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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493317027092 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Form 990 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Department of the Treasury Open to Public ▶ The organization may have to use a copy of this return to satisfy state reporting requirements **Inspection** Internal Revenue Service A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011 D Employer identification number B Check if applicable CHILDREN'S HOSPITAL MEDICAL CENTER Address change OF AKRON 34-0714357 Doing Business As E Telephone number Name change (330) 543-8171 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 658,118,682 Terminated Amended return City or town, state or country, and ZIP + 4AKRON, OH 443081062 Application pending Name and address of principal officer H(a) Is this a group return for WILLIAM CONSIDINE affiliates? ONE PERKINS SOUARE AKRON,OH 44308 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status H(c) Group exemption number ► Website: ► AKRONCHILDRENS ORG K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► L Year of formation 1897 M State of legal domicile OH Part I Summary 1 Briefly describe the organization's mission or most significant activities PART 1, LINE 1 AND PART III, LINE 1 THE MISSION OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON IS TO PROVIDE QUALITY MEDICAL AND SURGICAL CARE FOR BABIES, CHILDREN, ADOLESCENTS, AND BURN VICTIMS OF ALL AGES, REGARDLESS OF ABILITY TO PAY, MULTI-LEVEL PROFESSIONAL EDUCATION FOR STUDENTS OF MEDICINE, NURSING AND VARIOUS ALLIED HEALTH PROFESSIONALS, BASIC AND CLINICAL RESEARCH INTO THE CAUSES, TREATMENT AND CURE OF CHILDHOOD ILLNESS, INJURY AND BURN INJURY, COMMUNITY SERVICE INTENDED TO IMPROVE HEALTH STATUS THROUGH LAY EDUCATION, CHILD AND FAMILY ADVOCACY EFFORTS TO IMPROVE THE STATUS OF CHILDREN AND ADOLESCENTS IN OUR REGION OF SERVICE CHILDREN'S HOSPITAL MEDICAL CENTER OF Activities & Governance AKRON (CHILDREN'S) IS AN INDISPENSABLE, INTEGRATED PEDIATRIC HEALTHCARE DELIVERY SYSTEM SERVING INFANTS, CHILDREN, ADOLESCENTS, AND ADULTS IN AKRON AND NORTHEAST OHIO ESTABLISHED IN 1890 BY THE "KINGS DAUGHTERS," A GROUP OF WOMEN AFFILIATED WITH A LOCAL CHURCH, CHILDREN'S HAS GROWN FROM A TWO-ROOM DAY NURSERY TO A MO 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) . . 4 Number of independent voting members of the governing body (Part VI, line 1b) . 22 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . 4,606 5 **6** Total number of volunteers (estimate if necessary) 1,578 6 787,471 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . 7a **b** Net unrelated business taxable income from Form 990-T, line 34 . . . 7b 37,435 **Current Year Prior Year** Contributions and grants (Part VIII, line 1h) 11,987,714 12,936,654 Program service revenue (Part VIII, line 2g) 9 452,699,780 499,132,527 6,318,805 8,304,843 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,923,759 4,949,800 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 476,878,998 524,374,884 716,380 929,976 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 Expenses 267,481,506 301,345,837 Professional fundraising fees (Part IX, column (A), line 11e) 16a b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 179,468,507 173,388,415 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 441,586,301 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 481,744,320 19 Revenue less expenses Subtract line 18 from line 12 . 35,292,697 42,630,564 Not Assets or Fund Balances **Beginning of Current End of Year** Year 20 Total assets (Part X, line 16) 622,241,602 670,261,351 Total liabilities (Part X, line 26) 21 270,588,305 341,111,375 329,149,976 22 Net assets or fund balances Subtract line 21 from line 20 351,653,297 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 2012-11-12 Signature of officer Date Sign Here MICHAEL P TRAINER CHIEF FINANCIAL OFFICER Type or print name and title Date Check If Preparer's taxpayer identification number 2012-11-12 signature Paid employed 🕨 🛘 Preparer's CHILDREN'S HOSPITAL MEDICAL CTR OF AKRON Firm's name (or yours EIN F if self-employed), Use Only address, and ZIP + 4 ONE PERKINS SQ Phone no AKRON, OH 44308 **▼**No May the IRS discuss this return with the preparer shown above? (see instructions) . ┌ Yes

Form 990 (2011)

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Part III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III

Briefly describe the organization's mission PART 1, LINE 1 AND PART III, LINE 1 THE MISSION OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON IS TO PROVIDE

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

Did the organization undertake any significant program services during the year which were not listed on ┌ Yes ┌ No If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program ┌ Yes ┌ No If "Yes," describe these changes on Schedule O 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

(Code) (Expenses \$ 114,352,252 including grants of \$) (Revenue \$ PROGRAM ACHIEVEMENT 1 - SUBSPECIALTY PHYSICIANS IN KEEPING WITH CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON'S MISSION TO PROVIDE QUALITY MEDICAL AND SURGICAL CARE FOR BABIES, CHILDREN, ADOLESCENTS, AND BURN VICTIMS OF ALL AGES, REGARDLESS OF THE ABILITY TO PAY, CHILDREN'S OFFERS UNIQUE SERVICES IN A BROAD RANGE OF PEDIATRIC SUBSPECIALTIES AS DESCRIBED HEREIN SOME OF CHILDREN'S SUBSPECIALTY AREAS INCLUDE AMBULATORY SERVICES, HEART CENTER, NEUROSURGERY, SEDATION SERVICE, ENT, MATERNAL FETAL MEDICINE, CARE CENTER, GASTROENTEROLOGY, SPORTS MEDICINE, NEUROLOGY, NDC BEHAVIORAL, NEPHROLOGY, ENDOCRINOLOGY, ADOLESCENT (CONTINUED ON SCHEDULE O) CONTINUED FROM PART III, LINE 4A)
MEDICINE, INFECTIOUS DISEASES, HEMATOLOGY SERVICES, PULMONARY MEDICINE, DEVELOPMENTAL PEDIATRICS, PALLIATIVE CARE PROGRAM, OAK ADOPTIVE HEALTH CENTER, LOCUST PEDIATRICS, DIAGNOSTIC REFERRAL GROUP, RHEUMATOLOGY, CLINICAL PHARMACOLOGY AND TOXICOLOGY, PSYCHIATRIC SERVICES, GENETICS, DEPARTMENT OF PEDIATRICS, CAST ROOM, ORTHOPEDICS, AND SKELETAL DYSPLASIS CENTER ONE OF THE SUBSPECIALTY DEPARTMENTS, THE HEART CENTER, WHICH WAS ESTABLISHED IN MAY 2001, HAS SEEN NUMEROUS CONTRIBUTIONS AND ACCOMPLISHMENTS SINCE ITS INCEPTION OF GREATEST IMPORTANCE IS THE ESTABLISHMENT AND MATURATION OF AN INTEGRATED, SERVICE-LINE ORGANIZATIONAL STRUCTURE THIS HAS INFLUENCED ALL OTHER HEART CENTER INITIATIVES AND ACCOMPLISHMENTS OVER THE LAST TEN YEARS INCLUDING THE ESTABLISHMENT OF THE FOLLOWING SERVICES -- CARDIAC HEART CENTER INITIATIVES AND ACCOMPLISHMENTS OVER THE LAST TEN YEARS INCLUDING THE ESTABLISHMENT OF THE FOLLOWING SERVICES -- CARDIAC SURGICAL SERVICES -- INTERVENTIONAL CARDIOLOGY -- MATERNAL FETAL CARDIOLOGY -- ADULT CONGENITAL CARDIOLOGY -- ELECTROPHYSIOLOGY CARDIOLOGY -- ADVANCED CARDIOLOGY IMAGERY -- OUTREACH CARDIOLOGY SERVICES -- CLINICAL CARDIOLOGY SERVICES (ECHO, EKG, STRESS TESTING) -- PREVENTIVE CARDIOLOGY OTHER MAJOR 2011 ACCOMPLISHMENTS OF THE HEART CENTER ARE -- ADDED PEDIATRIC CARDIAC CLINICS, CARDIAC SURGERY AND FETAL ECHO CLINIC AT METROHEALTH HOSPITAL -- 2% GROWTH IN MAHONING VALLEY AT HEART CENTER BOARDMAN -- 6% OVERALL GROWTH IN HEART CENTER CLINIC VISITS THE HEART CENTER HAS ICAEL ACCREDITATION IN THE FOLLOWING -- PEDIATRIC ECHOCARDIOGRAPHY -- PEDIATRIC TRANSTHORACIC ECHOCARDIOGRAPHY -- PEDIATRIC TRANSSOPHAGEAL ECHOCARDIOGRAPHY -- FETAL ECHOCARDIOGRAPHY STATISTICS FOR THE HEART CENTER ARE AS FOLLOWS 2011 2010 ------ OUTPATIENT VISITS 13,935 10,732 CARDIAC PROCEDURES CATH 263 271 SURGERY 120 150 ANOTHER SUBSPECIALTY IS THE PEDIATRIC DIALYSIS DENIES CENTER, WHICH OPENED IN 1985. THIS IS THE ONLY FACILITY IN THE CHILDREN'S SERVICE AREA FOLLORED TO THEAT BABTES PEDIATRIC DIALYSIS RENAL CARE CENTER, WHICH OPENED IN 1985 THIS IS THE ONLY FACILITY IN THE CHILDREN'S SERVICE AREA EQUIPPED TO TREAT BABIES, CHILDREN AND ADOLESCENTS SUFFERING FROM CHRONIC OR ACUTE KIDNEY FAILURE STATE-OF-THE-ART KIDNEY DIALYSIS IS PERFORMED AT CHILDREN'S DIALYSIS IS ALSO AVAILABLE TO TREAT PATIENTS WHO NEED RENAL SUPPORT WHILE THEY RECOVER FROM BURNS, POISONINGS OR OTHER SERIOUS ILLNESS OR INJURY COMPREHENSIVE CARE FOR KIDNEY PATIENTS IS ASSURED BY THE USE OF A TEAM APPROACH UTILIZING THE SKILLS OF PHYSICIANS, NURSES, DIETICIANS, AND SOCIAL WORKERS IN 1987, CHILDREN'S ESTABLISHED THE CHILDREN AT RISK EVALUATION (C A R E) CENTER TO BETTER EVALUATE AND INITIATE TREATMENT FOR CHILDREN OF SUSPECTED PHYSICAL OR SEXUAL ABUSE AND NEGLECT AT THE CENTER, A TEAM OF PHYSICIANS, NURSES, AND SOCIAL WORKERS SEE SCHEDULED PATIENTS REFERRED BY PRIVATE PHYSICIANS (LOCAL AND REGIONAL), POLICE DEPARTMENTS, JUVENILE DETECTIVES, THE CHILDREN'S SERVICES BOARD (SUMMIT AND OTHER COUNTIES) AND OTHER COMMUNITY AGENCIES LOCATED NEAR EMERGENCY SERVICES, THE CENTER ACCOMODATES THESE CHILDREN BY PROVIDING A QUIET STRUCTURE AND UNHURRIED ATMOSPHERE FOR EXAMINATION AND INTERVIEW IN ADDITION TO PROVIDING FORENSIC INTERVIEWS AND EXAMINATIONS TO BE USED PRIOR TO AND DURING COURT PROCEEDINGS, THE CENTER CAN VIDEOTAPE A CHILD'S TESTIMONY TO AVOID REPEATED AND OFTEN PAINFUL INTERVIEWS THE C A R E TEAM ALSO PROVIDES CONSULTATION WHEN ABUSE IS SUSPECTED FOR A CHILD ON AN INPATIENT UNIT IN 2007, CHILDREN'S EXPANDED SERVICES FOR ABUSED CHILDREN AND TEENS IN THE MAHONING VALLEY BY PURCHASING THE TRI-COUNTY CHILD ADVOCACY CENTER THE CENTER NOT ONLY PROVIDES MEDICAL AND FORENSIC EVALUATIONS FOR CHILDREN SUSPECTED OF BEING PHYSICALLY OR SEXUALLY ABUSED, BUT IT ALSO PROVIDES MEDICAL EVALUATIONS FOR KIDS IN FOSTER CARE IN OCTOBER, 2009, CHILDREN'S RECEIVED FEDERAL AMERICAN RECOVERY AND REINVESTMENT ACT (AARA) GRANT FUNDING OF 882,550 FOR THE EXPANSION OF THE C A R E CENTER SERVICES TO INCLUDE TRAUMA INTERVENTION SERVICES ("TIS") FOR CHILD CARE VICTIMS THE PROJECT EXPANDED THE INFRASTRUCTURE OF C A R E TO INCLUDE TIS, THROUGH THE HIRING AND TRAINING OF ADDITIONAL STAFF AND THE DEVELOPMENT OF PSYCHOLOGICAL EDUCATIONAL MATERIALS FOR CHILDREN WHO HAVE BEEN VICTIMS OF CRIME AND THEIR FAMILIES IT ALSO INCREASED THE PARTICIPATION OF VICTIMS IN THE CRIMINAL JUSTICE SYSTEM, AND CONSEQUENTLY, THE PROSECUTION OF CHILD PHYSICAL AND SEXUAL ABUSE CHILDREN WHO ARE VICTIMS OF PHYSICAL OR SEXUAL ABUSE ARE IDENTIFIED BY REFERRAL FROM OUTSIDE AGENCIES, INCLUDING LAW ENFORCEMENT AGENCIES, CHILD PROTECTIVE SERVICES, PRIVATE PHYSICIANS, AND CHILDREN'S HOSPITAL EMERGENCY DEPARTMENT PERSONNEL AT ANY OF THE FOUR CHILDREN'S HOSPITAL MEDICAL CENTER EMERGENCY DEPARTMENT LOCATIONS SERVICES PROVIDED INCLUDE IMMEDIATE TRAUMA-INFORMED, HOME-BASED CRISIS INTERVENTION MANAGEMENT, ADVOCACY THROUGHOUT THE CRIMINAL JUSTICE SYSTEM, AND PSYCHOSOCIAL EDUCATIONS FOR FAMILIES REGARDING TRAUMA SYMPTOMS AND TREATMENT. THIS PROJECT WAS AN EXPANSION OF A CURRENT SUCCESSFUL EVIDENCE-BASED PROGRAM MODEL, CHILDREN WHO WITNESS VIOLENCE, WHICH HAS SERVED OVER 2,200 CHILDREN WHO HAVE WITNESSED VIOLENCE AND THEIR FAMILIES WITH HOME-BASED TRAUMA INTERVENTION SERVICES OHIO'S RATE OF CHILD ABUSE AND NEGLECT IS RANKED ELEVENTH IN THE NATION RESEARCH HAS SHOWN THAT EXPOSURE TO TRAUMA MAY NEGATIVELY IMPACT THE PHYSICAL, MENTAL, AND EMOTIONAL DEVELOPMENT OF CHILDREN CHILDREN'S HAS HAD SUCCESSFUL AND EXTENSIVE EXPERIENCE IN THE IMPLEMENTATION OF SERVICES TO PROVIDE TRAUMA FOR CHILDREN EXPOSED TO VIOLENCE, THE EXPANSION OF THE C A R E CENTER WILL BUILD UPON THIS MODEL A COMPONENT OF THE DIVISION OF HEMATOLOGY/ONCOLOGY, THE OHIO REGIONAL VI COORDINATED SICKLE CELL PROGRAM AT CHILDREN'S SERVES ADULTS AND CHILDREN IN SEVERAL NORTHEAST OHIO COUNTIES THE GRANT FUNDED PROGRAM PLAYS AN IMPORTANT ROLE IN IMPROVING THE TREATMENT AND EDUCATION OF PERSONS WITH THE SICKLE CELL TRAIT IN THE REGION IN ADDITION TO MEDICAL CARE, SUPPORT SERVICES INCLUDE DISEASE EDUCATION, PERSONAL AND CAREER COUNSELING AND FINANCIAL COUNSELING ARE OFFERD ALSO INCORPORATED IN THE SICKLE CELL CLINIC ARE GENETIC AND PSYCHOSOCIAL COUNSELING SERVICES THE PROGRAM COORDINATES ACTIVITIES OF SICKLE CELL SERVICE AGENCIES THROUGHOUT REGION VI AND PROVIDES EDUCATION PROGRAMS FOR THE GENERAL PUBLIC, AT-RISK GROUPS AND HEALTH CARE PROVIDERS CHILDREN'S HEMOSTASIS AND THROMBOSIS CENTER PROVIDES DIAGNOSTIC AND TREATMENT SERVICES TO CHILDREN AND ADULTS WITH INHERITED BLEEDING AND CLOTTING DISORDERS THE CENTER IS RECOGNIZED BY THE FEDERAL DEPARTMENT OF MATERNAL AND CHILD HEALTH AS A REGIONAL COMPREHENSIVE CENTER THE CENTER IS STAFFED BY BOARD-CERTIFIED HEMOTOLOGISTS, NURSE CLINICIANS, NURSE EDUCATOR, SOCIAL SERVICE STAFF, AN ORTHOPEDIST AND A PHYSICAL THERAPIST IN ADDITION TO PROVIDING MEDICAL ASSESSMENT/TREATMENT THROUGH THE CANCER AND BLOOD DISORDERS CLINIC, THE STAFF PROVIDES COUNSELING AND TEACHING SERVICES THE HOSPITAL ALSO OPERATES A CLINIC IN MILLERSBURG, OHIO, TO SERVE THE AMISH/MENNONITE COMMUNITY CLINICAL TRIALS ARE AVAILABLE TO INDIVIDUALS WITH HEREDITARY COAGULATION DISORDERS ENROLLED IN THE CENTER, IN CONJUNCTION WITH PHARMACEUTICAL COMPANIES, THE CDC, THE NATIONAL HEMOPHILIA FOUNDATION, AND OTHER RESEARCH AGENCIES CHILDREN'S OFFERS A COMPREHENSIVE CLINICAL TREATMENT CENTER FOR CHILDREN WITH ALL TYPES OF CANCER AND BLOOD DISORDERS HIGHLY SPECIALIZED TEAMS CARE FOR CHILDREN AND TEENS WITH ALL TYPES OF CHILDHOOD CANCERS, SICKLE CELL DISEASE, HEMOGLOBINOPATHIES, AND BLEEDING/CLOTTING DISORDERS, AS WELL AS THOSE WHO REQUIRE STEM CELL/BONE MARROW TRANSPLANTATION CHILDREN'S INPATIENT CANCER AND BLOOD DISORDERS UNIT HAS 20 PRIVATE ROOMS WITH SOOTHING NATURAL LIGHT AND BRIGHT COLORS THERE ARE ROOMING-IN ACCOMODATIONS SO ONE PARENT MAY STAY WITH A CHILD AT ALL TIMES CHILDREN'S OUTPATIENT CANCER AND BLOOD DISORDERS CLINIC HAS 12 TREATMENT AND EXAM ROOMS, INCLUDING THOSE OUTFITTED FOR CHILDREN WHO REQUIRE SPECIAL ISOLATION CHILDREN'S CARES FOR MORE PATIENTS WITH HEMOPHILIA B (FACTOR IX DEFICIENCY) THAN ANY OTHER HOSPITAL IN THE COUNTRY CHILDREN'S CANCER PROGRAM HAS BEEN RECOGNIZED BY THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER AS A "PEDIATRIC TEACHING HOSPITAL CANCER PROGRAM " THE DIVISION OF DEVELOPMENTAL PEDIATRICS PROVIDES DIAGNOSTIC EVALUATIONS AND TREATMENT FOR CHILDREN WITH

PROGRAM ACHIEVEMENT 2 - INPATIENT SERVICES 2011 2010 ---- TOTAL INPATIENT DAYS 69,991 60,450 AKRON CHILDREN'S PHILOSOPHY OF CARE IS CENTERED AROUND THE FAMILIES WE SERVE THIS MEANS WE RESPECT EACH CHILD AND FAMILY'S INDIVIDUAL NEEDS AND STRIVE TO MAKE THE HOSPITAL EXPERIENCE AS PLEASANT AS POSSIBLE THE ROUTINE CARE UNITS, WHICH CONSIST OF PRIVATE ROOMS AND ACCOMODATIONS FOR OVERRIGHT STAY BY PARENTS, ARE BASED UPON THE CONCEPT OF FAMILY-CENTERED (CONTINUED ON SCHEDULE 0) CONTINUED FROM PART III, LINE 4B) CARE THE PRIMARY FOCUS OF THE FACILITY IS TO PROVIDE AN ENVIRONMENT CONDUCIVE TO PEDIATRIC PATIENTS, AIDING THEIR RECOVERY IN A MODERN HOSPITAL SETTING INPATIENT SERVICES INCLUDE SOME OF THE FOLLOWING DIVISIONS NEONATAL INTENSIVE CARE UNIT, PEDIATRIC INTENSIVE CARE UNIT, PSYCHIATRIC CARE, REGIONAL BURN CENTER, TRAUMA SERVICES A 59-BED REGIONAL NEONATAL INTENSIVE CARE UNIT (NICU) WAS OPENED IN 1993 THE NICU IS DESIGNATED THE LEVEL III TERTIARY NEONATAL UNIT IN OHIO'S PERINATAL REGION VI A FULL STAFF OF MEDICAL, NURSING, AND OTHER HEALTH CARE PROFESSIONALS CARE FOR HIGH-RISK INFANTS IN ONE OF THE MOST ADVANCED FACILITIES IN THE NATION A NEONATOLOGIST IS PRESENT IN-HOUSE AND AROUND THE CLOCK, SEVEN (7) DAYS A WEEK FOR REFERRAL AND CONSULTATION. A TRANSPORT TEAM FROM THE NICU IS ALSO AVAILABLE AT ALL TIMES FOR TRANSFER OF PATIENTS BY REGUINAL BURN CERTIEST, RADINA SERVICES A 39-BED REGUINAL REUNIAL INTERISE CARE UNIT (NICL) WAS OPERAL IN 1993. THE NICLO SEDISMAS CARE FOR RIGH-RISK INFANTS IN ONE OF THE MOST ADVANCED FACILITIES IN THE NATION A NEONATOLOGIST IS PRESENT IN-HOUSE AND ARROWS CONCERNING. THE NICLOS SERVER OF PATENTS OF THE CLOCK, SEVER (7) DAYS A WESE FOR REFERRAL AND CONSULTATION. A TRANSPORT TEAM FROM THE NICLOS ASSO AVAILABLE AT ALL TIMES FOR TRANSFER OF PATENTS OF ADVANCE OF THE THIRTY-FIVE(3S) NETWORK HOSPITALS IN THE AREA THE LEVEL III UNIT IS DIVIDED INTO TWO SECTIONS (1) INTERISE CARE AND CONSULTATION. A TRANSPORT TEAM FROM THE NICLOS ASSO AVAILABLE AT ALL TIMES FOR TRANSFER OF PATENTS OF A MADULANCE OR HELICOPTER FROM ANY ONE OF THE THIRTY-FIVE(3S) NETWORK HOSPITALS IN THE AREA THE LEVEL III UNIT IS DIVIDED INTO TWO SECTIONS (1) INTERISE CARE AND CARE AND CONTROL OF THE THIRTY-FIVE(3S) NETWORK HOSPITALS IN THE AREA THE LEVEL III UNIT IS DIVIDED INTO TWO SECTIONS (1) INTERISE CARE AND CARE CHILDREN AND COMFORTING PARENTS, SOCIAL WORKERS TRAINED TO IDENTIFY NEEDS OF FAMILIES AND POINT THEM TO HELPFUL SERVICES, AND CHAPLAINS AND BEREAVEMENT STAFF WHO ARE ALWAYS ON CALL AKRON CHILDREN'S HOSPITAL IS VERIFIED AS A PEDIATRIC TRAUMA CENTER BY THE AMERICAN COLLEGE OF SURGEONS THE PEDIATRIC TRAUMA VERIFICATION IS BASED ON ITS ABILITY TO PROVIDE QUALITY TRAUMA CARE TO TRAUMA PATIENTS AND THEIR FAMILIES FROM THE TIME OF INJURY, THROUGH THE ACUTE CARE PHASE, INTO THE REHABILITATION PHASE

