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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)

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
AKRON CHILDRENS HOSPITAL FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
ONE PERKINS SQUARE

City or town, state or country, and ZIP + 4
AKRON, OH 44308

D Employer identification number
23-7114013

E Telephone number
(330) 543-8171

G Gross receipts $ 54,840,745

F Name and address of principal officer
JOHN ZOILO
ONE PERKINS SQUARE
AKRON,OH 44308

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ AKRONCHILDRENS ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1971 | **M** State of legal domicile OH

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
AKRON CHILDREN'S HOSPITAL FOUNDATION IS ORGANIZED EXCLUSIVELY FOR THE BENEFIT OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON ITS PURPOSE IS TO SOLICIT FUNDS FROM DONORS

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	36
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	18
6	Total number of volunteers (estimate if necessary)	6	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	9,369,450	17,293,548
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,532,519	4,091,943
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-234,187	-211,278
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,667,782	21,174,213
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,883,343	7,999,598
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,345,943	1,555,508
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,343,303		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	807,179	1,016,907
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	11,036,465	10,572,013
	19	Revenue less expenses Subtract line 18 from line 12	1,631,317	10,602,200

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	82,414,632	87,731,506
	21	Total liabilities (Part X, line 26)	976,166	1,927,101
	22	Net assets or fund balances Subtract line 21 from line 20	81,438,466	85,804,405

Part II Signature Block

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

Sign Here

▶ Signature of officer | 2012-11-09 Date

▶ MICHAEL P TRAINER CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date 2012-11-09	Check if self-employed ▶ ☐	Preparer's taxpayer identification 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**

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 7,999,598 including grants of $ 7,999,598) (Revenue $)

SPURRED BY THEIR COMMON CONCERN FOR THE FUTURE OF CHILD HEALTH CARE IN THE COMMUNITY, A SMALL GROUP OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON (THE HOSPITAL) TRUSTEES MET EARLY IN 1971 TO ASSESS THE LONG-TERM NEEDS OF THE INSTITUTION AND THOSE IT SERVED THEY FORESAW AN UNPRECEDENTED PERIOD OF CHANGE AND GROWTH AHEAD, CAUSED BY THE BURGEONING ADVANCES IN MEDICAL SCIENCE AS WELL AS THE EXPANDING MULTI-COUNTY AREA SERVED BY THE HOSPITAL THEY PREDICTED THAT, TO FULFILL THE HEALTH NEEDS OF THE COMING GENERATION, THE HOSPITAL WOULD HAVE TO UNDERGO A DRASTIC CHANGE - MOVING FROM PRIMARILY A COMMUNITY FACILITY TO A MAJOR REGIONAL MEDICAL CENTER (CONTINUED ON SCHEDULE O) (CONTINUED FROM FORM 990, PART III, LINE 4A) AT THE SAME TIME, THEY REALIZED THAT THIS GROWTH COULD NOT BE FINANCED FROM PATIENT FEES ALONE ON JUNE 3, 1971, THEY FORMALLY ESTABLISHED THE AKRON CHILDREN'S HOSPITAL FOUNDATION, A SEPARATE, NOT-FOR-PROFIT CORPORATION, TO SECURE FUNDS WHICH WOULD "ADD BREADTH AND DEPTH TO THE HOSPITAL'S CAPABILITIES IN HEALTH CARE, MEDICAL RESEARCH AND EDUCATION " ONE OF THE FIRST INITIATIVES OF THE BOARD OF THE NEWLY-FORMED FOUNDATION WAS TO CONDUCT A FUND RAISING APPEAL TO THE COMMUNITY, ON AN ANNUAL BASIS, USING VOLUNTEER SOLICITORS IN ADDITION, THE FOUNDATION ESTABLISHED VARIOUS PROCEDURES FOR MANAGING AND INVESTING FUNDS THEY HOPED AND EXPECTED TO RAISE THE FOUNDATION ALSO COMMITTED SUPPORTING EFFORTS TO EXPAND PUBLIC AWARENESS OF THE HOSPITAL AND ITS ROLES AS A REGIONAL MEDICAL CENTER FOR CHILDREN, AS WELL AS BURN VICTIMS OF ALL AGES IN 2011, 7,994,191 FOUNDATION FUNDS WERE USED BY THE HOSPITAL TO SUPPORT ITS MISSION OF THAT AMOUNT, 1,533,476 WAS USED FOR CAPITAL PURCHASES SUCH AS 512,040 FOR THE UPGRADE AND RENOVATION OF THE MAHONING VALLEY BEEGHLY CAMPUS RADIOLOGY DEPARTMENT, 245,000 FOR THE RENOVATION OF THE EMERGENCY BEHAVIORAL HEALTH DEPARTMENT, 430,537 FOR THE CONSTRUCTION OF THE EXPRESSIVE THERAPY CENTER, 50,208 FOR OPHTHALMOLOGY EQUIPMENT, 97,667 FOR THE PURCHASE OF AN ISOLETTE FOR THE TRANSPORT VEHICLE, AND 86,779 FOR THE RENOVATION OF THE FAMILY WAITING ROOM AND FAMILY SLEEPING ROOM OF THE MAHONING VALLEY BEEGHLY CAMPUS 3,375,000 WAS ALSO PROVIDED BY THE FOUNDATION FOR HOSPITAL PROGRAM OPERATING EXPENSES AT THE AKRON AND MAHONING VALLEY LOCATIONS THAT WOULD NOT HAVE OTHERWISE BEEN AVAILABLE THROUGH THE ANNUAL BUDGET ADDITIONAL SUPPORT ALSO WENT FOR THE FOLLOWING PROGRAMS 670,000 PALLIATIVE CARE, 649,000 HEMATOLOGY/ONCOLOGY, 290,000 ADOPTION CENTER, 209,000 COMMUNITY YOUTH FITNESS, 190,000 REGIONAL BURN CENTER, 182,000 GLOBAL HEALTH FUND, 146,500 PSYCHIATRY INTAKE PROGRAM, 118,000 REACH OUT AND READ PROGRAM, 80,000 AUTISM FAMILY CHILD LEARNING CENTER, AND 49,000 FOR THE CHILDREN WHO WITNESS VIOLENCE PROGRAM THE REMAINING AMOUNT WAS USED FOR RESEARCH, TRAINING, EDUCATION AND SUPPORT PROGRAMS INCLUDING NEONATAL, PEDIATRICS, CHILD ADVOCACY, AND OTHER PROGRAMS SINCE THE FOUNDATION'S CREATION, THE VISION OF ITS FOUNDERS HAS BEEN JUSTIFIED ALLOCATIONS FROM THE FOUNDATION HAVE PROVIDED A WIDE RANGE OF SPECIALIZED LIFESAVING MEDICAL EQUIPMENT WHICH MIGHT NOT HAVE OTHERWISE BEEN POSSIBLE WITHIN THE HOSPITAL'S BUDGET LIMITATIONS THE FOUNDATION HAS FINANCED MEDICAL RESEARCH INTO CAUSE, PREVENTION AND TREATMENT OF COMPLEX CHILDHOOD DISEASES AND PROBLEMS, AND HAS PROVIDED COMMUNITY SAFETY PROGRAMS IN PROFESSIONAL EDUCATION, PATIENT INFORMATION AND YOUTH DEVELOPMENT THE NET EFFECT OF THESE EFFORTS HAS BEEN TO KEEP CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON AT THE FOREFRONT OF HEALTHCARE, WHILE MINIMIZING THE COST OF SUCH CARE TO PATIENTS AND THEIR FAMILIES

