENERGY OFFICER CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON PURCHASES THEIR ELECTRIC POWER THROUGH OHIO EDISON, A COMPANY OF FIRST ENERGY

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

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

Yes

1h

No

1i

Yes

1j

Yes

1k

No

1l

No

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

No

1r

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)	See Additional Data Table		
(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

Software ID:

Software Version:

EIN: 34-0714357

Name: CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	CHILDREN'S HOME CARE GROUP	O	8,094,061
(2)	CHILDREN'S HOME CARE GROUP	G	62,961
(3)	CHILDREN'S HOME CARE GROUP	P	8,157,022
(4)	CHILD DIMENSIONS INSURANCE COMPANY	O	114,628
(5)	CHILD DIMENSIONS INSURANCE COMPANY	P	106,428
(6)	AKRON CHILDRENS HOSPITAL FOUNDATION	P	9,528,371
(7)	AKRON CHILDRENS HOSPITAL FOUNDATION	C	7,930,605
(8)	AKRON CHILDRENS HOSPITAL FOUNDATION	G	697,699
(9)	AKRON CHILDRENS HOSPITAL FOUNDATION	J	245,856
(10)	AKRON CHILDRENS HOSPITAL FOUNDATION	O	9,746,802
(11)	AKRON CHILDRENS HOSPITAL FOUNDATION	B	297,500