DEVELOPMENTAL DISORDERS, E.G. SPINA BIFIDA, CEREBRAL PALSY, MENTAL RETARDATION AND AUTISM. THE STAFF WORKS WITH TEAMS OF ALLIED

including grants of \$

88,978,400

PROFESSIONALS BOTH IN THE HOSPITAL AN

PROGRAM ACHIEVEMENT 3 - ANCILLARY SOME OF THE KEY DEPARTMENTS OF ANCILLARY INCLUDE CENTRALIZED CORE LAB, MICROBIOLOGY/VIROLOGY LABS,CYTOGENETICS, RADIOLOGY DIAGNOSTIC IMAGING, RADIOLOGY MRI,RADIOLOGY CT, RADIOLOGY ULTRASOUND, RADIOLOGY NUCLEAR MEDICINE, PHYSICAL THERAPY, SPEECH PATHOLOGY, AUDIOLOGY, OCCUPATIONAL THERAPY THE CENTRALIZED CORE LAB INCLUDES THE CHEMISTRY, HEMATOLOGY, COAGULATION, URINALYSIS, SPECIAL CHEMISTRY AND BLOOD BANK LABORATORIES THE CHEMISTRY ANALYZERS TEST FOR MORE THAN 60 DIFFERENT SUBSTANCES FOUND IN BLOOD, URINE (CONTINUED ON SCHEDULE O) CONTINUED FROM PART III, LINE 4C) AND CEROBROSPINAL FLUID SPECIMENS IN ADDITION TO ROUTINE CHEMISTRIES, TESTING IS PERFORMED FOR THERAPEUTIC AND IMMUNOSUPPRESIVE DRUG MONITORING SWEAT CHLORIDE ANALYSIS IS PERFORMED TO SCREEN FOR CYSTIC FIBROSIS THE HEMATOLOGY SECTION RUNS ANALYSIS ON THE CELLULAR COMPONENTS OF THE BLOOD CELL COUNTS ARE PERFORMED USING AUTOMATED INSTRUMENTS WHILE CELL MORPHOLOGY IS CONFIRMED BY DOING MANUAL EXAMINATIONS OF STAINED BLOOD SMEARS SPECIAL HEMATOLOGY EXAMS, AS WELL AS ROUTINE AND SPECIAL COAGULATION TESTING IS ALSO PERFORMED IN THE HEMATOLOGY LABORATORY INSTRUMENTS ARE SELECTED TO USE THE SMALLEST AMOUNTS OF BLOOD FOR TESTING IN ORDER TO MINIMIZE BLOOD LOSS FROM OUR PEDIATRIC PATIENTS SPECIALIZED ASSAYS ARE PERFORMED TO AID IN THE DIAGNOSIS OF HEMATOLOGICAL AND COAGULATION DISORDERS LEAD TESTING IS PERFORMED IN THE SPECIAL CHEMISTRY LABORATORY OTHER TESTS PERFORMED IN SPECIAL CHEMISTRY INCLUDE PRENATAL TESTING FOR DOWN'S SYNDROME AND NEURAL TUBE DEFECTS AS WELL AS THYROID AND OTHER HORMONES IN ADDITION TO THE CCL, LABORATORY SERVICES ARE PROVIDED BY THE INFECTIOUS DISEASE LABORATORIES (MICROBIOLOGY, VIROLOGY, IMMUNOLOGY, AND MOLECULAR DIAGNOSTICS) THESE SERVICES INCLUDE THE IDENTIFICATION OF BACTERIA AND VIRUSES BY CONVENTIONAL CULTURE TECHNIQUES, RAPID SHELL VIAL AND DIRECT IMMUNOFLOURESCENCE STAINS, AND AMPLIFIED NUCLEIC ACID PROBE ASSAYS THE MOLECULAR DIAGNOSTIC LABORATORY ALSO PERFORMS GENETIC ASSAYS FOR CYSTIC FIBROSIS MUTATIONS AND FOR THE MUTATIONS THAT CAUSE HYPERCOAGULABILITY THE
CYTOGENETIC LABORATORY PERFORMS KARYOTYPES AND FISH (IN-SITU HYBRIDIZATION) TO DETECT CHROMOSOME ABNORMALITIES ANATOMIC PATHOLOGY
SERVICES INCLUDE SURGICAL PATHOLOGY, RENAL, NERVE, AND MUSCLE, PLACENTAL PATHOLOGY AND AUTOPSY SERVICES THE ANATOMIC PATHOLOGY
LABORATORY HAS A STATE OF THE ART JEOL SCANNING ELECTRON MISCROSCOPE TO AID IN THE DIAGNOSIS AT THE SMALLEST CELLULAR LEVEL. THE RADIOLOGY DIVISION AT AKRON CHILDREN'S HOSPITAL PERFORMS A FULL SPECTRUM OF DIAGNOSTIC IMAGING PROCEDURES INCLUSIVE OF DIAGNOSTIC/FLUOROSCOPIC XRAYS, CT, NUCLEAR MEDICINE, ULTRASOUND, AND MRI THE RADIOLOGY DIVISION IS STAFFED WITH LICENSED DIAGNOSTIC IMAGING TECHNOLOGISTS AND ALL OUR PEDIATRIC IMAGING PROCEDURES ARE READ BY QUALIFIED PEDIATRIC RADIOLOGISTS WITH BOARD CERTIFICATION AND CAQ CREDENTIALS INCLUSIVE OF EXPERTISE IN SPECIFIC RADIOLOGY SUBSPECIALTY AREAS OF IMAGING IN DECEMBER 2008, AKRON CHILDREN'S OPENED OUR 32-BED ACUTE CARE AKRON CHILDREN'S HOSPITAL IN MAHONING VALLEY, SERVING THE NEEDS OF PEDIATRIC PATIENTS IN THE YOUNGSTOWN AND SURROUNDING AREAS WE OPENED A CHILDREN'S HOSPITAL IN MAHONING VALLEY, SERVING THE NEEDS OF PEDIATRIC PATIENTS IN THE YOUNGSTOWN AND SURROUNDING AREAS WE OPENED A FULLY-EQUIPPED RADIOLOGY DEPARTMENT WHICH INCLUDES ALL DIAGNOSTIC IMAGING SERVICES THAT ARE OFFERED ON OUR MAIN AKRON CAMPUS CHILDREN'S HOSPITAL MEDICAL CENTER'S PHYSICAL AND OCCUPATIONAL THERAPISTS ARE DEVOTED TO PROVIDING QUALITY CARE IN THE HOSPITAL AND TO OUTPATIENTS, SCHOOLS AND COMMUNITY PROGRAMS OUR STAFF OF PEDIATRIC THERAPISTS CAN PROVIDE SPECIALIZED TREATMENT FROM BIRTH TO AGE 21 WE ARE AFFILIATED WITH NINE UNIVERSITIES FOR TEACHING OF STUDENTS INCORPORATING THE SUPPORT OF FAMILIES AND SKILLS OF VARIOUS MEDICAL PROFESSIONALS AT CHILDREN'S, THE OCCUPATIONAL THERAPY, PHYSICAL THERAPY, SPEECH, AUDIOLOGY, AND SOCIAL SERVICES STAFFS STRIVE TO PROVIDE PATIENTS WITH THE SKILLS NEEDED TO OVERCOME A VARIETY OF DEVELOPMENTAL, PHYSICAL, AND EMOTIONAL DISABILITIES THE FAMILY CHILD LEARNING

including grants of \$

62,899,500

114,364,538 including grants of \$ 929,976) (Revenue \$) (Expenses \$ CHILDREN'S OPERATES ONE OF THE LARGEST PEDIATRIC PRIMARY CARE NETWORKS WITH 17 OFFICES IN SEVEN COUNTIES INCLUDING CUYAHOGA, MEDINA, WAYNE, TUSCAWARAS AND PORTAGE. THE PEDIATRICIANS AND STAFF AT AKRON CHILDREN'S HOSPITAL PEDIATRICS MAINTAIN COOPERATIVE RELATIONSHIPS WITH MANY AREA HEALTH PROVIDERS, INCLUDING SEVERAL HOSPITALS PATIENT CARE IS AVAILABLE 24 HOURS A DAY THROUGH THE PHYSICIAN OFFICE, CHILDREN'S AFTER HOURS, A 24-HOUR NURSE TRIAGE PHONE LINE, AND AKRON CHILDREN'S HOSPITAL BY SHARING INFORMATION BETWEEN OUR OFFICES AND WITH AREA HEALTH CARE PROVIDERS, WE ENSURE THAT ALL CHILDREN RECEIVE THE FINEST CARE -- FROM PREVENTIVE CHECKUPS TO TREATMENT FOR CHRONIC HEALTH PROBLEMS AKRON CHILDREN'S HOSPITAL PEDIATRICS VISITS WERE 269,761 AND 243,488 FOR 2011 AND 2010 RESPECTIVELY THE SURGICAL

CENTER(FCLC), A COOPERATIVE EFFORT OF CHILDREN'S AND KENT STATE UNIVERSITY, OFFERS A HOST OF THERAPY AND EDUCATIONAL SERVICES TO HANDICAPPED INFANTS, PRESCHOOLERS AND THEIR FAMILIES THERAPISTS AND EDUCATORS WORK TOGETHER TO SIGNIFICANTLY ENHANCE THE DEVELOPMENT OF THESE CHILDREN AT AN EARLY AGE FCLC PROVIDES AN EDUCATIONAL TRAINING GROUND FOR GRADUATE STUDENTS IN EDUCATION, SPEECH PATHOLOGY,

CHRONIC HEALTH PROBLEMS AKRON CHILDREN'S HOSPITAL PEDIATRICS VISITS WERE 269,761 AND 243,488 FOR 2011 AND 2010 RESPECTIVELY THE SURGICAL SERVICES DEPARTMENT AT CHILDREN'S MEDICAL HOSPITAL OF AKRON PERFORMS MORE THAN 14,000 GENERAL AND SPECIALIZED SURGICAL PROCEDURES EACH YEAR--RANGING FROM UNCOMPLICATED TONSILLECTOMIES TO NEUROSURGERY, OPEN HEART, ORTHOPEDIC, AND PLASTIC AND RECONSTRUCTIVE SURGERY CHILDREN'S PERFORMS MORE PEDIATRIC SURGERIES THAN ANY OTHER HOSPITAL IN NORTHEASTERN OHIO THE ENTIRE STAFF AT CHILDREN'S, FROM PEDIATRIC SURGEONS TO PEDIATRIC ANESTHESIOLOGISTS AND NURSES ARE CAREFULLY TRAINED IN MEETING THE UNIQUE SURGICAL NEEDS AND CONCERNS OF CHILDREN AND THEIR FAMILIES THE PEDIATRIC ANESTHESIOLOGISTS ARE EXPERIENCED AT HELPING A CHILD GO TO SLEEP WITH AS LITTLE ANESTHESIA AS POSSIBLE THEY UNDERSTAND THE MEDICAL DIFFERENCES BETWEEN CHILDREN AND ADULTS SPECIAL EQUIPMENT AND TECHNIQUES SUITED TO THE SIZE OF THE PATIENT, FROM INFANTS TO YOUNG ADULTS, HELP ASSURE SUCCESSFUL OUTCOMES TO THE SURGERY AND ANESTHESIA IN ADDITION, CHILD LIFE SPECIALISTS GIVE PRESURGERY TOURS ONCE A WEEK TO PREPARE CHILDREN (AND PARENTS) FOR WHAT THEY EXPECT TO SEE, HEAR, FEEL, TASTE OR SMELL CHILDREN'S HAS NINE STATE-OF-THE-ART OPERATING ROOMS TWO ARE DEDICATED TO MINIMALLY INVASIVE SURGERY WITH A VOICE ACTIVATED SYSTEM TO CONTROL THE OR'S THERE ARE ALSO OPERATING SUITES DEDICATED TO NEUROSURGERY AND HEART SURGERY BETWEEN 75-80% OF SURGERIES ARE DONE ON AN OUTPATIENT BASIS, WHICH HAS PROVEN TO BE NOT ONLY MEDICALLY SAFE BUT PSYCHOLOGICALLY BENEFICIAL FOR CHILDREN 2011 2010 ---- SURGICAL PATIENTS INPATIENT 3,098 2,541 SURGICAL PATIENTS - OUTPATIENT 10,916 11,536

4d Other program services (Describe in Schedule O) (Expenses \$ 114,364,538 including grants of \$

MOTOR LEARNING AND PHYSICAL AND OCCUPATIONAL THERAPY

929,976) (Revenue \$ 133,673,236) Total program service expenses►\$ 380,594,690

art IV	Checklist	t 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	Yes	
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 1	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^{\bullet}	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			
а	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	Yes	
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		Yes	

Par	t 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 $\textcircled{\textbf{5}}$	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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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	Yes	
С	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	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
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	Yes	
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	Yes	
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	
		F	orm 990	(2011)

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [고	
			Yes	No
la	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
С	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	10	163	
	Statements filed for the calendar year ending with or within the year covered by this			
.	return			
U		2b	Yes	
	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	3a	Yes	
b	year?	3b	Yes	
la .	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		105	
	over, a financial account in a foreign country (such as a bank account or securities	4a	V	
h	account)?	TG	Yes	
b	If "Yes," enter the name of the foreign country \blacktriangleright CJ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	255 ms. actions for ming requirements for Form FD T 20-22 1, Report of Foreign bank and Financial Accounts			<u> </u>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	_		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c 6a		No
ia .	organization solicit any contributions that were not tax deductible?	ua		INU
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	_E L		
,	were not tax deductible?	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
_	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	_		
h	required?	7g		
"	Form 1098-C?	7h		
3	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		
)	Sponsoring organizations maintaining donor advised funds.			
а	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		
.0	Section 501(c)(7) organizations. Enter			
	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			
.1	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
.2a	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			
L 3	year Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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			
C	Enter the aggregate amount of reserves on hand 13c			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule 0	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

Se	ction 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	30			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	22			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	iness	relationship with any	2	Yes	"
3	Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management con			3		No
4	Did the organization make any significant changes to its governing documents since filed?	-	•	4		No
5	Did the organization become aware during the year of a significant diversion of the or	ation'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	erto e	elect or appoint one or		V	
	more members of the governing body?			7a	Yes	
b	or persons other than the governing body?			7b	Yes	1
8	Did the organization contemporaneously document the meetings held or written action year by the following	ns ur	idertaken during the			1
а	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, vorganization's mailing address? If "Yes," provide the names and addresses in Schedu			9		No
	ction B. Policies (This Section B requests information about policies not i	equi	red by the Internal			
Re	venue Code.)					
					Yes	No
	Did the organization have local chapters, branches, or affiliates?	• . •		10a	Yes	
Ь	If "Yes," did the organization have written policies and procedures governing the acti affiliates, and branches to ensure their operations are consistent with the organization purposes?			10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its the form?	gov	erning body before filing	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review the Fo	rm 9	90			
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 rise to conflicts?	ınteı	ests that could give	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done	the p	olicy? If "Yes," describe	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	105	No
15	Did the process for determining compensation of the following persons include a review independent persons, comparability data, and contemporaneous substantiation of the					110
а	The organization's CEO, Executive Director, or top management official			15a	Yes	
	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 of taxable entity during the year?		ılar arrangement with a	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take	step	s to safeguard the			1:
	organization's exempt status with respect to such arrangements?	•		16b		
	ction 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 (3)s only) available for public inspection. Indicate how you made these available. Ch					

Own website Another's website Vpon request

- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 ALICIA LAMANCUSA VP FINANCE ONE PERKINS SQUARE

AKRON, OH 44308 (330) 543-8171

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

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

(a) Name and Title A verage hours par week (describe hours for related organizations in Schedule O) See Additional Data Table (b) Position (do not check more than one box, unless person is both an officer and a director/trustee) (c) Position (do not check more than one box, unless person is both an officer and a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations) (describe hours for related organizations) (describe hours for the director/trustee) (describe hours for related organizations) (describe hours for the director/trustee) (describe hours for related organizations) (describe hours for the director/trustee) (de	Check this box if neither the organiz	•	lated o	rganı	ızatı	ons	compe	ensat	ed any current or fo	ormer officer, direct	tor, or trustee
for related organizations in Schedule Officer Schedule O) organizations	(A)	(B) Average hours per week	Positi more unles an	(C) Position (do not check more than one box, unless person is both an officer and a				(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
See Additional Data Table		for related organizations in Schedule	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former			I
	See Additional Data Table										

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

	(A) Name and Title	(B) A verage hours per week (describe hours	unles an	on (d e tha	n on son er a	e bo ıs b nd a	ox, oth		Rep comp fro organi	(D) portable pensation pm the zation (W-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)		(F) Estimated amount of other compensation from the organization and related		
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)		organiza		
See A	Addıtıonal Data Table														
												+			
												1			
												+			
												+			
												+			
1b	Sub-Total				<u> </u>	٠.		<u> </u>				$^{+}$			
С	Total from continuation sheets					•		>							
d	Total (add lines 1b and 1c) .							F		11,514,230				1,556,609	
2	Total number of individuals (incl \$100,000 of reportable compen						above) who	o receiv	ed more tha	ın				
													Yes	No	
3	Did the organization list any for														
_	on line 1a? If "Yes," complete Sci										Ļ	3		No	
4	For any individual listed on line i organization and related organiz														
_	individual			•	•	•		•				4	Yes		
5	Did any person listed on line 1a services rendered to the organiz									-	r individual for	5		No	
											L				
1	ection B. Independent Con Complete this table for your five		nsated	ındep	ende	ent (contra	ctors	that re	ceived more	e than				
	\$100,000 of compensation from or within the organization's tax y	the organizatio													
		(A) ne and business ad	dracc							Descr	(B)		(C Comper		
	THESIA FOR CHILDREN PADDOCK DRIVE	ine and business ad	u1C33							PHYS SERVI	•		·	,342,650	
AKRO	DN, OH 44333 DN PEDIATRIC SURGICAL ASSOCIATION									PIII'S SERVI			1	,342,030	
300 l	OCUST ST DN, OH 44302									PHYS SERVI	CES		1	,209,960	
DEAR	BORN ADVISORS OX 66391									CONSULTING	<u> </u>			872,818	
CHIC	AGO, IL 606660391 THERBY LOCUMS INC									J.I.JOEI INC	-	\dashv	0,2,010		
PO B	OX 972633 AS, TX 753972633									PHYS SERVI	CES			866,728	
MEDO	QUIST 30X 10832									WORD PROC	ESSING			673,146	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►28

Part \	444	Statement of I	<u>kevenue</u>					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
\$ \$	1a	Federated campai	gns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership dues	1b					
2,€	c	Fundraising event	s 1c	523,626				
≝≝	d	Related organizati	ions 1d	7,994,191				
<u>~</u>	l e	Government grants (c		2,654,882				
뚨늉	f	All other contributions,		815,015				
专业	•	sımılar amounts not ır						
≘蒙	g	Noncash contribu	tions included in					
돌	١.	lines 1a-1f \$	 a-1f	▶	11,987,714			
ပဏ	h	iotai. Add lines 1	d-11		11,507,714			
<u>a.</u>				Business Code				
E E	2a	INPATIENT SERVICES		900099	140,896,319	140,896,319		
æ	ь	ANCILLARY		621500	133,924,322	133,924,322		
9 <u>3</u>	c	OTHER NET PATIENT	SVCS	900099	121,747,888	121,747,888		
Š	d	SUBSPECIALTY PHYSIC	CIANS	900099	90,638,650	90,638,650		
ğ	e	MISC DEPARTMENT IN		900099	11,925,348	11,925,348		
Program Service Revenue	f	All other program		300039	11,525,540	11,523,540		
Š	'	Julier program	Jai vida Tavellue					
<u>~</u>	g	Total. Add lines 2	a-2f		499,132,527			
	3	Investment incom	ne (ıncludıng dıvıden	ds, interest				
		and other similar	amounts)	▶ [3,922,517			3,922,517
	4	Income from investme	ent of tax-exempt bond	proceeds 🕨				
	5	Royalties						
			(ı) Real	(11) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	l c	Rental income						
	4	or (loss)	or(loss)	b -				
	d	Net rental income		-				
	7a	Gross amount	(ı) Securities 137,183,243	(II) O ther 35,469				
	⁷ a	from sales of	137,103,213	33, 103				
		assets other than inventory						
	b	Less cost or other basis and	132,445,033	391,353				
		sales expenses						
	C	Gain or (loss)	4,738,210	-355,884				
	d	Net gain or (loss)		▶	4,382,326			4,382,326
Other Revenue	8a	Gross income from events (not includ \$ 523,62 of contributions respectively.)	ling 6 eported on line 1c)					
<u>.</u>			a	955,719				
ŧ	b	Less direct expe		907,412				
٥	C	Net income or (los	ss) from fundraising	events 🟲	48,307			48,307
	9a	Gross income from See Part IV, line 1	n gaming activities 19 a					
	ь	Less direct expe	nses b					
	С	Net income or (los	ss) from gamıng actı	vities				
	10a	Gross sales of inv returns and allowa						
	ь	Less cost of good	ds sold b					
	c c		ı ss) from sales of ınve	entory 🟲				
		Miscellaneous R		Business Code				
	11a	CAFETERIA		722210	3,087,537			3,087,537
	Ь	PARKING DECK		812930	1,026,485			1,026,485
				446110	604,530		604,530	
	°	PHARMACY		. 10110	182,941		182,941	
	d	All other revenue	ı		102,941		102,941	
	12	Total revenue Se	la-11d e Instructions		4,901,493			
	**	iocai revenue. Se	e instructions .	· · · [1	524,374,884	499,132,527	787,471	12,467,172