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶$ 7,999,598

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* (see instructions)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b	Yes	
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 and IV*	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 and IV*	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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? *If "Yes," complete Schedule I, Parts I and II*	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? *If "Yes," complete Schedule I, Parts I and III*	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? *If "Yes," complete Schedule J*	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? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	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? *If "Yes," complete Schedule L, Part III*	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? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	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? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	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? *If "Yes," complete Schedule R, Part VI*	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**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 0			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a 18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		No
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?		4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See instructions for 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?		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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state		13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the aggregate amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	36		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	30		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 made these available. Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made 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 VP FINANCE
CHILDREN'S HOSPITAL MEDICAL CENTER
ONE PERKINS SQUARE
AKRON, OH 44308
(330) 543-8171

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	209,347	2,323,582	432,814

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶1

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

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

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	307,212			
	d	Related organizations	1d	394,853			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	16,591,483			
	g	Noncash contributions included in lines 1a-1f $ 6,764,517					
	h	**Total.** Add lines 1a-1f ▶		17,293,548			
Program Service Revenue			Business Code				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f ▶					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶		1,528,542			1,528,542
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	36,018,655				
	b	Less cost or other basis and sales expenses	33,455,254				
	c	Gain or (loss)	2,563,401				
	d	Net gain or (loss) ▶		2,563,401			2,563,401
	8a	Gross income from fundraising events (not including $ 307,212 of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b 211,278				
	c	Net income or (loss) from fundraising events ▶		-211,278			-211,278
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities ▶					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory ▶					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d ▶					
	12	**Total revenue.** See Instructions ▶		21,174,213			3,880,665

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	7,999,598	7,999,598		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	266,457			266,457
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,064,132			1,064,132
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	29,564			29,564
9 Other employee benefits	132,206			132,206
10 Payroll taxes	63,149			63,149
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising *See Part IV, line 17* . .				
f Investment management fees	229,112		229,112	
g Other	117,257			117,257
12 Advertising and promotion	57,168			57,168
13 Office expenses	179,268			179,268
14 Information technology				
15 Royalties . .				
16 Occupancy	134,977			134,977
17 Travel	48,068			48,068
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	36,735			36,735
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a DONOR CULTIVATION	201,293			201,293
b EQUIPMENT MAINT & REPAIRS	13,029			13,029
c				
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	10,572,013	7,999,598	229,112	2,343,303
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		3,058,770	3	1,698,011
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	117,779
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 563,677			
	b	Less accumulated depreciation	10b 300,987	151,621	10c	262,690
	11	Investments—publicly traded securities		77,491,092	11	77,513,934
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,713,149	15	8,139,092
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		82,414,632	16	87,731,506
Liabilities	17	Accounts payable and accrued expenses		496,658	17	464,613
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		479,508	25	1,462,488
	26	**Total liabilities.** Add lines 17 through 25		976,166	26	1,927,101
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		43,015,219	27	41,227,223
	28	Temporarily restricted net assets		29,184,058	28	34,384,801
	29	Permanently restricted net assets		9,239,189	29	10,192,381
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		81,438,466	33	85,804,405
	34	Total liabilities and net assets/fund balances		82,414,632	34	87,731,506

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	21,174,213
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,572,013
3	Revenue less expenses Subtract line 2 from line 1	3	10,602,200
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	81,438,466
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-6,236,261
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	85,804,405

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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 separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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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

2011

Open to Public Inspection

Name of the organization
AKRON CHILDRENS HOSPITAL FOUNDATION

Employer identification number
23-7114013

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

		Yes	No
(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?	**11g(i)**		
(ii) a family member of a person described in (i) above?	**11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section (see instructions))	**(iv)** Is the organization in col (i) listed in your governing document?		**(v)** Did you notify the organization in col (i) of your support?		**(vi)** Is the organization in col (i) organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	**(a)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	8,013,271	9,104,405	7,597,644	9,369,450	17,293,548	51,378,318
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	8,013,271	9,104,405	7,597,644	9,369,450	17,293,548	51,378,318
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)						7,061,214
6 **Public Support.** Subtract line 5 from line 4						44,317,104

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(f)** Total
7 Amounts from line 4	8,013,271	9,104,405	7,597,644	9,369,450	17,293,548	51,378,318
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,525,236	2,726,606	994,545	1,206,906	1,528,542	9,981,835
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)						61,360,153

12 Gross receipts from related activities, etc (See instructions) **12** 101,733

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 2011 (line 6 column (f) divided by line 11 column (f)) **14** 72 220 %

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15** 74 350 %

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	**(a)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

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

Part IV **Supplemental Information.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AKRON CHILDRENS HOSPITAL FOUNDATION

Employer identification number
23-7114013

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☑ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☑ No

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

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

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☑ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☑ No

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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	42,191,502	37,902,948	30,651,078	34,179,353	
b Contributions	11,512,095	4,684,218	3,667,095	5,744,957	
c Investment earnings or losses	-1,529,858	3,511,833	7,080,419	-4,770,848	
d Grants or scholarships					
e Other expenditures for facilities and programs	-3,880,981	-3,907,497	-3,495,644	-4,502,384	
f Administrative expenses					
g End of year balance	48,292,758	42,191,502	37,902,948	30,651,078	

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ 7 690 %

b Permanent endowment ▶ 21 100 %

c Term endowment ▶ 71 210 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		No

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		58,429	5,843	52,586
d Equipment		505,248	295,144	210,104
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				262,690

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1) TRUSTS RECEIVABLE	8,139,092
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	8,139,092

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
INTRAFUND PAYABLE	1,462,488
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	1,462,488

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

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

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

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

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

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	TEMPORARILY RESTRICTED FUNDS ARE SUBJECT TO PURPOSE RESTRICTIONS IMPOSED BY THE DONOR THOSE FUNDS ARE HELD UNTIL THE SPECIFIC PURPOSE IS MET AND THEN THEY ARE RELEASED FROM RESTRICTIONS PERMANENTLY RESTRICTED FUNDS ARE FUNDS THAT ARE INVESTED IN PERPETUITY AND ARE NOT AVAILABLE TO FUND ANY CURRENT OPERATIONS THE EARNINGS FROM THE ENDOWMENT FUND CAN BE USED FOR THE SPECIFIC PURPOSE IMPOSED BY THE DONOR BOARD DESIGNATED FUNDS INCLUDE FUNDS FROM UNRESTRICTED SOURCES THAT HAVE BEEN INTERNALLY DESIGNED TO FUNCTION AS ENDOWMENTS THESE FUNDS ARE TO BE USED FOR THE SOLE PURPOSE AS THEY WERE DESIGNED FOR AKRON CHILDREN'S HOSPITAL FOUNDATION DOES HAVE A POLICY IN PLACE TO MONITOR ALL UNRESTICTED, TEMPORARILY AND PERMANENTLY RESTRICTED FUNDS
SUPPLEMENTAL FINANCIAL INFORMATION	SCHEDULE D, PAGE 4, PART XIV	SCHEDULE D, PART X, LINE 2 AKRON CHILDREN'S HOSPITAL FOUNDATION IS A SUBSIDIARY IN THE CONSOLIDATED FINANCIAL STATEMENTS OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON ADOPTED FIN 48 (ASC 740) IN 2007 NO DISCLOSURES WERE REQUIRED UNDER GAAP AS CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON DOES NOT HAVE ANY MATERIAL TAX CONSEQUENCES THAT REQUIRED A LIABILITY TO BE DISCLOSED IN THE FINANCIAL STATEMENTS