Part IX Statement of Functional Expenses

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

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

Do no	heck if Schedule O contains a response to any question in this Part IX ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	·	expenses	general expenses	expenses
2	Grants and other assistance to individuals in the	929,976	929,976		
3	United States See Part IV, line 22 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				
4	· · · · · · · · · · · · · · · · · · ·				
5	Compensation of current officers, directors, trustees, and key employees	7,303,163	2,478,435	4,824,728	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	78,801		78,801	
7	Other salaries and wages	231,123,340	205,720,908	25,402,432	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	15,571,310	13,884,741	1,686,569	
9	Other employee benefits	31,839,543	25,666,389	6,173,154	
10	Payroll taxes	15,429,680	13,330,950	2,098,730	
11	Fees for services (non-employees)				
а	Management				
b	Legal	1,037,153	81,290	955,863	
c	Accounting	322,279		322,279	
d	Lobbying	113,000		113,000	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	413,418		413,418	
g	Other	30,955,111	24,549,225	6,405,886	
12	Advertising and promotion	5,700,541	196,238	5,504,303	
13	Office expenses	12,053,271	10,024,915	2,028,356	
14	Information technology	5,513,579		5,513,579	
15	Royalties				
16	Occupancy	9,574,710	4,584,429	4,990,281	
17	Travel	4,188,749	2,284,945	1,903,804	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	5,251,673		5,251,673	_
21	Payments to affiliates				_
22	Depreciation, depletion, and amortization	31,477,931	13,498,828	17,979,103	_
23	Insurance	9,819,287	9,819,287		
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)				
а	MEDICAL/SURGICAL SUPPLIES	40,797,109	40,676,491	120,618	
b	EQUIP RENTAL/MAINTENANCE	12,745,829	4,462,146	8,283,683	
c	PROV FOR FRANCHISE FEE	5,996,855	5,996,855		
d	PROVISION FOR HCAP-ANCILL	726,755	726,755		
e					
f	All other expenses	2,781,257	1,681,887	1,099,370	
25	Total functional expenses. Add lines 1 through 24f	481,744,320	380,594,690	101,149,630	0
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				rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 26,780 21,523 1 1 9.954.545 21,420,755 2 2 3 3 53.708.369 4 69.192.322 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 6 16,257,295 7 9,017,033 4.449.131 8 4.837.285 9 5.629.504 6.063.519 Prepaid expenses and deferred charges 10a 536,325,055 Land, buildings, and equipment cost or other basis *Complete* Part VI of Schedule D 10a 10b 320,830,240 b Less accumulated depreciation 210,033,512 10c 215,494,815 223,106,583 11 239,620,420 11 12 12 Investments—other securities See Part IV, line 11 13 5,431,588 13 7,727,125 Investments—program-related See Part IV, line 11 . . 14 14 Intangible assets 93,644,295 15 96,866,554 15 622,241,602 670,261,351 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 60,357,892 17 68,637,587 17 Accounts payable and accrued expenses . 18 18 19 19 20 113.756.581 20 110.664.934 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties 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 96,473,832 25 161,808,854 D 26 270,588,305 26 341,111,375 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 313,230,050 27 284,572,794 Unrestricted net assets 29,184,058 28 34,384,801 28 Temporarily restricted net assets Fund 29 9,239,189 29 10,192,381 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 351.653.297 33 329.149.976 Total net assets or fund balances 622,241,602 34 Total liabilities and net assets/fund balances 670.261.351

Pal	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		524.3	374,884	
2	Total expenses (must equal Part IX, column (A), line 25)	2				
3	Revenue less expenses Subtract line 2 from line 1	3		42,6	30,564	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		351,6	553,297	
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-65,1	133,885	
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		329,1	.49,976	
Par	TEXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮		
1	Accounting method used to prepare the Form 990			Yes	No	
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 is on a separate basis, consolidated basis, or both	sued				
	▼ Separate basis				1	
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	Yes		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b	Yes		

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Employer identification number

Name of the organization CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON 34-0714357 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 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). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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 Seesection 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 **b** Type II c Type III - Functionally integrated Type III - Other ┌ Type I 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 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) (iii) (iv) (vi) (v) Type of Is the Did you notify the Is the (i) organization organization in (vii) organization in organization in Name of (ii) (described on col (ı) lısted ın Amount of col (i) of your col (i) organized EIN lines 1-9 above supported your governing support? support? in the US? or IRC section organization document? (see Yes Yes No Yes instructions)) No

Total

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su					Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

►□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) 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 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

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 A (Form 990 or 990-EZ) 2011

Additional Data

Software ID:

Software Version:

EIN: 34-0714357

Name: CHILDREN'S HOSPITAL MEDICAL CENTER

OF AKRON

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services

) (Expenses \$ 114,364,538 including grants of \$ 929,976) (Revenue \$ (Code 133,673,236) CHILDREN'S OPERATES ONE OF THE LARGEST PEDIATRIC PRIMARY CARE NETWORKS WITH 17 OFFICES IN SEVEN COUNTIES INCLUDING CUYAHOGA, MEDINA, WAYNE, TUSCAWARAS AND PORTAGE THE PEDIATRICIANS AND STAFF AT AKRON CHILDREN'S HOSPITAL PEDIATRICS MAINTAIN COOPERATIVE RELATIONSHIPS WITH MANY AREA HEALTH PROVIDERS, INCLUDING SEVERAL HOSPITALS PATIENT CARE IS AVAILABLE 24 HOURS A DAY THROUGH THE PHYSICIAN OFFICE, CHILDREN'S AFTER HOURS, A 24-HOUR NURSE TRIAGE PHONE LINE, AND AKRON CHILDREN'S HOSPITAL BY SHARING INFORMATION BETWEEN OUR OFFICES AND WITH AREA HEALTH CARE PROVIDERS, WE ENSURE THAT ALL CHILDREN RECEIVE THE FINEST CARE -- FROM PREVENTIVE CHECKUPS TO TREATMENT FOR CHRONIC HEALTH PROBLEMS AKRON CHILDREN'S HOSPITAL PEDIATRICS VISITS WERE 269.761 AND 243.488 FOR 2011 AND 2010 RESPECTIVELY THE SURGICAL SERVICES DEPARTMENT AT CHILDREN'S MEDICAL HOSPITAL OF AKRON PERFORMS MORE THAN 14,000 GENERAL AND SPECIALIZED SURGICAL PROCEDURES EACH YEAR--RANGING FROM UNCOMPLICATED TONSILLECTOMIES TO NEUROSURGERY, OPEN HEART, ORTHOPEDIC, AND PLASTIC AND RECONSTRUCTIVE SURGERY CHILDREN'S PERFORMS MORE PEDIATRIC SURGERIES THAN ANY OTHER HOSPITAL IN NORTHEASTERN OHIO THE ENTIRE STAFF AT CHILDREN'S, FROM PEDIATRIC SURGEONS TO PEDIATRIC ANESTHESIOLOGISTS AND NURSES ARE CAREFULLY TRAINED IN MEETING THE UNIQUE SURGICAL NEEDS AND CONCERNS OF CHILDREN AND THEIR FAMILIES. THE PEDIATRIC ANESTHESIOLOGISTS ARE EXPERIENCED AT HELPING A CHILD GO TO SLEEP WITH AS LITTLE ANESTHESIA AS POSSIBLE THEY UNDERSTAND THE MEDICAL DIFFERENCES BETWEEN CHILDREN AND ADULTS SPECIAL EQUIPMENT AND TECHNIQUES SUITED TO THE SIZE OF THE PATIENT, FROM INFANTS TO YOUNG ADULTS, HELP ASSURE SUCCESSFUL OUTCOMES TO THE SURGERY AND ANESTHESIA IN ADDITION, CHILD LIFE SPECIALISTS GIVE PRE-SURGERY TOURS ONCE A WEEK TO PREPARE CHILDREN (AND PARENTS) FOR WHAT THEY EXPECT TO SEE, HEAR, FEEL, TASTE OR SMELL CHILDREN'S HAS NINE STATE-OF-THE-ART OPERATING ROOMS TWO ARE DEDICATED TO MINIMALLY INVASIVE SURGERY WITH A VOICE ACTIVATED SYSTEM TO CONTROL THE OR'S THERE ARE ALSO OPERATING SUITES DEDICATED TO NEUROSURGERY AND HEART SURGERY BETWEEN 75-80% OF SURGERIES ARE DONE ON AN OUTPATIENT BASIS, WHICH HAS PROVEN TO BE NOT ONLY MEDICALLY SAFE BUT PSYCHOLOGICALLY BENEFICIAL FOR CHILDREN 2011 2010 ----- SURGICAL PATIENTS - INPATIENT 3,098 2,541 SURGICAL PATIENTS - OUTPATIENT 10,916 11.536

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per		Position (check all Repo that apply) compe					(D) (E) (F) Reportable Reportable Estima compensation compensation amount of from the from related compens		
	week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
WILLIAM CONSIDINE DIRECTOR/PRE	40 00	х		x				1,541,294	0	232,620
NORMAN CHRISTOPHER MD CHAIRMAN, DE	40 00	Х						401,302	0	114,879
SARAH FRIEBERT MD DIRECTOR, PA	40 00	Х						271,377	0	70,019
JEFFREY HORD DIRECTOR, HE	40 00	Х						257,875	0	87,569
ROBERT STONE MD ASST CHAIR,	40 00	Х						117,700	0	23,036
VIRGINIA ALBANESE DIRECTOR	3 00	Х						0	0	0
ROBERT BERK DIRECTOR	4 00	Х						0	0	0
SUSAN BERK DIRECTOR	14 00	Х						0	0	0
PATRICIA GRANT DIRECTOR	1 00	Х						0	0	0
RICHARD GRIGG DIRECTOR/CHA	21 00	Х		х				0	0	0
KATHY LANE DIRECTOR	14 00	Х						0	0	0
WILLIAM HOPKINS DIRECTOR	5 00	Х						0	0	0
OTIS HOWER DIRECTOR	4 00	Х						0	0	0
DUANE ISHAM DIRECTOR	13 00	Х						0	0	0
ESTELLE KAUFMAN DIRECTOR	8 00	Х						0	0	0
DALE KOBLENZER DIRECTOR	7 00	Х						0	0	0
SUSAN KOROLY DIRECTOR/SEC	14 00	Х		х				0	0	0
SCOTT LEVIN DIRECTOR	4 00	Х						0	0	0
PAULA MALONE DIRECTOR	16 00	Х						0	0	0
PHILIP MAYNARD DIRECTOR	16 00	Х						0	0	0
GREG MCDERMOTT DIRECTOR	10 00	Х						0	0	0
STEPHEN MYERS DIRECTOR/VIC	8 00	Х		х				0	0	0
RICHARD ROGERS DIRECTOR	3 00	Х						0	0	0
DONALD SCHNEIDER DIRECTOR	3 00	Х						0	0	0
DAVID SHOWERS DIRECTOR	3 00	Х						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		tion that a		y)			(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
ROBERT TRABUCCO DIRECTOR	2 00	Х						0	0	0
HONORABLE JUDGE JAMES WILLIAMS DIRECTOR	4 00	Х						0	0	0
WILLIAM WOOLDREDGE DIRECTOR	10 00	Х						0	0	0
DARREN WELLS DIRECTOR	3 00	Х						0	0	0
VIVIAN CELESTE NEAL DIRECTOR	1 00	Х						0	0	0
MARK WATSON REG NETWORK	40 00			Х				697,079	0	128,335
SHAWN LYDEN EXEC VP/GEN	40 00			х				484,345	0	31,401
GRACE WAKULCHIK COO	40 00			Х				368,005	0	142,783
MICHAEL TRAINER CFO	40 00			х				356,031	0	33,802
THOMAS OGG CIO	40 00				х			272,373	0	18,410
WALTER SCHWOEBLE VP, HR	40 00				х			233,662	0	25,785
LISA AURILIO VP, PATIENT	40 00				Х			208,876	0	42,287
SHARON HRINA VP, MAHONING	40 00				Х			193,012	0	65,787
LINDA GENTILE VP, PROF/SUP	40 00				Х			192,372	0	97,607
MEREDITH SLOSBERG VP SURG SUBS	40 00				х			191,682	0	69,836
CYNTHIA DORMO VP, DEPT OF	40 00				Х			189,774	0	142,244
ROGER HUDGINS DIRECTOR, NE	40 00					Х		1,670,332	0	14,905
ANTON MILO MD DIRECTOR, EN	40 00					Х		1,346,996	0	18,069
PHILIP SMITH MD DIRECTOR, HE	40 00					Х		1,060,823	0	93,317
ROBERT PARRY SURGEON	40 00					Х		732,861	0	16,500
DENNIS WEINER MD ORTHOPEDIC P	40 00					Х		726,459	0	87,418

DLN: 93493317027092

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Political Campaign and Lobbying Activities

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

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

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

Na	me	of t	:he	orga	anı	zatı	on		
CHI	LDR	EN'S	S HC	SPΠ	ΆL	MED	ICAL	CEN	ITER
OF.	۸KD	OΝ							

Employer identification number

┌ Yes

34-0714357

Part I-A	Complete if the or	ganization is exem	pt under section 501(c	c) or is a	section 527 or	ganization.
----------	--------------------	--------------------	------------------------	------------	----------------	-------------

- Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- Political expenditures
- 3 Volunteer hours

art I-B	Complete	if the org	ganization is	s exempt under	section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made? ☐ Yes ✓ No
- If "Yes," describe in Part IV

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

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Sch	edule C (Form 990 or 990-EZ) 2011					Page 2
Pa	rt II-A Complete if the organization is under section 501(h)).	s exempt under	section 501(c)(3) and fi	led Form 5768	(election
	Check If the filing organization belongs to an expenses, and share of excess lobbying the filing organization checked box A	ng expenditures)		_	oup member's name	e, address, EIN,
	Limits on Lobbying Ex (The term "expenditures" means amo	penditures			(a) Filing O rganization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opi	nıon (grass roots lob	byıng)			
b	Total lobbying expenditures to influence a legislati	ive body (direct lobby	ring)			
c	Total lobbying expenditures (add lines 1a and 1b)					
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c a	and 1d)				
f	Lobbying nontaxable amount Enter the amount fro columns	m the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxa	ble amount is:			
	Not over \$500,000	20% of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	1 ' ' '	\$175,000 plus 10% of the	' '	<i>'</i>		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	000		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of line	1f)				
h	Subtract line 1g from line 1a If zero or less, enter	-0-				
i	Subtract line 1f from line 1c If zero or less, enter-	-0-		l		
j	If there is an amount other than zero on either line section 4911 tax for this year?	1h or line 1i, did the	organization file	Form 4720 rep	orting	┌ Yes ┌ No
	4-Year Ave (Some organizations that made a se columns below. See the		ection do not	have to co		ne five
	Lobbying Exper	nditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					

d Grassroots non-taxable amount

e Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

nedule C (F	orm 990 or 990-E2) 2011 Page	: :
Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768	
	(election under section 501(h)).	

		(á	a)	(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		Νo	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νo	
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
е	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?	Yes		77,302
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo	
i	Other activities? If "Yes," describe in Part IV	Yes		113,000
j	Total lines 1c through 1i			190,302
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		Νo	
Ь	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Νo	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No

ar	t III-B Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(5)$.	or s	ectio	n
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		Νo
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		Νo
1	Were substantially all (90% or more) dues received nondeductible by members?	1		Νo

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

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

Part IV Supplemental Information						
Complete this part to provide the d Also, complete this part for any add		., Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1				
Identifier	Return Reference	Explanation				
	SCHEDULE C, PART II-B, LINE 1	CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON PAID A TOTAL OF 469,173 TO OTHER ORGANIZATIONS OF THAT AMOUNT, 278,871 PERTAINED TO DUES, 77,302 RELATED TO VARIOUS LOBBYING EXPENSES AND 113,000 WAS PAID TO TWO CONSULTING FIRMS FOR LOBBYING EFFORTS AND VARIOUS COMMUNICATIONS THEY HAD ON BEHALF OF CHILDREN'S WITH LEGISLATURES THOSE COMMUNICATIONS AND LOBBYING EFFORTS INVOLVE THE FOLLOWING ALONG WITH THE MANAGEMENT OF CHILDREN'S, THE LOBBYIST CONDUCTED NUMEROUS MEETINGS WITH STATE LEGISLATORS IN SUPPORT OF CHILDREN'S, THE LOBBYIST CONDUCTED NUMEROUS MEETINGS WITH STATE LEGISLATORS IN SUPPORT OF CHILDREN'S BUDGET REQUESTS POSITIVE STATE BUDGET REQUESTS POSITIVE STATE BUDGET REQUESTS POSITIVE STATE BUDGET REQUESTS POSITIVE STATE BUDGET RESULTS ON KEY ISSUES WERE ACHIEVED, SUCH AS, MEDICAID MANAGED CARE NON-CONTRACTING, OUTLIER PAYMENT REFORMS AND MEDICAID QUALITY IMPROVEMENT FOR CHILDREN PARTICIPATED IN INTERESTED PARTY MEETINGS AND ATTENDED SUBCOMMITTEE HEARINGS REGARDING HB 143, YOUTH CONCUSSION LEGISLATION A LETTER OF SUPPORT FOR HB 143 WAS COORDINATED AND SIGNED BY A BROAD COALITION OF SUPPORTING HOSPITALS AND ASSOCIATIONS PROVIDED CHILDREN'S WITH UPDATES ON THE CHANGES TO THE PROPOSED REGULATION OF THE OHIO AUTOMATED RX REPORTING SYSTEM (OARRS) REINITIATED DIALOGUE WITH HOUSE AND SENATE MEMBERS AND STAFF ON THE MEDICARE TEFRA PROBLEM PROVIDED AGENCY OFFICIALS WITH BACKGROUD DOCUMENTS AND SUMMARY OF THE UNIQUE ISSUE SECURED CONGRESSIONAL SIGNATURES FOR A LETTER SUPPORTING CHIMPEN'S HOSPITALS SUFFICIALS WITH BACKGROUD DOCUMENTS AND SUMMARY OF THE UNIQUE ISSUE SECURED CONGRESSIONAL SIGNATURES FOR A LETTER SUPPORTING CHIMPEN'S HOSPITALS AND ASSOCIATION OF AMERICAN MEDICAL COLLEGES 1,105 NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND AMERICAN HOSPITAL ASSOCIATION AFORM SHAPE AND SHA				

DLN: 93493317027092

OMB No 1545-0047

Department of the Treasury

SCHEDULE D (Form 990)

> ► 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.