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AKRON CHILDRENS HOSPITAL FOUNDATION

Employer identification number
23-7114013

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of 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 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		
3a Sub-total					5,430,002
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					5,430,002

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities . . . . . ▶

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

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of non-cash assistance	**(g)** Description of non-cash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)* ☐ Yes ☐ No

2 Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)* ☐ Yes ☐ No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)* ☐ Yes ☐ No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)* ☐ Yes ☐ No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)* ☐ Yes ☐ No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).* ☐ Yes ☐ No

Part V **Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation
		CENTRAL AMERICA AND THE CARIBBEAN 0 5,430,002

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

2011

Open to Public Inspection

Name of the organization
AKRON CHILDRENS HOSPITAL FOUNDATION

Employer identification number
23-7114013

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

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

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

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

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

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

		(a) Event #1 RADIOTHON (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	307,212			307,212
	2 Less Charitable contributions	307,212			307,212
	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	211,278			211,278
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(211,278)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-211,278

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

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

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to quuestion on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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

2011

Open to Public Inspection

Name of the organization
AKRON CHILDRENS HOSPITAL FOUNDATION

Employer identification number
23-7114013

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☐ Yes ☑ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CHILDREN'S HOSPITAL MEDICAL CENTERONE PERKINS SQUARE AKRON, OH 44308	34-0714357	3	7,994,191				PATIENT CARE NEEDS
(2) CHILDREN'S HOME CARE GROUPONE PERKINS SQUARE AKRON, OH 44308	34-1575266	3	5,407				PATIENT CARE NEEDS

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

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	AKRON CHILDREN'S HOSPITAL FOUNDATION PROVIDES SUPPORT FOR THE NEEDS OF THE HOSPITAL (CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON) ALL DONATIONS RECEIVED BY THE FOUNDATION ARE RECORDED APPROPRIATELY TO THE FUND OF THE DONOR'S INTENT, UNRESTRICTED, TEMPORARILY RESTRICTED, OR PERMANENTLY RESTRICTED THOSE FUNDS ARE USED APPROPRIATELY, PER THE DONOR'S INTENT, BY THE HOSPITAL TO FURTHER THE MISSION OF THE HOSPITAL PROCESSES, SUCH AS PROPER EXPENSE AND CAPITAL APPROVAL ARE IN PLACE TO MONITOR THE PROPER USE OF THOSE FUNDS THE FUND BALANCES ARE REVIEWED MONTHLY TO ENSURE THE FUNDS ARE BEING USED AS THE DONOR WISHES

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AKRON CHILDRENS HOSPITAL FOUNDATION

Employer identification number
23-7114013

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		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?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		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?	**5a**		No
b	Any related organization?	**5b**		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?	**6a**		No
b	Any related organization?	**6b**		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	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) WILLIAM H CONSIDINE	(i) (ii)	1,052,641	197,000	291,653	220,092	12,528	1,773,914	
(2) MICHAEL TRAINER	(i) (ii)	353,766		2,265	17,150	16,652	389,833	
(3) DR RAJEEV KISHORE	(i) (ii)	255,283	22,425	1,592	4,026	5,999	289,325	
(4) JOHN ZOILO	(i) (ii)	204,244		5,103	51,273	5,837	266,457	
(5) DR JOHN MCBRIDE	(i) (ii)	138,726	5,000	3,231	94,156	5,101	246,214	

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
FRINGE OR EXPENSE EXPLANATION	SCHEDULE J, PAGE 1, PART I, LINE 1A	JOHN ZOILO, VICE PRESIDENT OF THE AKRON CHILDREN'S HOSPITAL FOUNDATION, HAS A COUNTRY CLUB MEMBERSHIP THAT IS USED FOR BUSINESS MEETINGS WITH CURRENT AND PROSPECTIVE DONORS
WRITTEN REIMBURSEMENT POLICY EXPLANATION	SCHEDULE J, PAGE 1, PART I, LINE 1B	THE EXECUTIVE REIMBURSEMENT TO JOHN ZOILO, WHICH INCLUDES THE GROSS-UP OF THE PERSONAL USE OF THE COUNTRY CLUB DUES, HAS BEEN APPROVED BY THE BOARD OF DIRECTORS
SEVERANCE, NONQUALIFIED, AND EQUITY-BASED PAYMENTS	SCHEDULE J, PAGE 1, PART I, LINE 4	WILLIAM H CONSIDINE 0 220,000 0
OTHER ADDITIONAL INFORMATION	SCHEDULE J, PART III	AKRON CHILDREN'S HOSPITAL FOUNDATION RELIED ON THE RELATED ORGANIZATION, CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON, TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION JOHN ZOILO'S COMPENSATION WAS PAID THROUGH A COMMON PAYMASTER OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON PART I, LINE 4B - WILLIAM CONSIDINE IS A PARTICIPANT IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN AS OF JANUARY 1, 2010 THE PLAN IS A NONQUALIFIED DEFERRED COMPENSATION PLAN IT IS AN UNFUNDED PLAN MAINTAINED PRIMARILY FOR THE PURPOSE OF PROVIDING DEFERRED COMPENSATION BENEFITS THE PARTICIPANT RECEIVES CREDITS IN THE PLAN FOR EACH FULL CALENDAR YEAR OF SERVICE AND HE IS 100% VESTED