Supplemental Financial Statements

Open to Public Inspection

Interna	al Revenue Service	► Attach to Fe	orm 990. ► See separate instructions.		Inspec	tion
	me of the organi			Employer identifica	tion numbe	er
	ILDREN'S HOSPITAL AKRON	MEDICAL CENTEK		34-0714357		
Pa			dvised Funds or Other Similar F		. Comple	te if the
	organiz	zation answered "Yes" to Form 99		(L) Fdd.		
1	Total number a	t and of year	(a) Donor advised funds	(b) Funds and o	tner accou	ints
2		tributions to (during year)				
3		nts from (during year)				
4	33 3 3	ue at end of year				
5	_		sors in writing that the assets held in don organization's exclusive legal control?	or advised	┌ Yes	√ No
6	used only for c		donor advisors in writing that grant funds efit of the donor or donor advisor, or for ai		☐ Yes	√ No
Pa	rt III Conse	rvation Easements. Complete	ıf the organization answered "Yes" t	o Form 990, Part IV	', line 7.	
2	Preservati Protection Preservati Complete lines	conservation easements held by the o ion of land for public use (e g , recreati i of natural habitat ion of open space s 2a–2d if the organization held a qual he last day of the tax year	on or pleasure)	certified historic struct	=	a
				Held at the	End of the	Year
а	Total number o	of conservation easements		2a		
b		restricted by conservation easements		2b		
С		servation easements on a certified his		2c		
d		servation easements included in (c) a		2d		
3		servation easements modified, transfe ar 🛌	erred, released, extinguished, or terminate	ed by the organization of	during	
4	Number of stat	tes where property subject to conserva	ation easement is located ►			
5		nization have a written policy regarding f the conservation easements it holds	g the periodic monitoring, inspection, hand ?	dling of violations, and	┌ Yes	√ No
6	Staff and volun	iteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	nents during the year 🕨	-	
7	A mount of exp		ng, and enforcing conservation easements	s during the year		
8		nservation easement reported on line 2) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion	┌ Yes	√ No
9	balance sheet,		onservation easements in its revenue and the footnote to the organization's financial ments			
Pai	rt IIII Organ	izations Maintaining Collectio	ons of Art, Historical Treasures, 'Yes" to Form 990, Part IV, line 8.	or Other Similar <i>i</i>	Assets.	
1a	art, historical t	treasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or researd lancial statements that describes these it	ch in furtherance of pul		 e,
b	historical treas		116, to report in its revenue statement a public exhibition, education, or research i s			
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1		► \$		
	(ii) Assets inc	luded in Form 990, Part X		► \$		
2		tion received or held works of art, hist ints required to be reported under SFA	orıcal treasures, or other sımılar assets fo S 116 relatıng to these items	· ·		
а	Revenues incli	uded in Form 990. Part VIII. line 1		⊳ - \$		

b Assets included in Form 990, Part X

Par	Organizations Maintaining Coile	ctions of Art, H	ISTO	orie	cai ireas	ures, or Otr	<u>er Simila</u>	r Ass	ets (co	<u>ntinued)</u>
3	Using the organization's accession and other reitems (check all that apply)	cords, check any of	the	foll	owing that	are a significan	use of its c	ollectio	n	
а	Public exhibition	d	ı	Γ	Loan or ex	change prograr	ns			
b	Scholarly research	e	.	Γ	Other					
С	Preservation for future generations									
4	Provide a description of the organization's colle Part XIV	ctions and explain h	ow t	hey	further the	e organızatıon's	exempt purp	ose in		
5	During the year, did the organization solicit or re						ımılar	_		
Par	assets to be sold to raise funds rather than to be t IV Escrow and Custodial Arrangen	nents. Complete	ıf th	ne (organizati		"Yes" to Fo		Yes 0,	✓ No
	Part IV, line 9, or reported an amou	•								
1a	Is the organization an agent, trustee, custodian included on Form 990, Part X?	or other intermedia	ry fo	or c	ontributions	s or other asset	s not	Г	Yes	√ No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the foll	owin	g ta	ible		_	Amo	unt	
c	Beginning balance					10	-	Aiio	unc .	
d	Additions during the year					10				
e	Distributions during the year					10	_			
f	Ending balance					11				
2a	Did the organization include an amount on Form	990 Part X line 2	1 7						Yes	✓ No
	If "Yes," explain the arrangement in Part XIV	1990, Fare X, fille 2.	•					'		, 140
	rt V Endowment Funds. Complete if the	he organization a	nsw	ere	d "Yes" to	Form 990. P	art IV. line	10.		
			(b) Pr				(d) Three Year		(e) Four Y	ears Back
1a	Beginning of year balance	42,191,502		37,	902,948	30,651,078	•	79,353		
b	Contributions	11,512,095		4,	684,218	3,667,095		44,957		
С	Investment earnings or losses	-1,529,858		3,	511,833	7,080,419	-4,7	70,848		
d	Grants or scholarships									
е	Other expenditures for facilities and programs	-3,880,981		-3,	907,497	-3,495,644	-4,5	02,384		
f	Administrative expenses									
g	End of year balance	48,292,758		42,	191,502	37,902,948	30,6	51,078		
2	Provide the estimated percentage of the year en									
а	Board designated or quasi-endowment 🕨 7	690 %								
b	Permanent endowment 🕨 21 100 %									
C	Term endowment ▶ 71 210 %									
За	Are there endowment funds not in the possession	on of the organizatio	n th	at a	re held and	l admınıstered f	or the			
	organization by (i) unrelated organizations		_					3a(i)	Yes	No No
	(ii) related organizations			٠.				3a(ii)		110
b	If "Yes" to 3a(II), are the related organizations							3b	Yes	
4	Describe in Part XIV the intended uses of the o	rganızatıon's endow	men	t fu	nds				•	
Par	t VI Land, Buildings, and Equipment	. See Form 990,	Part	tΧ,	line 10.					
	Description of property				Cost or other (investment)	(b)Cost or othe basis (other)	(c) Accum deprecia		(d) Boo	ok value
1a	_and		\top			8,854,26	7			8,854,267
Ь	Buildings					305,452,13	8 183,2	10,280	12	2,241,858
c	_easehold improvements					7,347,67	7 4,5	23,699		2,823,978
d I	Equipment					194,927,58	2 133,0	96,261	6	1,831,321
	Other	<u>.</u>				19,743,39	1		1	9,743,391
	I. Add lines 1a-1e (Column (d) should equal Form	990, Part X, column ((B), I	ine	10(c).) .		🛌		21	5,494,815

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12		1.6.1.
(a) Description of security or category (including name of security)	(b)Book value		d of valuation - 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	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation
		Cost or end-or	-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, III			
(a) Descrip			(b) Book value
(1) BENEFICIAL INTEREST IN FOUNDATION			85,804,405
(2) INVESTMENT OF AKRON NICU BUSINESS			6,992,069
(3) DEFERRED FINANCING COSTS			2,569,282
(4) OTHER ASSETS			
(4) OTHER ASSETS			1,500,798
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	(5.)		96,866,554
Part X Other Liabilities. See Form 990, Part X	(, lıne 25.		
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes	, ,		
PENSION	09.767.200		
	98,767,290		
POSTRETIREMENT PLANS	37,850,985		
OTHER LIABILITIES	23,240,579		
RESERVE FOR PROFESSIONAL LIABILITY	1,950,000		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	161,808,854		
, , ,	101,000,034		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	524,374,884
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	481,744,320
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	42,630,564
4	Net unrealized gains (losses) on investments	4	-10,551,312
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,761,408
9	Total adjustments (net) Add lines 4 - 8	9	-12,312,720
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	30,317,844
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	512,728,265
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	-10,551,312
3	Subtract line 2e from line 1	3	523,279,577
4	Amounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4 c	1,095,307
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	524,374,884
<u>Part</u>	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	
1	Total expenses and losses per audited financial statements	1	482,410,421
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	_	
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-241,311
3	Subtract line 2e from line 1	3	482,651,732
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b -907,412	1	
c	Add lines 4a and 4b	4c	-907,412
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	481,744,320
Par	rt 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

Identifier	Return Reference	Explanation
ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	TEMPORARILY RESTRICTED FUNDS ARE SUBJECT TO PURPOSE RESTRICTIONS IMPOSED BY THE DONOR THESE FUNDS ARE HELD UNTIL THE SPECIFIC PURPOSE IS MET AND THEN THEY ARE RELEASED FROM RESTRICTIONS PERMANENTLY RESTRICTED FUNDS ARE FUNDS THAT ARE INVESTED IN PERPETUITY AND ARE NOT AVAILABLE TO FUND ANY CURRENT OPERATIONS THE EARNINGS FROM THE ENDOWMENT FUNDS CAN BE USED FOR THE SPECIFIC PURPOSE IMPOSED BY THE DONOR THE BOARD DESIGNATED FUNDS INCLUDE FUNDS FROM UNRESTRICTED SOURCES THAT HAVE BEEN INTERNALLY DESIGNATED TO FUNCTION AS ENDOWMENTS THESE FUNDS ARE TO BE USED FOR THE SOLE PURPOSE AS THEY WERE DESIGNED FOR CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON DOES HAVE A POLICY IN PLACE TO MONITOR ALL UNRESTRICTED, TEMPORARILY AND PERMANENTLY RESTRICTED FUNDS
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	CONTRIBUTED CAPITAL AKRON CHILDREN'S HOSPITAL FOUNDATION -1,533,476 CONTRIBUTED CAPITAL OF GOVERNMENT FUNDING -273,064 PARTNERSHIP INCOME 1,749 RECLASS EXPENSES NETTED AGAINST REVENUE -228,607 RECLASS EXPENSE TO REVENUE 907,412 PARTNERSHIP INCOME 30,679 IN-KIND COMMUNITY SUPPORT 241,311 RECLASS EXPENSE TO REVENUE -907,412
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	CONTRIBUTED CAPITAL AKRON CHILDREN'S HOSPITAL FOUNDATION 1,533,476 CONTRIBUTED CAPITAL OF GOVERNMENT FUNDING 273,064 PARTNERSHIP INCOME - 1,749 RECLASS EXPENSES NETTED AGAINST REVENUE 228,607 RECLASS EXPENSE TO REVENUE -907,412 PARTNERSHIP INCOME -30,679
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	IN-KIND COMMUNITY SUPPORT -241,311
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	RECLASS EXPENSE TO REVENUE -907,412
SUPPLEMENTAL FINANCIAL INFORMATION	SCHEDULE D, PAGE 4, PART XIV	PART X, LINE 2 LIABILITY UNDER FIN 48 CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON PREPARES CONSOLIDATED FINANCIAL STATEMENTS WITH THEIR AFFILIATED SUBSIDIARIES CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON ADOPTED FIN 48 IN 2007 NO DISCLOSURES WERE REQUIRED UNDER GAAP AS CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON DOES NOT HAVE ANY MATERIAL TAX CONTINGENCIES THAT REQUIRED DISCLOSURES IN THE FOOTNOTES

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OMB No 1545-0047

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SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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

Statement of Activities Outside the United States

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Employer identification number

HILDREN'S HOSPITAL MEDICAL (FAKRON	LENIEK			34-0714357	
Part I General Information "Yes" to Form 990, Page 1990, Page 1990	n on Activiti	es Outside t	he United States. Co		ation answered
For grantmakers. Does the			s to substantiate the a	amount of the grants	or
assistance, the grantees' eli					
the grants or assistance? .					┌ Yes ┌ No
Prograntmakers. Describe in Pauline States	art V the organiz	zatıon's procedu	es for monitoring the use	e of grant funds outside t	he
Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region of 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		
MIDDLE EAST AND NORTH AFRICA			INVESTMENTS		
3a Sub-total b Total from continuation sheets					8,575,940

c Totals (add lines 3a and 3b)

8,575,940

Pai	Part IV,	line 15, for any	sistance to Organ recipient who recesspace is needed.	nizations or Entiti erved more than \$5,	es Outside the Ur ,000. Check this box	nited States. Comp x if no one recipient	plete if the organiza received more thai	tion answered "Yes' n \$5,000	' to Form 990, ▶ 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	as . •	
3	Enter total nui	mber of other o	organizations or en	tities					(Form 990) 2011

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) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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						1	dula E (Earry 000) 2011

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i>	Γ	Yes	Γ	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)	Γ	Yes	Γ	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)	Г	Yes	Γ	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)	Г	Yes	Г	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)	Γ	Yes	Γ	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).	Г	Yes	Г	No

Schedule F (Form 990) 2011

Part V Supplemental Infor	mation provide the information (see i	nstructions) required in Part I, line 2, and any additional
information.		
I dentifier	ReturnReference	Explanation CENTRAL AMERICA AND THE CARIBBEAN 0 8,375,940 MIDDLE EAST AND NORTH AFRICA 0 200,000

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2011

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

Supplemental Information Regarding

Fundraising or Gaming Activities

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

. , , , , , , , , , , , , , , , , , , ,				1 0 . 0 . 1	
Part I Fundraising Ac	tivities. Complet	te if the organiza	tion answered "Yes"	to Form 990, Part IV	, line 17.
Indicate whether the orga	nızatıon raısed funds	through any of the	following activities Ch	eck all that apply	
a Mail solicitations		е	☐ Solicitation of no	n-government grants	
b Internet and e-mail so	olicitations	f	☐ Solicitation of go	vernment grants	
c Phone solicitations		а	Special fundraisi	=	
d	ıs	J	. ,		
Did the organization have or key employees listed in					Γ _{Yes} Γ _N
b If "Yes," list the ten highe to be compensated at leas					
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes No	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
otal		.			
3 List all states in which the licensing	e organization is regi	stered or licensed t	o solicit funds or has b	een notified it is exempt	t from registration or

Par	t II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1	(b) Event #2	(c) O ther Events	(d) Total Events
			GIFT SHOP	OTHER FUNDRAISI (event type)	2	(Add col (a) through col (c))
⊕			(event type)	, , , ,	(total number)	4 470 245
Revenue	1 2	Gross receipts Less Charitable	843,643	·		1,479,345
æ		contributions		204,089	319,537	523,626
	3	Gross income (line 1 minus line 2)	843,643	68,029	44,047	955,719
	4	Cash prizes				
မှ	5	Non-cash prizes				
Expenses	6	Rent/facility costs				
	7	Food and beverages				
Direct	8	Entertainment				
ā	9	Other direct expenses .	648,002	179,060	80,350	907,412
	10	Direct expense summary Add lin	es 4 through 9 ın column	ı(d)		(907,412)
	11	Net income summary Combine Ii	nes 3 and 10 ın column (d)		48,307
Par	III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	ırt IV, lıne 19, or repo	rted more than
φ			(a) Bıngo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming
Revenue				bingo/progressive bingo		(Add col (a) through col (c))
æ F						
	1 (Gross revenue				
Ses	2	Cash prizes				
Expenses	3 1	Non-cash prizes				
	4 F	Rent/facility costs				
Direct Drect	5 (Other direct expenses				
	6 \	Volunteerlabor	Г Yes		Г Yes	
			ΓNο	Γ No	Г No	
	7	Direct expense summary Add line:	s 2 through 5 ın column (d)		()
	8 1	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)		
9						
9		er the state(s) in which the organiza ne organization licensed to operate				· Fyes FNo
а	13 (1)					
a b		lo," Explain				
	If"N					
b	If "N					

Sche	dule G (Form 990 or 990-EZ) 20	11			Page 3	
11	Does the organization operate gaming activities with nonmembers?				- 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?					
13	Indicate the percentage of gamii	ag activity operated in		1 1		
a				13a		
b						
Provide the name and address of the person who prepares the organization's gaming/special events books ar records						
	Name ►					
	Address ►					
	amount of gaming revenue retained by the third party 🟲 \$					
С	If "Yes," enter name and address					
	Name 🟲					
	Address ►					
16	Gaming manager information					
	Name 🟲					
	Gaming manager compensation 🟲 \$					
	Description of services provided 🟲					
17 a	Director/officer					
b					-	
_		inization's own exempt activities during the tax year • \$				
Par	Part IV Complete this part to provide additional information for responses to quuestion on Schedule G (see instructions.)					
	Identifier	ReturnReference	Explana	tion		
		•	•			

OMB No 1545-0047

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SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

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

Hospitals

Name of the organization CHILDREN'S HOSPITAL MEDICAL CENTER **Employer identification number**

OF AKRON 34-0714357 Part I Charity Care and Certain Other Community Benefits at Cost Yes No 1a Did the organization have a charity care policy? If "No," skip to question 6a Yes 1b Yes If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals Applied uniformly to all hospitals Applied uniformly to most hospitals Generally tailored to individual hospitals Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care? If "Yes." indicate which of the following is the FPG family income limit for eligibility for free care 3a Yes C Other_ 150% 200% Did the organization use FPG to determine eligibility for providing discounted care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care Yes **▽** 300% T 350% **L** 400% 200% If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care Did the organization's policy provide free or discounted care to the "medically indigent"? Yes Did the organization budget amounts for free or discounted care provided under its financial assistance policy during 5a Yes If "Yes," did the organization's charity care expenses exceed the budgeted amount? 5b Νo If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted Did the organization prepare a community benefit reportduring the tax year? Yes **6b** If "Yes," did the organization make it available to the public? 6b Yes Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H Charity Care and Certain Other Community Benefits at Cost (a) Number of (c) Total community (e) Net community benefit (b) Persons (d) Direct offsetting (f) Percent of **Charity Care and** activities or benefit expense total expense Means-Tested served revenue expense programs (optional) **Government Programs** (optional) Charity care at cost (from 4,737,971 3,617,207 0 750 % 1,120,764 Worksheet 1) . . . Medicaid (from Worksheet 3, 218,717,398 153,903,997 64,813,401 13 450 % column a) Costs of other means-tested government programs (from 1,118,749 1,118,749 Worksheet 3, column b) Total Charity Care and Means-Tested Government Programs 224,574,118 156,143,510 68,430,608 14 200 % Other Benefits Community health improvement services and community benefit operations (from 5,249,630 39,875 5,209,755 1 080 % (Worksheet 4) . . . Health professions education 16,391,824 12,536,672 0 800 % (from Worksheet 5) . . 3,855,152 Subsidized health services (from Worksheet 6) . 588,558 588,558 Research (from Worksheet 7) 0 120 %

Cash and in-kind contributions for community benefit (from

Total Other Benefits . .

k Total. Add lines 7d and 71

Worksheet 8)

12,576,547

168,720,057

482,583

22,712,595

0 100 %

2 100 %

16 310 %

482,583

10,136,048

78,566,656

Pa	rt II Community Buildin	ng Activitie	s Complete t	this table if the oi	ganızat	ion cor	nducte	d any commun	iity b	uildin	g
	detivities.	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense		rect offse revenue	etting	(e) Net communit building expense		(f) Perce total ex	
1	Physical improvements and housing										
	Economic development			15,59	5			15,	595		
3	Community support			452,90	3		1,000	451,	903	0	090 %
4	Environmental improvements										
5	Leadership development and training for community members			26,03			2,400	22	633		
6	Coalition building			67,20			2,400	·	207	0	010 %
7	Community health improvement advocacy			81,89				0.1	895		020 %
8	Workforce development			40,58				•	589		010 %
9	Other										
10 Dat	Total Tt IIII Bad Debt, Medicar	o & Collec	tion Bractic	684,22	2		3,400	680,	822	0	140 %
	•	e, & conec	HOII PLACEIC	.es							
	tion A. Bad Debt Expense	1 1 1 .	i							Yes	No
1	Did the organization report bases Statement No 15?	•	e in accordance	e with Heathcare Fir	nancial M	anagen	nent As	sociation	1		No
2	Enter the amount of the organ	ızatıon's bad d	ebt expense			2		4,216,150			
3	Enter the estimated amount or patients eligible under the org				e to	з					
4	Provide in Part VI the text of the In addition, describe the costinationale for including a portion	the footnote to ng methodolog	the organization	on's financial stater rmining the amount							
Sect	tion B. Medicare			,							
5	Enter total revenue received f	rom Medicare	(including DSH	and IME)		5		7,508,265			
6	Enter Medicare allowable cost	s of care relat	ing to payment	s on line 5		6		8,984,339			
7	Subtract line 6 from line 5 Th	•	•			7		-1,476,074	74		
8	Describe in Part VI the extent Also describe in Part VI the c Check the box that describes	osting method the method us	ology or source ed	e used to determine	the amo						
	Cost accounting system	l Co	st to charge ra	tio	Other						
	tion C. Collection Practices										
9a b	Did the organization have a wr If "Yes," did the organization's contain provisions on the colle assistance? Describe in Part	s collection polection	licy that applie	d to the largest nun d for patients who a	nber of its re known	patien to qual	ify for f	inancial	9a 9b	Yes	
Pa	assistance? Describe in Part rt IV Management Com	panies and	Joint Ventu	ires (see instruct	ions)				_		
	(a) Name of entity	(E	 Description of p activity of entit 		(c) Organii profit % o ownersh	r stock	er	Officers, directors, trustees, or key nployees' profit % stock ownership%	pro	e) Physic ofit % or ownership	stock
1											
2											
3											
4											
5		+									
6									+		
7											
8									+		
9									-		
10											
11									-		
12											
							+		+		

Part	V Facility Information									
Section	on A. Hospital Facilities	License	Genera	Children	Teachir	Ortical	Resear	ER-24 hours	ER-other	
(list in	order of size from largest to smallest)	Licensed hospital	General medical &	Children's hospital	Teaching hospital	access	Research facility	hours	ğ.	
	nany hospital facilities did the organization operate during x year? 5	Ital	al & eurgroot	otal	ta	Ortical access hospital	Y.			
Name	and address									
										Other (Describe)
1	CHILDRENS HOSPITAL MED CTR OF AKRON ONE PERKINS SQUARE AKRON,OH 44308			х	х		х	х		
2	CHILDRENS HOSPITAL MED CTR OF AKRON MAHONING VALLEY AT BEEGHLY 6505 MARKET STREET YOUNGSTOWN,OH 44512			x	x		x	x		
3	CHILDREN'S AT ST ELIZABETH 1044 BELMONT YOUNGSTOWN,OH 44504			х	х					NICU NURSERY
4	CHILDREN'S SPECIALTY CARE NURSERY AT AKRON GENERAL MEDICAL CENTER 400 WABASH AVENUE AKRON,OH 44307			x	x					NICU NURSERY
5	CHILDREN'S SPECIALTY CARE NURSERY AT SUMMA AKRON CITY HOPITAL 525 E MARKET STREET AKRON,OH 44304			х	х					NICU NURSERY
		-								
		1								

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

CHILDRENS HOSPITAL MED CTR OF AKRON

Name of Hospital Facility:	
Line Number of Hospital Facility (from Schedule H, Part V, Section A):_	1

			Yes	No
Co	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups			
	g The process for identifying and prioritizing community health needs and services to meet those needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess the community's health needs			
	j Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	<u> </u>		
	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c T Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Development of a community-wide community benefit plan for the facility			
	d Participation in community-wide community benefit plan			
	e 「 Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the CHNA			
	g Prioritization of health needs in the community			
	h 「 Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fir	nancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that]		
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for free care $ \underline{2000} \%$ If "No," explain in Part VI the criteria the hospital facility used			
	Schadula	U /Eor	··· 000	2011

Pä	art V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care $\frac{300.0}{\%}$			
	If "No," explain in Part VI the criteria the hospital facility used	l		
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a V Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g 🔽 State regulation			
	h 🔽 Other (describe in Part VI)			
	Explained the method for applying for financial assistance?	12	Yes	<u> </u>
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	<u> </u>
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a 🔽 The policy was posted at all times on the hospital facility's web site			
	b 🔽 The policy was attached to all billing invoices			
	c 🔽 The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d 🔽 The policy was posted in the hospital facility's admissions offices			
	e 🔽 The policy was provided, in writing, to patients upon admission to the hospital facility			
	f 🔽 The policy was available upon request			
	g / Other (describe in Part VI)			
Bill	ling and Collections			
14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	۱.,	l	
15	assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
13	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's			
	FAP			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments or arrests			
	e Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before			
	making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e C Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether patients were eligible for financial assistance under the hospital			
	facility's financial assistance policy			
	e Cother (describe in Part VI)			

provided to that patient?

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Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals **18** | Yes If "No," indicate why a ☐ The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility's policy was not in writing The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Individuals Eligible for Financial Assistance 19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAPeligible individuals for emergency or other medically necessary care The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services

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

CHILDRENS HOSPITAL MED CTR OF AKRON

Name of Hospital Facility:	
ine Number of Hospital Facility (from Schedule H, Part V, Section A):_	2

			Yes	No
Со	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)	_		
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups			
	g The process for identifying and prioritizing community health needs and services to meet those needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess the community's health needs			
	j Cher (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	3		
4	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the			
•	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a 「 Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Development of a community-wide community benefit plan for the facility			
	d Participation in community-wide community benefit plan			
	e 「 Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the CHNA			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No,"			
	explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fir	nancial Assistance Policy			
_	Did the hospital facility have in place during the tax year a written financial assistance policy that			
	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for free care <u>2000</u> % If "No," explain in Part VI the criteria the hospital facility used			
	11 troy explain in that 12 the effective members about			

Pä	art V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care $\frac{300.0}{\%}$			
	If "No," explain in Part VI the criteria the hospital facility used	l		
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a V Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g 🔽 State regulation			
	h 🔽 Other (describe in Part VI)			
	Explained the method for applying for financial assistance?	12	Yes	<u> </u>
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	<u> </u>
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a 🔽 The policy was posted at all times on the hospital facility's web site			
	b 🔽 The policy was attached to all billing invoices			
	c 🔽 The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d 🔽 The policy was posted in the hospital facility's admissions offices			
	e 🔽 The policy was provided, in writing, to patients upon admission to the hospital facility			
	f 🔽 The policy was available upon request			
	g / Other (describe in Part VI)			
Bill	ling and Collections			
14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	۱.,	l	
15	assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
13	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's			
	FAP			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments or arrests			
	e Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before			
	making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e C Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether patients were eligible for financial assistance under the hospital			
	facility's financial assistance policy			
	e Cother (describe in Part VI)			

provided to that patient?

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Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals **18** | Yes If "No," indicate why a ☐ The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility's policy was not in writing The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Individuals Eligible for Financial Assistance 19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAPeligible individuals for emergency or other medically necessary care The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services

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

CHILDREN'S AT ST ELIZABETH

Name of Hospital Facility:	
Line Number of Hospital Facility (from Schedule H, Part V, Section A):	3

			Yes	No
Co	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
	minority groups			
	g The process for identifying and prioritizing community health needs and services to meet those needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess the community's health needs			
	j Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	<u> </u>		
	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c T Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Development of a community-wide community benefit plan for the facility			
	d Participation in community-wide community benefit plan			
	e 「 Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the CHNA			
	g Prioritization of health needs in the community			
	h 「 Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fir	nancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that]		
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for free care $ \underline{2000} \%$ If "No," explain in Part VI the criteria the hospital facility used			
	Schadula	U /Eor	··· 000	2011

Pä	art V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care $\frac{300.0}{\%}$			
	If "No," explain in Part VI the criteria the hospital facility used	l		
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a V Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g 🔽 State regulation			
	h 🔽 Other (describe in Part VI)			
	Explained the method for applying for financial assistance?	12	Yes	<u> </u>
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	<u> </u>
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a 🔽 The policy was posted at all times on the hospital facility's web site			
	b 🔽 The policy was attached to all billing invoices			
	c 🔽 The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d 🔽 The policy was posted in the hospital facility's admissions offices			
	e 🔽 The policy was provided, in writing, to patients upon admission to the hospital facility			
	f 🔽 The policy was available upon request			
	g / Other (describe in Part VI)			
Bill	ling and Collections			
14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	۱.,	l	
15	assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
13	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's			
	FAP			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments or arrests			
	e Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before			
	making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e C Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether patients were eligible for financial assistance under the hospital			
	facility's financial assistance policy			
	e Cother (describe in Part VI)			

provided to that patient?

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Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals **18** | Yes If "No," indicate why a ☐ The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility's policy was not in writing The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Individuals Eligible for Financial Assistance 19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAPeligible individuals for emergency or other medically necessary care The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services

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

CHILDREN'S SPECIALTY CARE NURSERY

Name of Hospital Facility:	
Line Number of Hospital Facility (from Schedule H, Part V, Section A):	4

			Yes	No
	mmunity Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
	If "Yes," indicate what the Needs Assessment describes (check all that apply)			
	a Γ A definition of the community served by the hospital facility			
	b Demographics of the community			
	Existing health care facilities and resources within the community that are available to respond to the health			
	needs of the community			
	d How data was obtained			
	e The health needs of the community			
	f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
	g The process for identifying and prioritizing community health needs and services to meet those needs			
	h The process for consulting with persons representing the community's interests			
	i 「 Information gaps that limit the hospital facility's ability to assess the community's health needs			
	j			
2	Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
	represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into	3		
4	account input from persons who represent the community, and identify the persons the hospital facility consulted Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the	<u> </u>		
•	other hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
	a Hospital facility's website			
	b Available upon request from the hospital facility			
	c Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
	a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
	b Execution of the implementation strategy			
	c Development of a community-wide community benefit plan for the facility			
	d Participation in community-wide community benefit plan			
	e 「 Inclusion of a community benefit section in operational plans			
	f Adoption of a budget for provision of services that address the needs identified in the CHNA			
	g Prioritization of health needs in the community			
	h Prioritization of services that the hospital facility will undertake to meet health needs in its community			
	i Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Fir	nancial Assistance Policy			
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
8	Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for free care 2000%			
	If "No," explain in Part VI the criteria the hospital facility used		000	

Pä	art V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care $\frac{300.0}{\%}$			
	If "No," explain in Part VI the criteria the hospital facility used	l		
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a V Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g 🔽 State regulation			
	h 🔽 Other (describe in Part VI)			
	Explained the method for applying for financial assistance?	12	Yes	<u> </u>
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	<u> </u>
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a 🔽 The policy was posted at all times on the hospital facility's web site			
	b 🔽 The policy was attached to all billing invoices			
	c 🔽 The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d 🔽 The policy was posted in the hospital facility's admissions offices			
	e 🔽 The policy was provided, in writing, to patients upon admission to the hospital facility			
	f 🔽 The policy was available upon request			
	g / Other (describe in Part VI)			
Bill	ling and Collections			
14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	۱.,	l	
15	assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
13	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's			
	FAP			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments or arrests			
	e Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before			
	making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e C Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether patients were eligible for financial assistance under the hospital			
	facility's financial assistance policy			
	e Cother (describe in Part VI)			

provided to that patient?

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Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals **18** | Yes If "No," indicate why a ☐ The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility's policy was not in writing The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Individuals Eligible for Financial Assistance 19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAPeligible individuals for emergency or other medically necessary care The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services

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

CHILDREN'S SPECIALTY CARE NURSERY

Name of Hospital Facility:	
Line Number of Hospital Facility (from Schedule H, Part V, Section A):_	5

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a Γ A definition of the community served by the hospital facility			
b Demographics of the community			
Existing health care facilities and resources within the community that are available to respond to the health			1
needs of the community			
d			
e The health needs of the community			
Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and			
minority groups g \int The process for identifying and prioritizing community health needs and services to meet those needs			
h The process for consulting with persons representing the community's interests			
i Information gaps that limit the hospital facility's ability to assess the community's health needs			
j Other (describe in Part VI)			l
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who			
represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the			
other hospital facilities in Part VI	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)	 		
a Hospital facility's website			
b Available upon request from the hospital facility			
c Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how			
(check all that apply)			
a Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b Execution of the implementation strategy			
c Development of a community-wide community benefit plan for the facility			
d Participation in community-wide community benefit plan			
e 「 Inclusion of a community benefit section in operational plans			
${f f}$ ${f \Gamma}$ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g 🔽 Prioritization of health needs in the community			
h Γ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i T Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			1
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	L
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 2000%			
If "No," explain in Part VI the criteria the hospital facility used Schedule			

Pä	art V Facility Information (continued)			
			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care $\frac{300.0}{\%}$			
	If "No," explain in Part VI the criteria the hospital facility used	l		
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a V Income level			
	b Asset level			
	c Medical indigency			
	d Insurance status			
	e Uninsured discount			
	f Medicaid/Medicare			
	g 🔽 State regulation			
	h 🔽 Other (describe in Part VI)			
	Explained the method for applying for financial assistance?	12	Yes	<u> </u>
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	<u> </u>
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a 🔽 The policy was posted at all times on the hospital facility's web site			
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	c 🔽 The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d 🔽 The policy was posted in the hospital facility's admissions offices			
	e 🔽 The policy was provided, in writing, to patients upon admission to the hospital facility			
	f 🔽 The policy was available upon request			
	g / Other (describe in Part VI)			
Bill	ling and Collections			
14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	۱.,	l	
15	assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
13	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's			
	FAP			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d F Body attachments or arrests			
	e Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before			
	making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a Reporting to credit agency			
	b Lawsuits			
	c Liens on residences			
	d Body attachments			
	e C Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a Notified patients of the financial assistance policy upon admission			
	b Notified patients of the financial assistance policy prior to discharge			
	c Notified patients of the financial assistance policy in communications with the patients regarding the patients'			
	bills			
	d Documented its determination of whether patients were eligible for financial assistance under the hospital			
	facility's financial assistance policy			
	e Cother (describe in Part VI)			

provided to that patient?

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Part V Facility Information (continued) Policy Relating to Emergency Medical Care Yes 18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals **18** | Yes If "No," indicate why a ☐ The hospital facility did not provide care for any emergency medical conditions **b** The hospital facility's policy was not in writing The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI **d** Other (describe in Part VI) Individuals Eligible for Financial Assistance 19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAPeligible individuals for emergency or other medically necessary care The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services

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Page **7**

Part V Facility Information (continue

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year?		
Name and address	Type of Facility (Describe)	
1 See Addition	nal Data Table	
2		_
3		
4		
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Part VI Supplemental Information

Complete this part to provide the following information

- Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part III, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B
- Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- Promotion of community health. Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
RELATED ORGANIZATION INFORMATION	PART I LINE 6A	FOR THE PAST SEVERAL YEARS THE HOSPITAL HAS PREPARED AND FILED A COMMUNITY BENEFIT REPORT WITH THE OHIO HOSPITAL ASSOCIATION FOR THE HOSPITAL AND ITS AFFILIATES THE COMMUNITY BENEFIT REPORT FOR CHILDRENS HOSPITAL MEDICAL CENTER OF AKRON AND CHILDRENS SPECIALTY CARE NURSERY WAS POSTED TO THE CHILDRENS HOSPITAL MEDICAL CENTER OF AKRON WEBSITE MAKING IT AVAILABLE TO THE PUBLIC THE COMMUNITY BENEFIT REPORT FOR THE CHILDRENS HOSPITAL MEDICAL CENTER OF AKRON MAHONING VALLEY AT BEEGHLY AND CHILDRENS AT ST ELIZABETH WAS THE RESULT OF A COMMUNITY COLLABORATIVE AND THE FINAL REPORT IS POSTED TO THE WEBSITE OF THE MAHONING COUNTY DISTRICT BOARD OF HEALTH WWWMAHONINGHEALTHORG

Identifier	ReturnReference	Explanation
SUBSIDIZED HEALTH SERVICES EXPLANATION		CHILDRENS HOSPITAL MEDICAL CENTER OF AKRON IS A FREESTANDING CHILDRENS HOSPITAL AND AN OHIO MEDICAID DISPROPORTIONATE SHARE HOSPITAL THAT PROVIDES SPECIALTY CARE TO PEDIATRIC PATIENTS IN OUR SERVICE AREA IN ADDITION TO PROVIDING THIS CARE TO PEDIATRIC PATIENTS IN OUR REGIONAL BURN CENTER AS A RESULT THE UNREIMBURSED COSTS OF PROVIDING SUBSIDIZED SERVICES TO MEDICAID ENROLLEES IN OUR NEONATAL INTENSIVE CARE PEDIATRIC INTENSIVE CARE DISTINCT PART PSYCHIATRIC CARE BURN INTENSIVE CARE OUTPATIENT END STAGE RENAL DISEASE PROGRAM AS WELL AS OUR EMERGENCY AND TRAUMA SERVICES ARE REPORTED AS UNREIMBURSED MEDICAID COSTS THE UNREIMBURSED COSTS OF TREATING MEDICARE AND MEDICARE ADVANTAGE PLAN ENROLLEES IN OUR REGIONAL BURN CENTER AND END STAGE RENAL DISEASE PROGRAMS ARE REPORTED IN PART III SECTION B MEDICARE

Identifier	ReturnReference	Explanation
Identifier COSTING METHODOLOGY EXPLANATION	PART I LINE 7	Explanation 7ACHARITY CARE AT COST WE BELIEVE THAT APPLYING A COSTTOCHARGE RATIO DEVELOPED FOR THE HOSPITAL FACILITY FROM THE OHIO MEDICAID COST REPORT TO HOSPITAL CHARITY CHARGES AS REPORTED IN DETAIL SCHEDULES USED IN THE PREPARATION OF THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS AND OTHER INFORMATION IS THE MOST ACCURATE COSTING METHODOLOGY TO CALCULATE GROSS CHARITY CARE AT COST FOR THE PERIOD TOTAL HOSPITAL COSTS FROM THE OHIO MEDICAID COST REPORT USED IN THIS CALCULATION INCLUDE ONLY ALLOWABLE AND REIMBURSABLE COSTS THE OHIO HOSPITAL CARE ASSURANCE PROGRAM HCAP IS A MECHANISM TO PROVIDE A DDISPROPORTIONATE SHARE OF UNCOMPENSATED CARE TO THE INDIGENT AND UNINSURED THE ESTIMATED HCAP AMOUNT APPLICABLE TO CHARITY CARE EXPENSE 7B UNREIMBURSED MEDICAID AND 7C UNREIMBURSED COSTS OTHER MEANS TESTED WE BELIEVE THAT REPORTING PROGRAM CHARGES COSTS AND PAYMENTS DIRECT OFFSETTING REVENUE TO CHARITY CARE EXPENSE 7B UNREIMBURSED MEDICAID AND 7C UNREIMBURSED COSTS OTHER MEANS TESTED WE BELIEVE THAT REPORTING PROGRAM CHARGES COSTS AND PAYMENTS DIRECTLY FROM THE HOSPITALS OHIO MEDICAID COST REPORT ALONG WITH SIMILAR CALCULATIONS FOR SERVICES RENDERED BY HOSPITAL EMPLOYED PHYSICIANS AND OTHER PROFESSIONAL PROVIDERS AND SERVICES RENDERED BY HOSPITAL EMPLOYED PHYSICIANS AND OTHER PROFESSIONAL PROVIDERS AND SERVICES RENDERED BY HOSPITAL EMPLOYED PHYSICIANS AND OTHER PROFESSIONAL PROVIDERS REPORTED AS DIRECT OFFSETTING REVENUE HAS BEEN REDUCED BY ESTIMATED HEALTH PROFESSIONS COSTS INCLUDED IN THE OHIO MEDICAID COSTS REPORTED AS TOTAL COMMUNITY BENEFIT EXPENSE HAVE BEEN REDUCED BY ESTIMATED HEALTH PROFESSIONS EDUCATION TO AVOID DOUBLE COUNTING OF COSTS REPORTED AS A TOTAL COMMUNITY BENEFIT EXPENSE AND DIRECT OFFSETTING REVENUES RELATED TO HEALTH PROFESSIONS EDUCATION TO FSESSIONS EDUCATION TO AVOID NOR INTERNAL PAYOR MIX REPORT 7F HEALTH PROFESSIONS EDUCATION TO AVOID NOR INTERNAL PAYOR MIX REPORT 7F HEALTH PROFESSIONS EDUCATION TO FSESSIONS EDUCATION TO ASTAL COMMUNITY BENEFIT EXPENSE AND DIRECT OFFSETTING REVENUES RELATED
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COMMUNITY BUILDING ACTIVITIES	PART II	EVERYTHING DONE BY CHILDRENS HOSPITAL MEDICAL CENTER OF AKRON PROVIDES A BENEFIT TO THE COMMUNITIES WE SERVE OUR PRIMARY BENEFIT TO EACH COMMUNITY WE SERVE IS PROVIDING HEALTH CARE TO THE CHILDREN IN THE REGION WE SERVE IN ADDITION WE ALSO PROVIDE COMMUNITY BUILDING ACTIVITIES AS DEPICTED IN PART II OF THIS SCHEDULE OUR EFFORTS ARE DIRECTED SPECIFICALLY AT MULTIPLE LEVELS INCLUDING LEADERSHIP DEVELOPMENT UNDER WHICH WE SUPPORT VARIOUS COMMUNITYBASED PROGRAMS THAT SPECIFICALLY DEVELOP YOUNG LEADERS INCLUDING SUCH PROGRAMS AS LEADERSHIP AKRON FOR COMMUNITY LEADERSHIP AND THE CHILD FAMILY LEADERSHIP EXCHANGE FOR CLINICAL AND SOCIAL SERVICE LEADERSHIP GENERAL COMMUNITY SUPPORT UNDER WHICH WE PROVIDE FINANCIAL AND STAFF SUPPORT FOR VARIOUS COMMUNITY BASED INITIATIVES GENERALLY RELATED TO THE HEALTHY DEVELOPMENT OF YOUNG PEOPLE AND THEIR FAMILIES IN THE SERVICE AREA COMMUNITY HEALTH IMPROVEMENT UNDER WHICH WE SUPPORT A NUMBER OF MULTIAGENCY AND GOVERNMENTAL INITIATIVES TO ENCOURAGE FITNESS ACTIVITIES HEALTH SCREENINGS AND RELATED ACTIVITIES WORKFORCE DEVELOPMENT UNDER WHICH WE ASSIST IN PUBLICPRIVATE PARTNERSHIPS THAT EDUCATE CHILDREN ABOUT CAREERS IN THE FULL RANGE OF HEALTH CARE FROM SKILLED TRADES TO MEDICINE AND NURSING

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CARE TO THE PATIENTS WE SERVE			
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,			Schedule H (Form 990) 201

I dentifier	ReturnReference	Explanation
MEDICARE EXPLANATION	PART III LINE 8	WE BELIEVE THAT REPORTING PROGRAM CHARGES COSTS AND PAYMENTS DIRECTLY FROM THE HOSPITALS MEDICARE COST REPORT ALONG WITH SIMILAR CALCULATIONS FOR SERVICES RENDERED TO PATIENTS ENROLLED IN MEDICARE ADVANTAGE PLANS AND PATIENTS ENROLLED IN TRICARE IS THE MOST ACCURATE METHODOLOGY TO CALCULATE UNREIMBURSED MEDICARE AND OTHER MEANSTESTED GOVERNMENT PROGRAM COSTS TO AVOID DOUBLE COUNTING OF COSTS REPORTED ELSEWHERE IN THE SCHEDULE GROSS COSTS FOR OTHER REPORTABLE ITEMS HAVE BEEN REDUCED BY THE TOTAL GOVERNMENT PAYOR MIX PERCENTAGE 519 AS REPORTED ON OUR INTERNAL PAYOR MIX REPORT THE HOSPITAL RESPECTFULLY SUBMITS THAT ITS UNREIMBURSED INPATIENT COSTS INCURRED IN EXCESS OF THE 1982 TEFRA PER DISCHARGE LIMIT 325343 UNREIMBURSED OUTPATIENT COSTS INCURRED IN TREATING PATIENTS QUALIFYING FOR MEDICARE END STAGE RENAL DISEASE ESRD COMPOSITE REIMBURSEMENT 540125 AND UNREIMBURSED COSTS OF PROVIDING CARE TO MEDICARE ADVANTAGE PLAN ENROLLEES 130177 SHOULD BE TREATED AS A COMMUNITY BENEFIT THE UNREIMBURSED INPATIENT COSTS ARE COSTS INCURRED PRIMARILY IN THE TREATMENT OF BURN VICTIMS WHO ARE MEDICARE ENROLLEES THE UNREIMBURSED ESRD COSTS ARE COSTS INCURRED IN EXCESS OF THE COMPOSITE RATE REIMBURSEMENT APPLICABLE TO PATIENTS WHO RECEIVE OUTPATIENT MAINTENANCE DIALYSIS

Identifier	ReturnReference	Explanation
COLLECTION PRACTICES EXPLANATION	PART III LINE 95	THE HOSPITALS COLLECTION POLICY DESCRIBES THE EVENTS AND THE TIMING OF THE EVENTS THAT LEAD TO SELFPAY ACCOUNTS OR SELFPAY BALANCES AFTER INSURANCE PAYMENTS BEING TURNED OVER TO COLLECTION

Identifier	ReturnReference	Explanation
Identifier NEEDS ASSESSMENT	PART VI	Explanation PART VI LINE 2 NEEDS ASSESSMENT IN 2010 CHILDRENS HOSPITAL MEDICAL CENTER OF AKRON CHMCA CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENTS CHAN IN OUR PRIMARY SERVICE AREAS SURROUNDING OUR AKRON HOSPITAL CAMPUS IN COLLABORATION WITH AKRON GENERAL MEDICAL CENTER AND SUMMA HEALTH SYSTEM THE CHNA PROCESS CONCLUDED IN 2011 DURING THE SAME TIME PERIOD CHMCA ALSO CONDUCTED A CHMA IN OUR PRIMARY SERVICE AREAS SURROUNDING OUR MAHONING VALLEY CAMPUS IN COLLABORATION WITH SEVERAL STAKE HOLDERS AND THE MAHONING COUNTY HEALTH DISTRICT IN ADDITION TO THE CHNA THE HOSPITAL PERFORMS STRATEGIC PLANNING AS AN ONGOING PROCESS WITH ANNUAL UPDATES AS PART OF THE ANNUAL UPDATES AS PART OF THE ANNUAL UPDATE WE REVIEW POPULATION AND DEMOGRAPHIC CHANGES IN OUR LARGER SERVICE AREA FOCUSING PARTICULARLY ON CHILDREN AND FAMILIES WE GIVE ATTENTION TO THE PROVISION OF HEALTH CARE SERVICES THROUGHOUT OUR REGION LOOKING AT OUR OWN AND THOSE PROVIDED BY OTHER HEALTH CARE ORGANIZATIONS USING STATEWIDE DATA INCLUDING ALL PEDIATRIC HOSPITAL DISCHARGES BY ZIP CODE OF PATIENT RESIDENCE WE ALSO CAREFULLY TRACK THE DEMAND FOR AND SUPPLY OF PHYSICIANS NURSES AND ALLIED HEALTH PROVIDERS WE EVALUATED THE NEED FOR PRIMARY SECONDARY AND TERTITARY SERVICES THROUGHOUT OUR SERVICE AREA IN ADDITION WE ENGAGE IN MULTIPLE EFFORTS TO GAUGE THE NEEDS OF OUR COMMUNITY THROUGH PERIODIC SURVEYS OF THE POPULATION FOCUSING ON PARENTAL AWARENESS AND PREFERENCE OF PEDIATRIC HEALTH CARE SERVICES AND AGAIN ESTIMATING ACTUAL USE OF SERVICES FROM ALL PROVIDERS WE REA ACTIVELY PARTICIPATION AND BY COLLECTING AND REVIEWING COMPREHENSIVE DATA SETS AND STUDIES PRODUCED BY SUCH GROUPS INCLUDING SCHOOL DISTRICTS HEALTH AND HUMAN SERVICE AGENCIES AND CHARITABLE AND ADVOCACY GROUPS WE MAKE AN EFFORT TO LISTENT OUR SERVICES AND THEIR SELVING SCHOOL DISTRICTS HEALTH AND HUMAN SERVICE AGENCIES AND CHARITABLE AND ADVOCACY GROUPS WE MAKE AN EFFORT TO LISTENT TO OUR STAFF SEEKING AND RECEIVING FEEDBACK FROM OUR 4000 STAFF AND THOUSANDS OF VOLUNTEERS AND PHYSICIANS WHO COLLECTI
		THROUGH PATIENT SURVEY RESULTS AND VIA MULTIPLE WRITTEN AND ELECTRONIC WEBBASED TOOLS