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AKRON CHILDRENS HOSPITAL FOUNDATION

Employer identification number
23-7114013

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (TRUST/PLEDGE)	X	1	6,764,517	MARKET VALUE OF TRUST
26 Other ▶( )				
27 Other ▶( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 |

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b If "Yes," describe in Part II			
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

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

Identifier	Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AKRON CHILDRENS HOSPITAL FOUNDATION

Employer identification number
23-7114013

Identifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	(CONTINUED FROM FORM 990, PART III, LINE 4A) AT THE SAME TIME, THEY REALIZED THAT THIS GROWTH COULD NOT BE FINANCED FROM PATIENT FEES ALONE ON JUNE 3, 1971, THEY FORMALLY ESTABLISHED THE AKRON CHILDREN'S HOSPITAL FOUNDATION, A SEPARATE, NOT-FOR-PROFIT CORPORATION, TO SECURE FUNDS WHICH WOULD "ADD BREADTH AND DEPTH TO THE HOSPITAL'S CAPABILITIES IN HEALTH CARE, MEDICAL RESEARCH AND EDUCATION " ONE OF THE FIRST INITIATIVES OF THE BOARD OF THE NEWLY-FORMED FOUNDATION WAS TO CONDUCT A FUND RAISING APPEAL TO THE COMMUNITY, ON AN ANNUAL BASIS, USING VOLUNTEER SOLICITORS IN ADDITION, THE FOUNDATION ESTABLISHED VARIOUS PROCEDURES FOR MANAGING AND INVESTING FUNDS THEY HOPED AND EXPECTED TO RAISE THE FOUNDATION ALSO COMMITTED SUPPORTING EFFORTS TO EXPAND PUBLIC AWARENESS OF THE HOSPITAL AND ITS ROLES AS A REGIONAL MEDICAL CENTER FOR CHILDREN, AS WELL AS BURN VICTIMS OF ALL AGES IN 2011, 7,994,191 FOUNDATION FUNDS WERE USED BY THE HOSPITAL TO SUPPORT ITS MISSION OF THAT AMOUNT, 1,533,476 WAS USED FOR CAPITAL PURCHASES SUCH AS 512,040 FOR THE UPGRADE AND RENOVATION OF THE MAHONING VALLEY BEEGHLY CAMPUS RADIOLOGY DEPARTMENT, 245,000 FOR THE RENOVATION OF THE EMERGENCY BEHAVIORAL HEALTH DEPARTMENT, 430,537 FOR THE CONSTRUCTION OF THE EXPRESSIVE THERAPY CENTER, 50,208 FOR OPHTHALMOLOGY EQUIPMENT, 97,667 FOR THE PURCHASE OF AN ISOLETTE FOR THE TRANSPORT VEHICLE, AND 86,779 FOR THE RENOVATION OF THE FAMILY WAITING ROOM AND FAMILY SLEEPING ROOM OF THE MAHONING VALLEY BEEGHLY CAMPUS 3,375,000 WAS ALSO PROVIDED BY THE FOUNDATION FOR HOSPITAL PROGRAM OPERATING EXPENSES AT THE AKRON AND MAHONING VALLEY LOCATIONS THAT WOULD NOT HAVE OTHERWISE BEEN AVAILABLE THROUGH THE ANNUAL BUDGET ADDITIONAL SUPPORT ALSO WENT FOR THE FOLLOWING PROGRAMS 670,000 PALLIATIVE CARE, 649,000 HEMATOLOGY/ONCOLOGY, 290,000 ADOPTION CENTER, 209,000 COMMUNITY YOUTH FITNESS, 190,000 REGIONAL BURN CENTER, 182,000 GLOBAL HEALTH FUND, 146,500 PSYCHIATRY INTAKE PROGRAM, 118,000 REACH OUT AND READ PROGRAM, 80,000 AUTISM FAMILY CHILD LEARNING CENTER, AND 49,000 FOR THE CHILDREN WHO WITNESS VIOLENCE PROGRAM THE REMAINING AMOUNT WAS USED FOR RESEARCH, TRAINING, EDUCATION AND SUPPORT PROGRAMS INCLUDING NEONATAL, PEDIATRICS, CHILD ADVOCACY, AND OTHER PROGRAMS SINCE THE FOUNDATION'S CREATION, THE VISION OF ITS FOUNDERS HAS BEEN JUSTIFIED ALLOCATIONS FROM THE FOUNDATION HAVE PROVIDED A WIDE RANGE OF SPECIALIZED LIFESAVING MEDICAL EQUIPMENT WHICH MIGHT NOT HAVE OTHERWISE BEEN POSSIBLE WITHIN THE HOSPITAL'S BUDGET LIMITATIONS THE FOUNDATION HAS FINANCED MEDICAL RESEARCH INTO CAUSE, PREVENTION AND TREATMENT OF COMPLEX CHILDHOOD DISEASES AND PROBLEMS, AND HAS PROVIDED COMMUNITY SAFETY PROGRAMS IN PROFESSIONAL EDUCATION, PATIENT INFORMATION AND YOUTH DEVELOPMENT THE NET EFFECT OF THESE EFFORTS HAS BEEN TO KEEP CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON AT THE FOREFRONT OF HEALTHCARE, WHILE MINIMIZING THE COST OF SUCH CARE TO PATIENTS AND THEIR FAMILIES