Identifier	ReturnReference	Explanation
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	PART VI	PART VI LINE 3 THE HOSPITAL PROVIDES EDUCATION TO PATIENTS TO INFORM THEM THAT THEY MAY QUALIFY FOR CARE AT NO CHARGE OR AT A REDUCED CHARGE IN A VARIETY OF WAYS THE HOSPITAL HAS SIGNAGE AT ALL OF ITS REGISTRATION SITES TO INFORM PATIENTS THAT THEY MAY QUALIFY FOR FREE HOSPITAL CARE APPLICATIONS FOR FREE CARE ARE AVAILABLE AT ALL REGISTRATION SITES AND THROUGHOUT THE HOSPITAL REQUIRED BY THE OHIO MEDICAID HOSPITAL CARE ASSURANCE HCAP RULES THE HOSPITAL HAS INFORMATION REGARDING ELIGIBILITY FOR FREE CARE ON ALL BILLING STATEMENTS MAILED TO PATIENTS AND THEIR GUARANTORS THE HOSPITAL EMPLOYS FINANCIAL COUNSELORS TO EXPLAIN THE HOSPITALS FREE CARE CHARITY CARE AND THE VARIOUS PUBLIC ASSISTANCE PROGRAMS TO UNINSURED OR UNDERINSURED PATIENTS THE HOSPITALS WEBSITE PROVIDES PATIENTS WITH INFORMATION RELATING TO THE HOSPITALS FREE CARE CHARITY CARE AND VARIOUS PUBLIC ASSISTANCE PROGRAMS AVAILABLE THE HOSPITAL CONTRACTS WITH AN INDEPENDENT FIRM TO SCREEN PATIENTS FOR PUBLIC ASSISTANCE ELIGIBILITY AND COMPLETION AS WELL AS SUBMISSION OF PUBLIC ASSISTANCE APPLICATIONS THIS SAME FIRM CONTACTS PATIENTS WHOSE BALANCES HAVE BEEN TURNED OVER TO COLLECTION TO SCREEN THOSE PATIENTS FOR FREE CARE OR CHARITY CARE ELIGIBILITY AND ASSIST THESE GUARANTORS WITH THE APPLICATION PROCESS

Identifier	ReturnReference	Explanation
COMMUNITY INFORMATION	PART VI	PART VI LINE 4 CHILDRENS HOSPITAL MEDICAL CENTER
	PARIVI	OF AKRON CHMCA SERVES AN AREA COMPRISING MUCH
		OF THE NORTHEASTERN QUADRANT OF THE STATE OF OHIO TO INCLUDE TWENTYFIVE COUNTIES AND TWO
		COUNTIES IN PENNSYLVANIA RESULTING IN A TOTAL
		SERVICE AREA OF TWENTYSEVEN 27COUNTIES IN OHIO
		SUMMIT MEDINA PORTAGE STARK WAYNE TUSCARAWAS HOLMES TRUMBULL MAHONING COLUMBIANA JEFFERSON
		CARROLL HARRISON GUERNSEY COSHOCTON KNOX
		ASHLAND RICHLAND CRAWFORD HURON LORAIN
		CUYAHOGA GEAUGA LAKE AND ASHTABULA ARE SERVED BY AKRON CHILDRENS IN PENNSYLVANIA LAWRENCE AND
		MERCER COUNTIES ARE SERVED BY CHMCA WE ARE
		PARTICULARLY INTERESTED AND FOCUSED ON THE PEDIATRIC POPULATION WITHIN OUR SERVICE AREA
		COMPRISED OF APPROXIMATELY 1099012 CHILDREN WE
		ALSO FOCUS ON THOSE CHILDREN WITH THE HIGHLEST
		LEVEL OF HEALTH AND DEVELOPMENTAL NEEDS WHICH TOTAL ABOUT 5 OF THE OVERALL CHILD POPULATION
		SPECIFICALLY CHMCAS MAIN CAMPUS IS LOCATED IN
		AKRON OHIO WHICH HAS A POPULATION OF APPROXIMATELY 198000 PEOPLE OF THIS POPULATION
		225 ARE PERSONS LIVING BELOW THE POVERTY LEVEL IN
		2011 AKRONS AVERAGE UNEMPLOYMENT RATE WAS 96
		AKRON IS LOCATED IN SUMMIT COUNTY WITH A POPULATION OF APPROXIMATELY 543000 PEOPLE OF
		THIS POPULATION 261 ARE PERSONS RANGING IN AGE
		FROM 0 TO 19 YEARS OLD IN 2011 SUMMIT COUNTY HAD
		AN AVERAGE UNEMPLOYMENT RATE OF 85 IN DECEMBER OF 2008 CHILDRENS OPENED AKRON CHILDRENS
		HOSPITAL MAHONING VALLEY BEEGHLY CAMPUS
		LOCATED IN BOARDMAN OHIO A SUBURB OF YOUNGSTOWN OHIO IN MAHONING COUNTY
		YOUNGSTOWN IS THE COUNTY SEAT OF MAHONING
		COUNTY AND HAS A POPULATION OF APPROXIMATELY 65000 PEOPLE OF THAT POPULATION 335 ARE PERSONS
		LIVING BELOW THE POVERTY LEVEL WHICH IS THE
		HIGHEST POVERTY RATE OF OHIOS TEN LARGEST CITIES
		IN 2011 YOUNGSTOWN HAD AN AVERAGE UNEMPLOYMENT RATE OF 12 THE PRIMARY SERVICE
		AREA FOR THE BEEGHLY CAMPUS INCLUDES COUNTIES
		FROM TWO STATES OHIO IN WHICH MAHONING TRUMBULL AND COLUMBIANA COUNTIES ARE SERVED
		AND PENNSYLVANIA IN WHICH LAWRENCE AND MERCER
		COUNTIES ARE SERVED THIS CAMPUSS PRIMARY
		SERVICE AREA HAS A PEDIATRIC POPULATION COMPRISED OF APPROXIMATELY 157566 CHILDREN
		PRIOR TO THE OPENING OF THIS FACILITY THE
		APPALACHIAN REGIONAL DEVELOPMENT ACT OF 2008 S 496 WAS SIGNED INTO LAW ONE OF THE COMPONENTS
		OF THIS LEGISLATION WAS THE ADDITION OF
		ASHTABULA MAHONING AND TRUMBULL COUNTIES TO THE APPALACHIAN REGION ALL FIVE COUNTIES THAT
		MAKE UP BEEGHLYS PRIMARY SERVICE AREA ARE
		LOCATED WITHIN THE APPALACHIAN REGION MAHONING TRUMBULL AND COLUMBIANA COUNTIES IN OHIO AND
		LAWRENCE AND MERCER COUNTIES IN PENNSYLVANIA
		ARE CLASSIFIED BY THE APPALACHIAN REGIONAL
		COMMISSION AS BEING TRANSITIONALTHEY HAVE WORSE ECONOMIC RATES THAN THE NATIONAL
		AVERAGE FOR ONE OR MORE OF THREE ECONOMIC
		INDICATORS THREEYEAR AVERAGE UNEMPLOYMENT PER CAPITA MARKET INCOME AND POVERTY BUT DONT RATE
		LOW ENOUGH TO BE CLASSIFIED AS DISTRESSED
		TRUMBULL COUNTY HAS A POVERTY RATE OF 146 AND
		COLUMBIANA COUNTY HAS A POVERTY RATE OF 151 IN 2010 LAWRENCE COUNTY HAD A POVERTY RATE OF 162
		AND MERCER COUNTY HAD A POVERTY RATE OF 166
		CHMCA IS INVOLVED IN SPECIFIC INITIATIVES IN THE CITY OF YOUNGSTOWN OHIO AS WELL WE ARE PART OF A
		COLLABORATIVE VENTURE WITH HUMILITY OF MARY
		HEALTH PARTNERS IN STAFFING THE NEONATAL SPECIAL
		CARE NURSERY A 33BED UNIT CARING FOR NEWBORNS WITH DEVELOPMENTAL PROBLEMS SUCH AS IMMATURE
		LUNGS CENTRAL NERVOUS SYSTEM DISORDERS LOW
		BIRTH WEIGHT AND BIRTH DEFECTS WHICH IS LOCATED AT ST ELIZABETH HEALTH CENTER IN YOUNGSTOWN THE
		NEONATAL SPECIAL CARE NURSERY IS STAFFED BY
		CHMCA NEONATOLOGISTS AND NURSES THE CHILD
		ADVOCACY CENTER ALSO PART OF AKRON CHILDRENS HOSPITAL MAHONING VALLEY PROVIDES MEDICAL AND
		FORENSIC EVALUATIONS FOR CHILDREN AND TEENS
		WHO MAY HAVE BEEN NEGLECTED OR PHYSICALLY OR SEXUALLY ABUSED THE CENTER ALSO PERFORMS
		MEDICAL EVALUATIONS FOR KIDS ENTERING FOSTER
		CARE AS WELL AS COMMUNITY OUTREACH INITIATIVES
		INCLUDING A CAMPAIGN TO PROMOTE GREATER AWARENESS OF SHAKEN BABY SYNDROME THE CHILD
		ADVOCACY CENTER WORKS CLOSELY WITH CHILDRENS
		SERVICES AGENCY IN MAHONING TRUMBULL COLUMBIANA AND ASHTABULA COUNTIES AS WELL AS
		MERCER COUNTY PA
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Identifier	ReturnReference	Explanation
HEALTH OF COMMUNITY IN RELATION TO EXEMPT PURPOSE	PART VI	PART VI LINE 5 CHMCA INTENDS THAT ALL OF ITS ACTIVITIES EITHER DIRECTLY PROVIDE HEALTH CAR E
THE TOTAL OF THE TENT OF THE T		TO ALL CHILDREN WHO REQUEST OUR SERVICES OR
		PROMOTE THE HEALTH OF THE COMMUNITY BOTH BY DIRECT INVESTMENTS IN THE DELIVERY OF PEDIATRIC
		HEALTHCARE SERVICES AND IN PROVIDING SPECI
		ALIZED INPATIENT AND OUTPATIENT CARE FOR BURN VICTIMS OF ALL AGES THROUGHOUT NORTHEAST OHI O
		CHMCA IS ONE OF ONLY TWO PEDIATRIC HOSPITALS IN
		THE COUNTRY THAT TREATS ADULT BURN PATIE NTS ADDITIONALLY CHMCA PROVIDES SPECIFIC SERVICES
		FOR ADULTS WITH CONGENITAL HEALTH CONDIT IONS
		INCLUDING THE FOLLOWING ADULT CONGENITAL HEART SERVICE PROVIDES ONGOING MONITORING AN D
		SPECIALIZED CARE FOR ADULTS WITH CONGENITAL
		HEART DISEASE AS CHILDREN WITH CONGENITAL HE ART DISEASE CHD BECOME ADULTS THEY CAN ACCESS
		LIFETIME CARE THROUGH OUR CENTER CHMCAS CYST IC
		FIBROSIS CENTER PROVIDES DIAGNOSIS AND TREATMENT TO CHILDREN AND ADULTS WITH CF INCLUDI
		NG RESPIRATORY THERAPY PHYSICAL THERAPY GENETIC
		COUNSELING AND NUTRITION COUNSELING THE CE NTER ALSO ACTIVELY PARTICIPATES IN CLINICAL TRIALS TO
		RESEARCH NEW DRUG THERAPIES TO MANAGE CYSTIC
		FIBROSIS CHMCAS GENETIC CENTER OFFERS DIAGNOSTIC EVALUATION AND MEDICAL MANAGEMEN T
		OF GENETIC CONDITIONS BIRTH DEFECTS AND
		DEVELOPMENTAL DELAYS AS WELL AS GENETIC TESTING AND COUNSELING FOR PEDIATRIC AND ADULT PATIENTS
		CHMCAS CHILD ADVOCACY CENTER IN MAHONING V
		ALLEY PROVIDES MEDICAL AND FORENSIC EVALUATIONS
		FOR CHILDREN AND TEENS WHO MAY HAVE BEEN N EGLECTED OR PHYSICALLY OR SEXUALLY ABUSED THE
		CENTER ALSO PERFORMS MEDICAL EVALUATIONS FOR
		CHILDREN ENTERING FOSTER CARE AS WELL AS COMMUNITY OUTREACH INITIATIVES INCLUDING A
		CAMPA IGN TO PROMOTE GREATER AWARENESS OF SHAKEN BABY SYNDROME THE CHILD ADVOCACY CENTER
		WORKS C LOSELY WITH CHILDRENS SERVICES AGENCIES
		IN MAHONING TRUMBULL COLUMBIANA AND ASHTABULA COUN TIES AS WELL AS MERCER COUNTY PA WE ALSO
		MAKE MAJOR INVESTMENTS OF OUR FUNDS AND OTHER
		RES OURCES IN THE PROVISION OF EDUCATION FOR LAY AND PROFESSIONAL PERSONS AND IN RESEARCH THAT
		WILL IMPROVE HEALTH CARE FOR ALL CHILDREN WE TAKE
		AN ACTIVE ROLE IN ADVOCATING FOR IMPROV ED HEALTH AND IMPROVED ACCESS TO HEALTH CARE FOR
		ALL SERVICES AND ACTIVITIES PROVIDED BY C HMCA
		BENEFIT ANDOR PROMOTE HEALTH TO THE RESIDENTS IN THE COMMUNITIES WE SERVE THE PRIMARY BENEFIT TO
		OUR COMMUNTIES IS PROVIDING HEALTH CARE FOR
		MORE THAN 600000 CHILDREN ANNUALLY IN ADDITION WE ALSO PROVIDE COMMUNITY BUILDING ACTIVITIES
		AS DEPICTED IN PART II OF THIS SCHEDULE OUR
		EFFORTS ARE DIRECTED SPECIFICALLY AT MULTIPLE LEVELS INCLUDING LEADERSHIP DEV ELOPMENT UNDER
		WHICH WE SUPPORT VARIOUS COMMUNITYBASED
		PROGRAMS THAT SPECIFICALLY DEVELOP YOUNG LEADERS INCLUDING SUCH PROGRAMS AS LEADERSHIP
		AKRON AND LEADERSHIP MAHONING VALLEY F OR
		COMMUNITY LEADERSHIP AND THE CHILD FAMILY LEADERSHIP EXCHANGE FOR CLINICAL AND SOCIAL S
		ERVICE LEADERSHIP GENERAL COMMUNITY SUPPORT
		UNDER WHICH WE PROVIDE FINANCIAL AND STAFF SUP PORT FOR VARIOUS COMMUNITY BASED INITIATIVES
		GENERALLY RELATED TO THE HEALTHY DEVELOPMENT OF
		YOUNG PEOPLE AND THEIR FAMILIES IN THE SERVICE AREA COMMUNITY HEALTH IMPROVEMENT UNDER WHICH
		WE SUPPORT A NUMBER OF MULTIAGENCY AND
		GOVERNMENTAL INITIATIVES TO ENCOURAGE FITNESS ACTIVITIES HEALTH SCREENINGS AND RELATED
		ACTIVITIES WORKFORCE DEVELOPMENT UNDER WHICH
		WE ASSIST IN PUBLICPRIVATE PARTNERSHIPS THAT EDUCATE CHILDREN ABOUT CAREERS IN THE FULL RANGE
		OF HEALTH CARE FROM SKILLED TRADES TO MEDICINE
		AND NURSING ADDITIONALLY AKRON CHILDRENS H OSPITAL MAHONING VALLEY OVERSEES THE COMMUNITY
		OUTREACH EDUCATION AND SUPPORT CENTER COESC
1		LOCATED JUST SOUTH OF OUR BEEGHLY CAMPUS THE MISSION OF THE COESC IS TO PROMOTE HEALTHY L
1		IFESTYLES FOR COMMUNITY CHILDREN AND IMPROVE
1		THE QUALITY OF LIFE FOR CHILDREN AND THEIR CA REGIVERS LIVING WITH CHRONIC ILLNESSES
1		SPECIFICALLY THE COESC PROVIDES INDIVIDUALIZED
		ASSE SSMENTS EDUCATION AND SUPPORT TO CHILDREN WHO ARE CHRONICALLY ILL AND ATRISK OF DISEASE CO
1		MPLICATIONS COMPROMISED LIFESTYLES DISABILITY
1		ANDOR DEATH PROVIDES EDUCATION SUPPORT AND N ETWORKING TO ALL CAREGIVERS TO PROMOTE
1		UNDERSTANDING COMPLIANCE HOLISTIC AND
1		CONSISTENT AP PROACH TO CARE INCLUDING SIBLING INTERVENTION SERVES AS CHILDFAMILY ADVOCATE
1		DESIGNS EACH PROGRAM TO MEET THE MULTICULTURAL
1		DEVELOPMENTAL EDUCATIONAL EMOTIONAL AND PSYCHOSOCIAL NEE DS OF THE CHILD ADOLESCENT AND
1		FAMILY IDENTIFIES ASSESSES AND REASSESSES THE
1		NEEDS OF OUR PATIENTS DURING VARIOUS DEVELOPMENTAL STAGES IMPROVES COPING SKILLS
1		COMPLIANCE LIFESTYLE A DJUSTMENTS FACILITATES
1		NORMALCY AND IMPROVES GENERAL QUALITY OF LIFE SPECIALIZES IN HIGHRI SK FAMILIES WITH A VARIETY OF
		MEDICAL LEARNING AND PSYCHOSOCIAL ISSUES
1		PROVIDES A MULTIDIS CIPLINARY TEAM OF
1		PROFESSIONALS TO MEET VARIOUS NEEDS IMPLEMENTS POSITIVE REINFOREMENT AND SUPPORT NETWORK
		INCLUDING SCHOOLSCOMMUNITY AGENCIESRESOURCES
1		TO MEET CLINICAL AND BEHAVIO RAL GOALS PROVIDES MULTIPLE SITES FOR INTERVENTION TO INCREASE
		ACCESS FOR CARE ENSURES THA T ALL PROGRAMS MEET
		SPECIFIED CRITERIA OF NATIONALLY ACCREDITED DISEASE MANAGEMENT PROGRAM S MONITORS
	<u> </u>	PROGRESS AND PROVIDES ONGOING OUTCOMEME
		Schedule H (Form 990) 2011

Identifier	ReturnReference	Explanation
HEALTH OF COMMUNITY IN RELATION TO EXEMPT PURPOSE	PARI VI	ASUREMENT DATABASE TO ENABLE THE EVALUATION OF PROGRAM EFFICIENCY BY TRACKING THE FOLLOWIN G HEALTH INDICATORS RELATED TO DISEASEILLNESS SCHOOL DAYS MISSED PARENT WORK DAYS MISSED V ISITS TO HOSPITALS VISITS TO EMERGENCY DEPARTMENTS ANDOR URGENT CARE CENTERS RACIALETHNICS OCIOECONOMIC TENDENCIES AND BARRIES TO CARE

Identifier	ReturnReference	Explanation
AFFILIATED HEALTH CARE INFORMATION	PART VI	NA

Identifier	ReturnReference	Explanation
LIST OF STATES WHERE COMMUNITY BENEFIT REPORT IS FILED	PART VI	оніо

Identifier	ReturnReference	Explanation
ADDITIONAL INFORMATION	PART VI	IN ADDITION TO THE LOCATIONS LISTED IN PART V SECTION A AND C AKRON CHILDRENS HOSPITAL HAS PHYSICIANS PROVIDING A VARIETY OF SUBSPECIALTY SERVICES AT MANY OTHER LOCATIONS THROUGHOUT NORTHEAST OHIO AND WESTERN PENNSYLVANIA NOTE CENSUS AND OTHER DATA REPORTED IN PART VI IS THE MOST RECENT INFORMATION AVAILABLE

Identifier	ReturnReference	Explanation
CHILDRENS HOSPITAL MED CTR OF AKRON LINE NUMBER 1 PART V LINE 11H	PART V LINE IIH	IN CIRCUMSTANCES WHERE A FAMILY MAY NOT BE ELIGIBLE FOR CHARITY CARE BASED SOLELY ON INCOME OR RESIDENCE BUT WHERE THE PURSUIT OF PAYMENT WOULD ADVERSELY AFFECT THE WELL BEING OF THE PATIENT OR HIS OR HER FAMILY OR CAUSE UNDUE HARDSHIP FOR THE PATIENT AND ORFAMILY HOSPITAL MANAGEMENT MAY APPROVE CHARITY CARE BASED ON DOCUMENTED EXTENUATING CIRCUMSTANCES

Identifier	ReturnReference	Explanation
CHILDRENS HOSPITAL MED CTR OF AKRON LINE NUMBER 1 PART V LINE 19D	PART V LINE 19D	ALL PATIENTS INCLUDING SELF PAY PATIENTS ARE INITIALLY BILLED AT GROSS CHARGE AMOUNTS THOSE PATIENTS WHO QUALIFY FOR HOSPITAL CARE ASSURANCE PROGRAM FREE CARE OR WHO QUALIFY FOR A 100 DISCOUNT UNDER THE HOSPITALS CHARITY CARE POLICY HAVE 100 OF THEIR CHARGES FORGIVEN THOSE PATIENTS WHO QUALIFY FOR DISCOUNTED CARE UNDER THE HOSPITALS CHARITY CARE POLICY FIRST HAVE THEIR HOSPITAL AND PROFESSIONAL CHARGES REDUCED PRIOR TO APPLYING THE CHARITY DISCOUNT PERCENTAGE TO DETERMINE THE DISCOUNTED GUARANTOR RESPONSIBILITY FOR HOSPITAL CHARGES THE CHARGE REDUCTION PERCENTAGE IS THE AVERAGE OF THE THREE LOWEST NEGOTIATED COMMERCIAL RATES AND FOR THE HOSPITAL BASED PROFESSIONAL COMPONENT CHARGES CHARGES ARE REDUCED TO THE BLENDED COLLECTION RATE FOR ALL PROFESSIONAL COMPONENT CHARGES

Identifier	ReturnReference	Explanation
CHILDRENS HOSPITAL MED CTR OF AKRON LINE NUMBER 2 PART V LINE 11H	PART V LINE 11H	IN CIRCUMSTANCES WHERE A FAMILY MAY NOT BE ELIGIBLE FOR CHARITY CARE BASED SOLELY ON INCOME OR RESIDENCE BUT WHERE THE PURSUIT OF PAYMENT WOULD ADVERSELY AFFECT THE WELL BEING OF THE PATIENT OR HIS OR HER FAMILY OR CAUSE UNDUE HARDSHIP FOR THE PATIENT ANDOR FAMILY HOSPITAL MANAGEMENT MAY APPROVE CHARITY CARE BASED ON DOCUMENTED EXTENUATING CIRCUMSTANCES