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	FORM 990, PART V	LINE 2 (A) AKRON CHILDREN'S HOSPITAL FOUNDATION DOES HAVE ITS OWN EMPLOYEES BUT USES A COMMON PAYMASTER WITH ITS RELATED ORGANIZATION, CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON PREPARES AND ISSUES ALL W-2'S TO AKRON CHILDREN'S HOSPITAL FOUNDATION

Identifier	Return Reference	Explanation
FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES	FORM 990, PART V, LINE 4B	CAYMAN ISLANDS

Identifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	FORM 990, PAGE 6, PART VI, LINE 6	CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON IS THE SOLE MEMBER OF AKRON CHILDREN'S HOSPITAL FOUNDATION

Identifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON IS THE PARENT COMPANY OF AKRON CHILDREN'S HOSPITAL FOUNDATION AND ITS GOVERNING BODY HAS THE RIGHT TO ELECT OR APPOINT MEMBERS OF THE ORGANIZATION'S GOVERNING BODY

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	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

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	IT IS CHILDREN'S POLICY THAT ALL EMPLOYEES DISCLOSE REAL OR APPARENT CONFLICTS OF INTEREST AS A CONDITION OF EMPLOYMENT WITH CHILDREN'S THE POLICIES AND PROCEDURES ARE ADMINISTERED BY CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON CHILDREN'S ALSO REQUIRES THAT EACH EMPLOYEE DISCLOSE IN WRITING, ANNUALLY, TO THE PRESIDENT A LIST OF ALL BUSINESSES OR OTHER ORGANIZATIONS IN WHICH HE/SHE IS AN OFFICER, MEMBER, OWNER, SHAREHOLDER, TRUSTEE OR EMPLOYEE FOR WHICH HE/SHE ACTS AS AN AGENT OR MIGHT REASONABLY IN THE FUTURE ENTER INTO A RELATIONSHIP OR TRANSACTION IN WHICH THE EMPLOYEE COULD HAVE A DUALITY OF INTEREST IF A SITUATION ARISES IN WHICH THERE IS A DUALITY OF INTEREST, OR A QUESTION OF DUALITY OF INTEREST, AND, AS SUCH, POTENTIAL FOR A CONFLICT OF INTEREST, IT IS THE PRIMARY RESPONSIBILITY OF THE INDIVIDUAL DIRECTLY INVOLVED AND RESPONSIBILITY OF OTHER PERSONNEL, TO THE EXTENT THAT THEY BECOME AWARE OF A DUALITY OF INTEREST, TO MAKE IMMEDIATE AND COMPLETE WRITTEN DISCLOSURE TO THE APPROPRIATE VICE PRESIDENT HE/SHE WILL REVIEW THE SITUATION WITH THE VICE PRESIDENT OF 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 ANY EMPLOYEE WHO IS DIRECTLY OR INDIRECTLY INVOLVED IN A SITUATION WHICH REPRESENTS A DUALITY OF INTEREST, AND AS SUCH, A POTENTIAL CONFLICT OF INTEREST, WILL ABIDE BY THE FOLLOWING POLICIES 1 INDIVIDUAL WILL NOT BE PERMITTED ACCESS TO ANY INFORMATION WHICH MAY PROVIDE AN UNFAIR ADVANTAGE TO THAT INDIVIDUAL OR THE FIRM HE/SHE REPRESENTS 2 INDIVIDUAL WILL BE REQUIRED TO WITHDRAW FROM ANY MEETING IN WHICH THE MATTER IS DISCUSSED 3 INDIVIDUAL WILL NOT BE PERMITTED TO PARTICIPATE IN DELIBERATION OR VOTE ON THE MATTER AND WILL BE REQUIRED TO LEAVE THE ROOM DURING VOTING 4 ANY EMPLOYEE IS EXPRESSLY PROHIBITED FROM RELEASING ANY "SENSITIVE INFORMATION" REGARDING A DECISION MADE OR BEING CONSIDERED TO ANY PERSON WHO MAY HAVE A DUALITY OF INTEREST, AND AS SUCH, A POTENTIAL CONFLICT OF INTEREST 5 ANY ATTEMPT ON THE PART OF AN EMPLOYEE TO UNFAIRLY INFLUENCE OR IMPACT THE DECISION MAKING PROCESS IN FAVOR OF PERSONAL INTEREST MAY BE CONSIDERED BREACH OF TRUST AND MAY BE CAUSE FOR REMOVAL FROM HIS/HER POSITION OF RESPONSIBILITY OR OTHER DISCIPLINARY ACTION UP TO AND INCLUDING DISCHARGE

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON'S EXECUTIVE TOTAL COMPENSATION PROGRAM IS GOVERNED BY THE COMPENSATION COMMITTEE (COMMITTEE) OF THE BOARD OF DIRECTORS, WHO ALSO DETERMINES THE COMPENSATION OF THE CHILDREN'S HOSPITAL FOUNDATION OFFICERS, DIRECTORS AND KEY EMPLOYEES KEY COMMITTEE RESPONSIBILITIES INCLUDE - ENSURE EXECUTIVE TOTAL COMPENSATION IS APPROPRIATE IN LIGHT OF THE HOSPITAL'S MISSION AND VALUES, AND - APPROVE AN EXECUTIVE COMPENSATION PHILOSOPHY, THE ASSOCIATED PROGRAMS, AND ALL COMPENSATION ACTIONS FOR INDIVIDUAL EXECUTIVES THE COMMITTEE IS COMPRISED OF INDEPENDENT MEMBERS OF THE HOSPITAL BOARD WHO HAVE NO PERSONAL INTEREST IN ANY EXECUTIVE COMPENSATION TRANSACTION - SHOULD A POTENTIAL CONFLICT OF INTEREST BE IDENTIFIED, THE COMMITTEE DETERMINES THE EXTENT OF THE CONFLICT AND THE MEANS TO ADDRESS IT - IN CERTAIN CASES, A COMMITTEE MEMBER MAY BE ASKED NOT TO PARTICIPATE IN DISCUSSIONS OF, OR VOTE ON, A PARTICULAR COMPENSATION TRANSACTION THE COMMITTEE GOVERNS THE HOSPITAL'S EXECUTIVE TOTAL COMPENSATION FOR ALL SENIOR EXECUTIVES WHO ARE DEEMED TO BE DISQUALIFIED PERSONS THE COMMITTEE ALSO GOVERNS THE TOTAL COMPENSATION OF OTHER DISQUALIFIED PERSONS, E.G , FAMILY MEMBERS OF BOARD MEMBERS OR EXECUTIVES WHO ARE EMPLOYED BY THE HOSPITAL THE COMMITTEE FOLLOWS ALL STEPS REQUIRED BY THE INTERNAL REVENUE SERVICE TO QUALIFY FOR THE SAFE HARBOR UNDER THE INTERMEDIATE SANCTIONS REGULATIONS IT - REVIEWS MARKET COMPENSATION DATA FOR COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS WHICH ARE COMPILED BY AN INDEPENDENT CONSULTANT IT ENGAGES, - USES THIS DATA TO MAKE EXECUTIVE DECISIONS, AND - DOCUMENTS ITS COMPENSATION DELIBERATIONS AND DECISIONS IN A TIMELY MANNER THE COMMITTEE REVIEWS APPROPRIATE SECTIONS OF THE HOSPITAL IRS FORM 990 BEFORE IT IS FILED TO ENSURE ACCURACY AND COMPLETENESS AN INDEPENDENT SALARY SURVEY WAS COMPLETED IN 2011 AND RECOMMENDATIONS WERE PROVIDED AND PRESENTED BY THE INDEPENDENT CONSULTANT TO THE COMPENSATION COMMITTEE FOR APPROVAL

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	AN INDEPENDENT SALARY SURVEY WAS COMPLETED IN 2011 AND WAS PROVIDED AND PRESENTED BY THE INDEPENDENT CONSULTANT TO THE COMMITTEE FOR APPROVAL

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

Identifier	Return Reference	Explanation
RELATED ORGANIZATIONS	FORM 990, PAGE 7, PART VII	THE FOLLOWING AVERAGE OF HOURS WORKED PER WEEK WERE WORKED BY THE INDIVIDUALS LISTED IN PART VII, SECTION A FOR THE RELATED ORGANIZATION, CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON WILLIAM CONSIDINE - 40 HOURS PER WEEK MICHAEL TRAINER - 40 HOURS PER WEEK DR JOHN MCBRIDE - 20 HOURS PER WEEK DR RAJEEV KISHORE - 40 HOURS PER WEEK PHILIP MAYNARD - 16 HOURS PER WEEK WILLIAM WOOLDREDGE - 10 HOURS PER WEEK DUANE ISHAM - 13 HOURS PER WEEK PAULA MALONE - 16 HOURS PER WEEK THE FOLLOWING AVERAGE OF HOURS WORKED PER WEEK WERE WORKED BY THE INDIVIDUALS LISTED IN PART VII, SECTION A FOR THE RELATED ORGANIZATION, CHILD DIMENSION INSURANCE COMPANY WILLIAM CONSIDINE - 2 HOURS PER WEEK MICHAEL TRAINER - 2 HOURS PER WEEK THE FOLLOWING AVERAGE OF HOURS WORKED PER WEEK WERE WORKED BY THE INDIVIDUALS LISTED IN PART VII, SECTION A FOR THE RELATED ORGANIZATION, CHILDREN'S HOME CARE GROUP WILLIAM CONSIDINE - 2 HOURS PER WEEK MICHAEL TRAINER - 2 HOURS PER WEEK