Identifier	ReturnReference	Explanation
CHILDRENS HOSPITAL MED CTR OF AKRON LINE NUMBER 2 PART V LINE 19D	PART V LINE 19D	ALL PATIENTS INCLUDING SELF PAY PATIENTS ARE INITIALLY BILLED AT GROSS CHARGE AMOUNTS THOSE PATIENTS WHO QUALIFY FOR HOSPITAL CARE ASSURANCE PROGRAM FREE CARE OR WHO QUALIFY FOR A 100 DISCOUNT UNDER THE HOSPITALS CHARITY CARE POLICY HAVE 100 OF THEIR CHARGES FORGIVEN THOSE PATIENTS WHO QUALIFY FOR DISCOUNTED CARE UNDER THE HOSPITALS CHARITY CARE POLICY FIRST HAVE THEIR HOSPITAL AND PROFESSIONAL CHARGES REDUCED PRIOR TO APPLYING THE CHARITY DISCOUNT PERCENTAGE TO DETERMINE THE DISCOUNTED GUARANTOR RESPONSIBILITY FOR HOSPITAL CHARGES THE CHARGE REDUCTION PERCENTAGE IS THE AVERAGE OF THE THREE LOWEST NEGOTIATED COMMERCIAL RATES AND FOR THE HOSPITAL BASED PROFESSIONAL COMPONENT CHARGE CHARGES ARE REDUCED TO THE BLENDED COLLECTION RATE FOR ALL PROFESSIONAL

Identifier	ReturnReference	Explanation
CHILDRENS AT ST ELIZABETH LINE NUMBER 3 PART V LINE 11H	PART V LINE 11H	IN CIRCUMSTANCES WHERE A FAMILY MAY NOT BE ELIGIBLE FOR CHARITY CARE BASED SOLELY ON INCOME OR RESIDENCE BUT WHERE THE PURSUIT OF PAYMENT WOULD ADVERSELY AFFECT THE WELL BEING OF THE PATIENT OR HIS OR HER FAMILY OR CAUSE UNDUE HARDSHIP FOR THE PATIENT ANDOR FAMILY HOSPITAL MANAGEMENT MAY APPROVE CHARITY CARE BASED ON DOCUMENTED EXTENUATING CIRCUMSTANCES

Identifier	ReturnReference	Explanation
CHILDRENS AT ST ELIZABETH LINE NUMBER 3 PART V LINE 19D	PART V LINE 19D	ALL PATIENTS INCLUDING SELF PAY PATIENTS ARE INITIALLY BILLED AT GROSS CHARGE AMOUNTS THOSE PATIENTS WHO QUALIFY FOR HOSPITAL CARE ASSURANCE PROGRAM FREE CARE OR WHO QUALIFY FOR A 100 DISCOUNT UNDER THE HOSPITALS CHARITY CARE POLICY HAVE 100 OF THEIR CHARGES FORGIVEN THOSE PATIENTS WHO QUALIFY FOR DISCOUNTED CARE UNDER THE HOSPITALS CHARITY CARE POLICY FIRST HAVE THEIR HOSPITAL AND PROFESSIONAL CHARGES REDUCED PRIOR TO APPLYING THE CHARITY DISCOUNT PERCENTAGE TO DETERMINE THE DISCOUNTED GUARANTOR RESPONSIBILITY FOR HOSPITAL CHARGES THE CHARGE REDUCTION PERCENTAGE IS THE AVERAGE OF THE THREE LOWEST NEGOTIATED COMMERCIAL RATES AND FOR THE HOSPITAL BASED PROFESSIONAL COMPONENT CHARGES CHARGES ARE REDUCED TO THE BLENDED COLLECTION RATE FOR ALL PROFESSIONAL COMPONENT CHARGES

Identifier	ReturnReference	Explanation
CHILDRENS SPECIALTY CARE NURSERY LINE NUMBER 4 PART V LINE 11H	PART V LINE 11H	IN CIRCUMSTANCES WHERE A FAMILY MAY NOT BE ELIGIBLE FOR CHARITY CARE BASED SOLEY ON INCOME OR RESIDENCE BUT WHERE THE PURSUIT OF PAYMENT WOULD ADVERSELY AFFECT THE WELL BEING OF THE PATIENT OR HIS OR HER FAMILY OR CAUSE UNDUE HARDSHIP FOR THE PATIENT ANDOR FAMILY HOSPITAL MANAGEMENT MAY APPROVE CHARITY CARE BASED ON DOCUMENTED EXTENUATING CIRCUMSTANCES

Identifier	ReturnReference	Explanation
CHILDRENS SPECIALTY CARE NURSERY LINE NUMBER 4 PART V LINE 19D	PART V LINE 19D	ALL PATIENTS INCLUDING SELF PAY PATIENTS ARE INITIALLY BILLED AT GROSS CHARGE AMOUNTS THOSE PATIENTS WHO QUALIFY FOR HOSPITAL CARE ASSURANCE PROGRAM FREE CARE OR WHO QUALIFY FOR A 100 DISCOUNT UNDER THE HOSPITALS CHARITY CARE POLICY HAVE 100 OF THEIR CHARGES FORGIVEN THOSE PATIENTS WHO QUALIFY FOR DISCOUNTED CARE UNDER THE HOSPITALS CHARITY CARE POLICY FIRST HAVE THEIR HOSPITAL AND PROFESSIONAL CHARGES REDUCED PRIOR TO APPLYING THE CHARITY DISCOUNT PERCENTAGE TO DETERMINE THE DISCOUNTED GUARANTOR RESPONSIBILITY FOR HOSPITAL CHARGES THE CHARGE REDUCTION PERCENTAGE IS THE AVERAGE OF THE THREE LOWEST NEGOTIATED COMMERCIAL RATES AND FOR THE HOSPITAL BASED PROFESSIONAL COMPONENT CHARGES CHARGES ARE REDUCED TO THE BLENDED COLLECTION RATE FOR ALL PROFESSIONAL COMPONENT CHARGES

Identifier	ReturnReference	Explanation
CHILDRENS SPECIALTY CARE NURSERY LINE NUMBER 5 PART V LINE 11H	PART V LINE IIH	IN CIRCUMSTANCES WHERE A FAMILY MAY NOT BE ELIGIBLE FOR CHARITY CARE BASED SOLELY ON INCOME OR RESIDENCE BUT WHERE THE PURSUIT OF PAYMENT WOULD ADVERSELY AFFECT THE WELL BEING OF THE PATIENT OR HIS OR HER FAMILY OR CAUSE UNDUE HARDSHIP FOR THE PATIENT ANDOR FAMILY HOSPITAL MANAGEMENT MAY APPROVE CHARITY CARE BASED ON DOCUMENTED EXTENUATING CIRCUMSTANCES

Identifier	ReturnReference	Explanation
CHILDRENS SPECIALTY CARE NURSERY LINE NUMBER 5 PART V LINE 19D	PART V LINE 19D	ALL PATIENTS INCLUDING SELF PAY PATIENTS ARE INITIALLY BILLED AT GROSS CHARGE AMOUNTS THOSE PATIENTS WHO QUALIFY FOR HOSPITAL CARE ASSURANCE PROGRAM FREE CARE OR WHO QUALIFY FOR A 100 DISCOUNT UNDER THE HOSPITALS CHARITY CARE POLICY HAVE 100 OF THEIR CHARGES FORGIVEN THOSE PATIENTS WHO QUALIFY FOR DISCOUNTED CARE UNDER THE HOSPITALS CHARITY CARE POLICY FIRST HAVE THEIR HOSPITAL AND PROFESSIONAL CHARGES REDUCED PRIOR TO APPLYING THE CHARITY DISCOUNT PERCENTAGE TO DETERMINE THE DISCOUNTED GUARANTOR RESPONSIBILITY FOR HOSPITAL CHARGES THE CHARGE REDUCTION PERCENTAGE IS THE AVERAGE OF THE THREE LOWEST NEGOTIATED COMMERCIAL RATES AND FOR HOSPITAL BASED PROFESSIONAL COMPONENT CHARGE CHARGES ARE REDUCED TO THE BLENDED COLLECTION RATE FOR ALL PROFESSIONAL

Software ID: Software Version:

EIN: 34-0714357

Name: CHILDREN'S HOSPITAL MEDICAL CENTER

OF AKRON

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size from largest to smallest)	
How many non-hospital facilities did the organization operate during the tax year? 34	
	Type of Facility (Describe)
Name and address AKRON CHILDREN'S HOSPITAL HUDSON 5655 HUDSON DRIVE	GENERAL OUTPATIENT SERVICES
HUDSON,OH 44236 AKRON CHILDREN'S HOSPITAL HUDSON 5655 HUDSON DRIVE HUDSON,OH 44236	GENERAL OUTPATIENT SERVICES
AKRON CHILDREN'S HOSPITAL HUDSON 5655 HUDSON DRIVE HUDSON,OH 44236	GENERAL OUTPATIENT SERVICES
AKRON CHILDREN'S HOSPITAL HUDSON 5655 HUDSON DRIVE HUDSON,OH 44236	GENERAL OUTPATIENT SERVICES
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AKRON CHILDREN'S HOSPITAL HUDSON 5655 HUDSON DRIVE HUDSON,OH 44236	GENERAL OUTPATIENT SERVICES
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AKRON CHILDREN'S HOSPITAL HUDSON 5655 HUDSON DRIVE HUDSON,OH 44236	GENERAL OUTPATIENT SERVICES
AKRON CHILDREN'S HOSPITAL HUDSON 5655 HUDSON DRIVE HUDSON,OH 44236	GENERAL OUTPATIENT SERVICES
AKRON CHILDREN'S HOSPITAL HUDSON 5655 HUDSON DRIVE HUDSON,OH 44236	GENERAL OUTPATIENT SERVICES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I (Form 990)

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

DLN: 93493317027092

Open to Public Inspection

(h) Purpose of grant

or assistance

Department of the Treasury Internal Revenue Service

(a) Name and address of

organization

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

Employer identification number

34-0714357

(a) Description of

non-cash assistance

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

(b) EIN

4

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

(c) IRC Code section

ıf applıcable

(d) A mount of cash

grant

(e) A mount of non-

cash

(f) Method of

valuation

or government (book, FMV, assistance appraisal, other) (1) UNIVERSITY OF 34-6575496 3 470,843 DONATION TO ABIA AKRON FOUNDATION47 NORTH MAIN STREET AKRON, OH 44308 (2) AKRON CHILDRENS 23-7114013 3 394,853 DONATIONS TO FUNDS HOSPITAL FOUNDATION ONE PERKINS SQUARE **AKRON, OH 44308** 3 DONATION (3) AKRON ROTARY CAMP 34-6557819 12,500 4460 REX LAKE DRIVE AKRON.OH 44319 (4) STARK STATE 34-1577595 3 10,000 DONATION COLLEGE FOUNDATION 6200 FRANK AVE NW NORTH CANTON, OH 44720 3 (5) SISTERS OF THE 10,000 DONATION 25-0989253 **HUMILITY OF MARY288** VILLA DRIVE VILLA MARIA, PA 16143 3 DONATION (6) GREEN VETERANS 27-2131908 7,500 MEMORIAL PARK FUNDPO BOX 278 GREEN, OH 44232

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

MONITORING THE USE OF GRANT FUNDS

INSIDE THE UNITED

STATES

(a)Type of grant or assistance

LINE 2

(b) Number of

recipients

(f)Description of non-cash assistance

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.

(d)A mount of

non-cash assistance

(e)Method of valuation

(book, FMV, appraisal, other)

COMMUNITY THAT ARE ALSO 501(C)(3) ORGANIZATIONS THE AMOUNTS DONATED TO THESE ORGANIZATIONS

ARE MOSTLY IN SUPPORT OF MEDICAL AND NURSING EXCELLENCE IN THE COMMUNITY, ALONG WITH MEDICAL

(c)A mount of

cash grant

RESEARCH

Part IV Supplem	ental Informati	ion. Complete thi	s part to provide the info	rmation required in Par	t I, line 2, and any other a	additional information.
Identifier	Return Reference	e E	xplanation			
PROCEDURES FOR	SCHEDULE I, PA	GE 1, PART I, A	AKRON CHILDREN'S HOSPITAL DONATES MONEY OCCASSIONALLY TO PROGRAMS THROUGHOUT THE			

DLN: 93493317027092

Employer identification number

OMB No 1545-0047

Schedule J

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

	ILDREN'S HOSPITAL MEDICAL CENTER AKRON		24.0714257			
			34-0714357			
Рē	rt I Questions Regarding Compensati	on			Yes	No
4_					res	NO
1a	Check the appropriate box(es) if the organization p 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form lide any relevant information regarding these items			
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the reimbursement orprovision of all the expenses des			1b		No
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executi			2	Yes	
3	Indicate which, if any, of the following the organiza organization's CEO/Executive Director Check all		y			
	Compensation committee		Written employment contract			
	✓ Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	<u> - - - - - - - - - -</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization), Part VII	, Section A, line 1a with respect to the filing organization	n		
а	Receive a severance payment or change-of-contro	ol paymen	t?	4a		No
b	Participate in, or receive payment from, a supplem	nental non	qualified retirement plan?	4b	Yes	
C	Participate in, or receive payment from, an equity-	-based co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and	provide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only r	must comp	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a,	did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,"			7	Yes	
8	Were any amounts reported in Form 990, Part VII subject to the initial contract exception described					
	in Part III	im Nego	section 33 1330 Hay(3). It les, describe	8		No
9	If "Yes" to line 8, did the organization also follow t	the rebutt	able presumption procedure described in Regulations	٩		

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)(1)-(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-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
See Addıtıonal Data Table							

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	Evalenation
Identifier	Reference	Explanation
EXPENSE	PAGE 1, PART	WILLIAM CONSIDINE, CEO AND SHAWN LYDEN, EXECUTIVE VP, HAD A 2011 COUNTRY CLUB MEMBERSHIP THAT WAS USED BY CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON FOR BUSINESS MEETINGS WILLIAM CONSIDINE ALSO RECEIVED GROSS-UP PAYMENTS FOR HIS AUTOMOBILE AND LIFE INSURANCE PAYMENTS MADE BY CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON
REIMBURSEMENT		THE EXECUTIVE REIMBURSEMENTS TO WILLIAM CONSIDINE AND SHAWN LYDEN, WHICH INCLUDE THE GROSS-UP OF THE SAME BENEFITS EACH YEAR, HAVE BEEN APPROVED BY THE BOARD OF DIRECTORS
NONQUALIFÍED,	SCHEDULE J, PAGE 1, PART I, LINE 4	WILLIAM CONSIDINE 0 220,000 0
PAYMENTS	PAGE 1, PART I, LINE 7	CHILDREN'S DOES HAVE CONTRACTS WITH CERTAIN PHYSICIANS THAT EARN BONUSES BASED ON WORK RELATIVE VALUE UNITS (WRVU'S) PHYSICIAN WORK RVU THE RELATIVE LEVEL OF TIME, SKILL, TRAINING AND INTENSITY TO PROVIDE A GIVEN SERVICE EACH CPT CODE IS TARGETED FOR REVIEW AT LEAST EVERY FIVE YEARS TO DETERMINE THE WORK RVU FOR A PARTICULAR SERVICE A CODE WITH A HIGHER RVU WORK TAKES MORE TIME, MORE INTENSITY OR SOME COMBINATION OF THE TWO
	PART III	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

Software ID: Software Version:

EIN: 34-0714357

Name: CHILDREN'S HOSPITAL MEDICAL CENTER

OF AKRON

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

ı		W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	mns (F) Compensation
	(i) Base Compensation	(ii) Bonus & Incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(I) (II)	1,052,641	197,000	291,653	220,092	12,528	1,773,914	
(ı) (ıı)	354,047	44,316	2,939	98,250	16,629	516,181	
(I) (II)	271,107		270	64,185	5,834	341,396	
(ı) (ıı)	248,809	7,554	1,512	71,322	16,247	345,444	
(ı) (ıı)	342,624	350,000	4,455	121,761	6,574	825,414	
(ı) (ıı)	476,519		7,826	14,700	16,701	515,746	
(ı) (ıı)	362,639		5,366	132,920	9,863	510,788	
(ı) (ıı)	353,766		2,265	17,150	16,652	389,833	
(ı) (ıı)	241,890	30,000	483	2,115	16,295	290,783	
(ı) (ıı)	231,650		2,012	14,176	11,609	259,447	
(ı) (ıı)	208,242		634	36,449	5,838	251,163	
(I) (II)	190,636		2,376	60,031	5,756	258,799	
(ı) (ıı)	189,822		2,550	81,439	16,168	289,979	
(ı) (ıı)	188,018		3,664	64,032	5,804	261,518	
(ı) (ıı)	189,129		645	136,286	5,958	332,018	
(I) (II)	1,446,978	220,000	3,354	4,900	10,005	1,685,237	
(I) (II)	1,345,286		1,710	1,700	16,369	1,365,065	
(ı) (ıı)	1,028,891	30,000	1,932	76,110	17,207	1,154,140	
		(i)	(i)	Compensation compensation compensation (i) (ii) (iii) (ii	Compensation Comp	Compensation Comp	Compensation Comp

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

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) O ther compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
ROBERT PARRY	(I) (II)	668,644		64,217		16,500	749,361		
DENNIS WEINER MD	(I) (II)	716,447		10,012	75,530	11,888	813,877		

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

DLN: 93493317027092

2011

Open to Public **Inspection**

Internal Revenue Service Name of the organization

Department of the Treasury

CHTI DDENIE HOCDITAL MEDICAL CENTED

Employer identification number

	ILDREN'S HOSPITAL MEDICAL AKRON	CENTER								3	34-071	4357			
	art I Bond Issues														
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue P	rıce	(f)	Description	of Purpose	(g) De	feased	Beh	On alf of uer		Pool
										Yes	No	Yes	No	Yes	No
A	AKRON BATH AND COPLEY JOINT TWSP HOSPITAL IMPR & REFUNDING REV BONDS	34-1448680	009730LE0	12-09-2003	48,176	5,171	REFU	ND PRIOR I	SSUE		X		X		X
Pa	Proceeds												_		
					<i>P</i>				3		С			D	
1_	A mount of bonds retired					16,290	,000								
2	A mount of bonds defeased														
3	Total proceeds of issue					48,176	,171								
4	Gross proceeds in reserve fu	nds													
5	Capitalized interest from proc	ceeds													
6	Proceeds in refunding escrow	ı													
7	Issuance costs from proceed	s				555	,263								
8	Credit enhancement from pro	ceeds				964	,058								
9	Working capital expenditures	from proceeds													
10	Capital expenditures from pro	oceeds				6,940	,486								
11	O ther spent proceeds														
12	Other unspent proceeds														
13	Year of substantial completio	n			20	04									
					Yes	No	,	Yes	No	Yes		No	Ye	s	No
14	Were the bonds issued as par	rt of a current refund	ling issue?		Х										
15	Were the bonds issued as par	rt of an advance refu	ındıng ıssue?			Х									
16	Has the final allocation of pro	ceeds been made?			Х										
17	Does the organization mainta allocation of proceeds?	ın adequate books a	and records to supp	oort the final	Х										
Pa	rt IIII Private Business l	Use											_		
											C		1	D	
					Yes	No	2	Yes	No	Yes		No	Ye	5	No

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bond-

Χ

Dar	Private Business Use (Continued)										-
I GI	Fill ate business ose (continued)			Α		В		С		D	-
			Yes	No	Yes	No	Yes	No	Yes	No	-
3a	Are there any management or service contracts that may result in private use?	business	×								-
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the final property?		Х								
С	Are there any research agreements that may result in private business use financed property?	e of bond-		х							
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed proper		x								
4	Enter the percentage of financed property used in a private business use b other than a section 501(c)(3) organization or a state or local government									1	
5	Enter the percentage of financed property used in a private business use a unrelated trade or business activity carried on by your organization, anothe 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to en post-issuance compliance of its tax-exempt bond liabilities?	Х									
Par	t IV Arbitrage				•				•	•	
		Α	1		В		С		D	•	_
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	, ,	/es	No	Yes	No	-
	Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		×								
2	Is the bond issue a variable rate issue?		X								-
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		x								_
b	Name of provider		•		'		'				
С	Term of hedge										
d	Was the hedge superintegrated?										
e	Was a hedge terminated?										
 4a	Were gross proceeds invested in a GIC?		X								
ь	Name of provider				I						-
	Term of GIC										-
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		Х								
6	Did the bond issue qualify for an exception to rebate?		X								

Part V Procedures To Undertake Corrective Action

Part VI Supplemental Information

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

Ident if ier	Return Reference	Explanation
PURPOSE OF ISSUE DESCRIPTION		AKRON BATH AND COPLEY JOINT TWSP 36013924 OF BOND PROCEEDS REFUNDED SERIES 1993 BONDS WITH A SMALL PORTION OF MONIES TO COMPLETE THE 2001 PROJECT

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As Filed Data -

DLN: 93493317027092

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Transactions with Interested Persons

► Complete if the organization answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Schedule L (Form 990 or 990-EZ)

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

OI AKKO	14							3	<u>4-07143</u>	57		
Part I												
	Complete if the organizat	ion ans	wered "	Yes" on Forr	m 990, F	Part IV , line 25a o	or 25b,	or Form	990-EZ,	Part V , I	ıne 40b	
												(c)
1	(a) Name of disq	ualified	person			(b) Desc	cription	of trans	action			rected?
											Yes	No
2 Eni	er the amount of tax impos	ed on th	ne ordai	nization man	aders or	disqualified ners	ons dur	ına the s	zear unde	r		
	tion 4958								, and ande	· s		
	er the amount of tax, if any									· ¢		
J [er the amount of tax, if any	, 011 11110	. 2, abo	ve, reniiburs	ca by th	c organization :		• •		* <u> </u>		
Part I	Loans to and/or i	rom :	Intere	sted Pers	ons.							
	Complete if the organiz	zation a	nswere	d "Yes" on F	orm 990	, Part IV, line 26	, or For	m 990-l	Z, Part V	, lıne 38	a	
		(b)	oan to						(f)			
(a) Nam	e of interested person and		m the	(c)0 rig	unal		(e)		Approv		(g)Writi	
(-)	purpose	organı	zatıon?	principal a		(d)Balance due	defau	iit?	by boar commit		agreeme	ent?
		То	From	1			Yes	No	Yes	No	Yes	No
		10	From				res	NO	res	NO	res	NO
								+		+		
								+				
								<u> </u>		-		
								1				
otal .	<u> </u>				▶ \$							
Part II												
	Complete If the orga	nızatıc						27.				
(a) Name of interested pers	on	(een interested per	rson	(c) An	nount of a	rant or tv	pe of assi	stance
	,			an	d the or	ganızatıon						

Part IV Business Transactions Involving Interested Persons.