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 5	CHANGE IN VALUE OF TRUSTS -338,573 UNREALIZED LOSS ON INVESTMENTS -5,897,688 ---------- TOTAL OTHER CHANGES -6,236,261

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AKRON CHILDRENS HOSPITAL FOUNDATION

Employer identification number
23-7114013

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization Yes	No
(1) CHILDRENS HOSPITAL MED CTR OF AKRON ONE PERKINS SQUARE AKRON, OH 44308 34-0714357	HOSPITAL	OH	501C3	3	NA		No
(2) CHILDRENS HOME CARE GROUP ONE PERKINS SQUARE AKRON, OH 44308 34-1575266	HOME CARE	OH	501C3	11A	CHMCA CHILDREN'S HOSP MED CTR OF AKRON	Yes	
(3) CHILD DIMENSIONS INSURANCE COMPANY ONE PERKINS SQUARE AKRON, OH 44308 03-0317160	INSURANCE	OH	501C3	11A	CHMCA CHILDREN'S HOSP MED CTR OF AKRON	Yes	

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?		(k) Percentage ownership
							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

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

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

		Yes	No
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n		No
o Reimbursement paid to related organization(s) for expenses	1o	Yes	
p Reimbursement paid by related organization(s) for expenses	1p	Yes	
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related organization(s)	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	**(d)** Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	**(b)** Primary activity	**(c)** Legal domicile (state or foreign country)	**(d)** Predominant income(related, unrelated, excluded from tax under sections 512-514)	**(e)** Are all partners section 501(c)(3) organizations?		**(f)** Share of total income	**(g)** Share of end-of-year assets	**(h)** Disproprtionate allocations?		**(i)** Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	**(j)** General or managing partner?		**(k)** Percentage ownership
				Yes	**No**			**Yes**	**No**		**Yes**	**No**	

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

Additional Data

Software ID:
Software Version:
EIN: 23-7114013
Name: AKRON CHILDRENS HOSPITAL FOUNDATION

Form 990, Special Condition Description:

Special Condition Description

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM H CONSIDINE PRESIDENT/CE	8 00	X		X				0	1,541,294	232,620
MICHAEL TRAINER TREAS/CFO	8 00	X		X				0	356,031	33,802
DR RAJEEV KISHORE DIRECTOR	1 00	X						0	279,300	10,025
JOHN ZOILO VICE CHAIR/V	40 00	X		X				209,347	0	57,110
DR JOHN MCBRIDE DIRECTOR	1 00	X						0	146,957	99,257
PHILIP H MAYNARD CHAIRMAN	16 00	X		X				0	0	0
GEORGE R SARKIS SECRETARY	2 00	X		X				0	0	0
WILLIAM D WOOLDREDGE DIRECTOR	2 00	X						0	0	0
JOHN R ADAMS DIRECTOR	1 00	X						0	0	0
JAMES P BERRY DIRECTOR	1 00	X						0	0	0
ADAM BRIGGS DIRECTOR	1 00	X						0	0	0
DAVID BOUFFARD DIRECTOR	2 00	X						0	0	0
DR JOHN CROW DIRECTOR	1 00	X						0	0	0
MICHAEL GEORGE DIRECTOR	1 00	X						0	0	0
VALERIE GEIGER DIRECTOR	1 00	X						0	0	0
WILLARD HOLLAND DIRECTOR	1 00	X						0	0	0
DIANA MCCOOL DIRECTOR	1 00	X						0	0	0
THOMAS R CROWLEY DIRECTOR	2 00	X						0	0	0
DUANE L ISHAM DIRECTOR	2 00	X						0	0	0
MARK T LAROSE DIRECTOR	1 00	X						0	0	0
KARA HANNUM LEWIS DIRECTOR	1 00	X						0	0	0
JOHN H VOLLMAN MD DIRECTOR	1 00	X						0	0	0
PATRICIA B ZIEGLER DIRECTOR	1 00	X						0	0	0
ELIZABETH CLARK DIRECTOR	1 00	X						0	0	0
WILLIAM CUSHWA JR 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			
RICHARD GRIGG DIRECTOR	1 00	X						0	0	0
JAMES D SHOWERS DIRECTOR	1 00	X						0	0	0
GREGORY J MICHALEC DIRECTOR	1 00	X						0	0	0
PATRICK JAMES DIRECTOR	1 00	X						0	0	0
ROBERT COOPER DIRECTOR	1 00	X						0	0	0
JOHN DELANEY DIRECTOR	1 00	X						0	0	0
PAUL DUTTON DIRECTOR	1 00	X						0	0	0
ROBERT LITTMAN DIRECTOR	1 00	X						0	0	0
PAULA MALONE DIRECTOR	1 00	X						0	0	0
MARK OELSCHLAGER DIRECTOR	1 00	X						0	0	0
ALLEN RYAN JR DIRECTOR	1 00	X						0	0	0