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

e e in prese in and e i gaining a in	templete it the engalite and it end to the entrem to the e				
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
See Addıtıonal Data Table					

Supplemental Information

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

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE L PART V	GREG MCDERMOTT DIRECTOR IS A VICEPRESIDENT WITHIN FIRST MERIT BANK OF WHICH CHILDRENS
		HOSPITAL MEDICAL CENTER OF AKRON CONDUCTS THEIR
		CHECKING AND INVESTMENTS BANKING DONALD
		SCHNEIDER BOARD MEMBER IS A FIRST ENERGY OFFICER
		CHILDRENS HOSPITAL MEDICAL CENTER OF AKRON
		PURCHASES THEIR ELECTRIC POWER THROUGH OHIO
		EDISON A COMPANY OF FIRST ENERGY CATHRYN
		OMALLEY IS THE DAUGHTER OF WILLIAM CONSIDINE
		PRESIDENT AND CEO LAURIE SCHUELER IS THE
		DAUGHTER OF DUANE ISHAM BOARD MEMBER CHILDRENS
		HAS UTILIZED THE PHYSICIAN RECRUITMENT SERVICES
		OF NORTHEASTERN OHIO PHYSICIANS RECRUITERS TO
		OBTAIN PEDIATRIC SPECIALTY PHYSICIANS IN
		DIFFICULT TO RECRUIT DISCIPLINES THESE SERVICES
		WERE PROVIDED AT MARKET COMPETITIVE RATES AND
		PRODUCED VERY SUCCESSFUL OUTCOMES FOR
		CHILDRENS SUBSEQUENT TO UTILIZING NORTHEASTERN
		OHIO PHYSICIAN RECRUITERS SERVICES CHILDRENS
		EMPLOYED SHAWN LYDEN AS EXECUTIVE VICE
		PRESIDENT AND GENERAL COUNSEL WHOSE WIFE AMY
		COOK IS THE OWNER OF NORTHEASTERN OHIO
		PHYSICIAN RECRUITERS SERVICES WITH NORTHEASTERN OHIO PHYSICIANS RECRUITERS CEASED IN 2011
		ONTO PRI SICIANS RECRUITERS CEASED IN 2011

Software ID: Software Version:

EIN: 34-0714357

Name: CHILDREN'S HOSPITAL MEDICAL CENTER

OF AKRON

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction \$	(d) Description of transaction	organı	arıng of zatıon's nues?
	organization			Yes	No
FIRST MERIT	VP-FIRST MERIT	348,641	FEES TO FIRST MERIT		No
	AND CURRENT DIR				No
FIRST ENERGY SOLUTIONS	FIRSTENERGY OFF	2,384,563	ELECTRIC BILLS ARE		No
	AND CURRENT DIR		PAID TO FIRST ENERGY		No
CATHRYN O'MALLEY	FAMILY MEMBER	51,238	COMPENSATION		No
	OF CURR DIR/OFF				No
LAURIE SCHEULER	FAMILY MEMBER	27,563	COMPENSATION		No
	OF CURRENT DIR				No
AMY COOK	FAMILY MEMBER	218,560	PHYS RECRUITMENT		No
	OF CURR OFFICER		FEES PAID		No

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As Filed Data -

DLN: 93493317027092

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

Open to Public Inspection

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

34-0714357

Reference	Explanation
ORGANIZATIONS MISSION FORM 990 - ORGANIZATIONS MISSION	PART 1, LINE 1 AND PART III, LINE 1 THE MISSION OF CHILDREN'S HOSPITAL MEDICAL CENTER OF A KRON IS TO PROVIDE QUALITY MEDICAL AND SURGICAL CARE FOR BABIES. CHILDREN ADOLESCENTS, AND BURNY VICTIMS OF ALL AGES, REGARDLESS OF ABIES. CHILDREN ADOLESCENTS, AND BURNY VICTIMS OF ALL AGES, REGARDLESS OF ABIES. CHILDREN ADOLESCENTS, AND BURNY VICTIMS OF ALL AGES, REGARDLESS OF ABIETY TO PAY, MILTI-LEVEL, PROFESSIONALS, BASIC AND CL. NICKAL RESEARCH INTO THE CAUSES, TREATMENT AND CURE OF CHILDRENS LOUGHT AND AND AND AND AND AND AND AND CURS OF CHILDRENS AND

ldentifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	395,455,514 CHILDREN'S QUALIFIES AS A DISPROPORTIONATE SHARE HOSPITAL PER ODJFS OHIO DEPA RTMENT OF JOBS AND FAMILY SERVICES CHILDREN'S PROVIDES PEDIATRIC SERVICES AT AKRON GENERA L MEDICAL CENTER, MEDCENTRAL HEALTH SYSTEM IN MANSFIELD, AULTMAN HOSPITAL IN CANTON, FISHE R-TITUS CENTER IN NORWALK AND ROBINSON MEMORIAL HOSPITAL IN RAVENNA, AS WELL AS OFFICES IN BEACHWOOD AND HUDSON CHILDREN'S ALSO OPERATES ONE OF THE LARGEST PEDIATRIC PRIMARY CARE NETWORKS WITH 18 OFFICES IN SEVEN COUNTIES INCLUDING CUYAHOGA, MEDINA, WAYNE, TUSCAWARAS A ND PORTAGE

ldentifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	CONTRIBUTION PROMPART III, LINE 4A) MEDICINE INTECTIOUS DISEASES, HEMATOLOCY SERVICES, RLMI ONARY MEDICINE, DEVELOPMENTAL FEBRATICS, PALLIATIVE CARE PROGRAM, OAK ADOPTIVE HEALTH CEN TER, LOCUST HEDIATRICS, DIAGNOSTIC REFERRAL GROUP, RHELMANTOLOGY, CLINICAL PHARMACOLOGY AND TOXICOLOGY, PSYCHIATRIC SERVICES, GENETICS, DEPARTMENT OF PEDIATRICS, CAST ROOM, ORTHOPED ICS, AND SKELETAL DYSR. ASIS CENTER ONE OF THE SUBSPECIALTY DEPARTMENTS, THE HEART CENTER WHICH WAS ESTABLISHED IN MAY 2001, HAS SEEN NUMBROUS CONTRIBUTIONS AND ACCOMPLISHMENTS SINCE IS INCEPTION OF GREATEST IMPORTANCE IS THE ESTABLISHMENT AND MATURATION OF AN INTEGRA TED, SERVICES LINE ORGANIZATIONAL STRUCTURE HIS HAS INFLUENCED ALL OTHER HEART CENTER IN TITUTES AND ACCOMPLISHMENTS OVER THE LAST TEN YEARS INCLUDING THE ESTABLISHMENT OF THE FOLLOWING SERVICES — CARDIAC SURGICAL SERVICES — INTERVENTIONAL CARROLOGY — A MATERNAL FEATL CARDIOLOGY — ADULT CONCENTRAL CARDIOLOGY — ELECTROPHYSIOLOGY CARDIOLOGY — ADVANCED CARDI

ldentifier	Return Reference	Explanation
FIRST ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4A	OME-BASED TRAUMA INTERVENTION SERVICES OHIO'S RATE OF CHILD ABUSE AND NEGLECT IS RANKED E LEVENTH IN THE NATION RESEARCH HAS SHOWN THAT EXPOSURE TO TRAUMA MAY NEGATIVELY IMPACT THE PHYSICAL, MEMTAL, AND BOTTONAL DEVILOPMENT OF CHILDREN CHARGES IN MACHINE PHYSICAL, MEMTAL, AND BOTTONAL DEVILOPMENT OF CHILDREN CHARGES IN MACHINE PHYSICAL, MEMTAL, AND EXTENSIVE EXPERIENCE IN THE IMPLEMENTATION OF SERVICES TO PROVIDE TRAUMA FOR CHILDREN EXPOSED TO VIOLENCE. THE EXPANSION OF THE C A RE CENTER WILL BUILD UPON THIS MODEL A COMPONENT OF THE DIVISION OF HEMATOLOGY/ONCOLOGY, THE OHIO REGIONAL VI COCORDINATED SICKLE CELL PROGRAM AT CHILDREN'S SERVES ADJULTS AND CHILDREN IN SEVERAL NORTH—EAST OHIO COUNTIES THE GRANT FUNDED PROGRAM PLAYS AN IMPORTANT ROLE IN IMPROVING THE TREATMENT AND EDUCATION OF PERSONS WITH THE SICKLE CELL TENTOR TO MEDICAL CARE. SUPPORT SER VICES INCLUDE DISEASE EDUCATION, PERSONAL AND CAREER COUNSELING AND FINANCIAL COUNSELING A RE OFFERED ALSO INCORPORATED IN THE SICKLE CELL CLINC ARE GENETIC AND SYNCHOSOCIAL COUNS ELING SERVICES THE PROGRAM COORDINATES ACTIVITIES OF SICKLE CELL SERVICE AGENCIES THROUGH OUT REGION VI AND PROVIDES EDUCATION PROGRAMS FOR THE SENERAL PUBLIC, ATTEKER (ROUPS AND HEALTH CARE PROVIDES CHILDREN'S HEMOSTASS AND THROMBOSIS CENTER PROVIDES DIAGNOSTIC AND TREATMENT SERVICES TO CHILDREN AND ADULTS WITH INHERITED BLEEDING AND CONTINUE DIAGNOSTIC AND TREATMENT SERVICES TO CHILDREN AND ADULTS WITH INHERITED BLEEDING AND CONTINUE DIAGNOSTIC AND TREATMENT SERVICES TO CHILDREN AND ADULTS WITH INHERITED BLEEDING AND CONTINUE DIAGNOSTIC AND TREATMENT SERVICES TO CHILDREN AND ADULTS WITH INHERITED BLEEDING AND CONTINUE DIAGNOSTIC AND TREATMENT SERVICES TO CHILDREN AND ADULTS WITH INHERITED BLEEDING AND CONTINUE DIAGNOSTIC AND TREATMENT SERVICES TO CHILDREN AND ADULTS WITH HEREDING AND CONTINUE DIAGNOSTIC AND TREATMENT SERVICES TO CHILDREN AND ADULTS WITH PROVIDES COUNSELING AND TREATMENT THROUGH THE CONTINUE SERVICES. COUNTY OF THE PROVIDES DIAGNOSTIC AND TREATMENT SERVICES TO CHILDREN A

ldentifier	Return Reference	Explanation
SECOND ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	CONTINUED FROM PART III, LINE 4B) CARE. THE PRIMARY FOCUS OF THE FACILITY IS TO PROVIDE AN EMPROMENT CONDUCY ETO PEDATRIC PATIENTS, AIDING THEIR RECOVERY IN A MODERN HOSPITAL S ETTING INPATIENT SERVICES INCLIDE SOME OF THE FOLLOWING DIVISIONS NEONATAL INTENSIVE CAR EUNIT, PEDATRIC PITTING NETWORK CARE LINT, FOR THE RECOVERY IN A MODERN HOSPITAL S ETTING INPATIENT SERVICES AND CARE LINT, FOR THE RECOVERY IN A MODERN HOSPITAL STRUMS SERVICES A 59-BED REGIONAL NEONATAL INTENSIVE CARE LINT (INCL) WAS OPPHED IN 1993 THE NICUL IS A ESCISIONAL TO THE LEVEL III TERTIARY NEONATAL LINT IN OHIOS PERINATAL REGION VIA FULL STAFF OF MEDICAL, NURSING, AND OTHER HEALTH CARE PROFESSIONALS CARE FOR HIGH-RISK NEANTS IN ONE OF THE MOST ADVANCED FACILITIES IN THE NATION A NEONATOLOGIST IS PRESENT IN HOUSE AND A ROUND THE CLOCK, SEVEN (7)DAYS A WEEK FOR REFERRAL AND CONSULTATION A TRANSPORT TEAM FROM THE NICUL IS ALSO AVALLABLE AT ALL TIMES FOR TRANSFER OF PATIENTS BY AMBILLANCE OR HELP. OPTER FROM ANY ONE OF THE THETY-FIVE S) INTROVER HOSPITALS IN THE AREA THE LEVEL III NUT IS DIVIDED INTO TWO SECTIONS (1) INTENSIVE CARE AND (2) SUB-INTENSIVE CARE SUB-INTENSIVE CARE NICULES CONVALESCENT CARE FOR BABBS READY TO GO HOME AS WELL AS TRANSITIONAL LEVEL CARE FOR REPORTED HITO A LESSE AGREEMENT WITH A KRONG GENERAL MEDICAL CENTER FOR THE OFFERAL MOST CONTROL OF THE OFFERAL MEDICAL CENTER THE OFFERAL MEDICAL CENTER, THOSE PATEINS THE EACH AND SECURITY OF THE OFFERAL MEDICAL CENTER, THOSE PETHENSITY REPORTS CONTROL OF THE OFFERAL MEDICAL CENTER, THOSE PETHENSITY SECONDAL MEDICAL CENTER FOR THE OFFERAL MEDICAL CENTER, THOSE PETHENSITY SECONDAL MEDICAL CENTER FOR THE OFFERAL MEDICAL CENTER, THOSE PETHEN THE OFFERAL MEDICAL CENTER, THOSE PETHENSITY SECONDAL MEDICAL AND THE PETHENSITY SECONDAL MEDICAL MEDICAL MEDICAL CENTER OF THE OFFERAL MEDICAL CENTER. THE OFFERAL MEDICAL CENTER OF THE OFFERAL MEDICAL CENTER OF THE OFFERAL MEDICAL C

ldentifier	Return Reference	Explanation
SECOND ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	THE DIRECT CARE OF PATIENTS AND TEACHING FELLOWS, RESIDENTS, AND MEDICAL STUDENTS THE DIV ISION OF EMERGENCY/TRAUMA BOASTS ONE OF THE NATION'S FIRST AND MOST SUCCESSFUL SUTURE PROG RAMS USING SPECIALLY TRAINED TECHNICIANS AND NURSES TO DO MOST OF THE SUTURING OF LACERATI ONS IN THE EMERGENCY SETTING THEY SEE BETWEEN 400 AND 750 PATIENTS PER MONTH WHO NEED STI TCHES ROUNDING OUT THE SPECIALIZED MEDICAL CARE IN THE ED ARE CHILD LIFE SPECIALISTS WHO ARE ACCUSTOMED TO EXPLAINING PROCEDURES TO CHILDREN AND COMFORTING PARENTS, SOCIAL WORKERS TRAINED TO IDENTIFY NEEDS OF FAMILIES AND POINT THEM TO HELPFUL SERVICES, AND CHAPLAINS A ND BEREAVEMENT STAFF WHO ARE ALWAYS ON CALL AKRON CHILDREN'S HOSPITAL IS VERIFIED AS A PE DIATRIC TRAUMA CENTER BY THE AMERICAN COLLEGE OF SURGEONS THE PEDIATRIC TRAUMA VERIFICATION IS BASED ON ITS ABILITY TO PROVIDE QUALITY TRAUMA CARE TO TRAUMA PATIENTS AND THEIR FAM ILIES FROM THE TIME OF INJURY, THROUGH THE ACUTE CARE PHASE, INTO THE REHABILITATION PHASE

ldentifier	Return Reference	Explanation
THIRD ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	CONTINUED FROM PART III, LINE 4C) AND CEROBROSPINAL FLUID SPECIMENS. IN ADDITION TO ROUTINE CHEMISTRIES, TESTING IS PERFORMED FOR THERAPEUTIC AND IMMUNOSUPPRESIVE DRUG MONITORING SWEAT CHLORIDE ANALYSIS IS PERFORMED TO SCREEN FOR CYSTIC FIBROSIS. THE HEMATOLOGY SECTION RUMS ANALYSIS ON THE CELLULAR COMPONENTS OF THE BLOOD CELL COUNTS ARE PERFORMED USING AUTOMATED INSTRUMENTS WHILE CELL MORRHOLOGY IS CONFIRMED BY DOING MANUAL EXAMINATIONS OF STAINED BLOOD SMEARS. SPECIAL HEMATOLOGY EXAMS, AS WELL AS ROUTINE AND SPECIAL COAGULATION TESTING IS ALSO PERFORMED IN THE HEMATOLOGY. LABORATORY, INSTRUMENTS ARE SELECTED TO USE THE SMALLEST AMOUNTS OF BLOOD FOR TESTING IN ORDER TO MINIMEZ BLOOD LOSS FROM OUR PEDIATRIC PATIENTS. SPECIALLED ASSAYS. ARE PERFORMED IN THE DIAGNOSIS OF HEMATOLOGICAL AND COAGULATION DISORDERS. LEAD TESTING IN ORDER TO MINIMEZ BLOOD LOSS FROM OUR PEDIATRIC PATIENTS. SPECIALLED ASSAYS. ARE PERFORMED IN THE SPECIAL CHEMISTRY. LABORATORY OTHER TESTS PERFORMED IN SPECIAL CHEMISTRY LABORATORY OTHER TESTS PERFORMED IN SPECIAL CHEMISTRY. ALBORATORY OTHER TESTS PERFORMED IN SPECIAL CHEMISTRY INCLUDE THE DIAGNOSTIC OR OWN. SYNDROME AND NEURAL TUBE DEFECTS AS WILL AS THYROD AND OTHER HORMONES. IN ADDITION TO THE CC., LABORATORY SERVICES ARE PROVUED BY THE INPECTIOUS DISEASE LABORATORY (SEE MICROBIOLOGY, VIROLOGY, IMMUNOLOGY, AND MOLECULAR DIAGNOSTICS) THESE SERVICES INCLUDE THE DENTIFICATION OF BACTERIA AND VIRUSES BY CONNENTIONAL CULTURE TECHNIQUES, RAPID SHELL VIAL AND DIRECT IMMUNOCLOURSCENCE STAINS, AND AMELIFIED NUCLECA COD PROBE ASSAYS THE MICROSIMULAR DIAGNOSTIC LABORATORY ALSO PERFORMS SENETIC ASSAYS FOR CYSTIC FIBROSIS MUTATIONS AND FOR THE MUTATIONS THAT CAUSE HYPERCOAGULABILITY. THE CYTOGENETIC LABORATORY HERPFORMS FOR THE MUTATIONS THAT CAUSE HYPERCOAGULABILITY. THE CYTOGENETIC LABORATORY HERPFORMS FOR THE ANATOMIC PATHOLOGY. SERVICES INCLUDE SURGICAL PATHOLOGY, REPAIR AND VIROLOGY. SERVICES INCLUDE SURGICAL PATHOLOGY, PASA AND FIBROLOGY. SERVICES TO A DIAGNOSTIC LABORATORY OF SAME AND AND SE

ldentifier	Return Reference	Explanation
ALL OTHER ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	CHILDREN'S OPERATES ONE OF THE LARGEST PEDIATRIC PRIMARY CARE NETWORKS WITH 17 OFFICES IN SEVEN COUNTIES INCLUDING CUY AHOGA, MEDINA, WAYNE, TUSCAWARAS AND PORTAGE THE PEDIATRICIANS AND STAFF AT AKRON CHILDREN'S HOSPITAL PEDIATRICS MAINTAIN COOPERATIVE RELATIONSHIPS WITH MANY AREA HEALTH PROVIDERS, INCLUDING SEVERAL HOSPITALS PATIENT CARE IS AVAILABLE 24 HOURS A DAY THROUGH THE PHY SICIAN OFFICE, CHILDREN'S AFTER HOURS, A 24-HOUR NURSE TRIAGE PHONE LINE, AND AKRON CHILDREN'S HOSPITAL BY SHARING INFORMATION BETWEEN OUR OFFICES AND WITH AREA HEALTH CARE PROVIDERS, WE ENSURE THAT ALL CHILDREN RECEIVE THE FINEST CARE FROM PREVENTIVE CHECKUPS TO TREATMENT FOR CHRONIC HEALTH PROBLEMS AKRON CHILDREN'S HOSPITAL PEDIATRICS VISITS WERE 269,761 AND 243,488 FOR 2011 AND 2010 RESPECTIVELY THE SURGICAL SERVICES DEPARTMENT AT CHILDREN'S MEDICAL HOSPITAL OF AKRON PERFORMS MORE THAN 14,000 GENERAL AND SPECIALZED SURGICAL PROCEDURES EACH YEAR-RANGING FROM UNCOMPLICATED TONSILLECTOMIES TO NEUROSURGERY, OPEN HEART, ORTHOPEDIC, AND PLASTIC AND RECONSTRUCTIVE SURGERY CHILDREN'S PERFORMS MORE PEDIATRIC SURGERIES THAN ANY OTHER HOSPITAL IN NORTHEASTERN OHID THE ENTIRE STAFF AT CHILDREN'S, FROM PEDIATRIC SURGEONS TO PEDIATRIC ANESTHESICLOGISTS AND NURSES ARE CAREFULLY TRAINED IN MEETING THE UNIQUE SURGICAL NEEDS AND CONCERNS OF CHILDREN AND THEIR FAMILIES THE PEDIATRIC ANESTHESICLOGISTS ARE EXPERIENCED AT HELPING A CHILD GO TO SLEEP WITH AS LITTLE ANESTHESIA AS POSSIBLE. THEY UNDERSTAND THE MEDICAL DIFFERENCES BETWEEN CHILDREN AND ADULT'S SPECIAL EQUIPMENT AND TECHNIQUES SUITED TO THE SIZE OF THE PATIENT, FROM INFANTS TO YOUNG ADULTS, HELP ASSURE SUCCESSFUL OUTCOMES TO THE SURGERY AND ANESTHESIA IN ADDITION, CHILD LIFE SPECIALISTS GIVE PRE-SURGERY TOURS ONCE A WEEK TO PREPARE CHILDREN (AND PARENTS) FOR WHAT THEY EXPECT TO SEE, HEAR, FEEL, TASTE OR SMELL CHILDREN'S HAS NINE STATE-OF-THE-ART OPERATING PROMS TWO ARE DEDICATED TO NEUROSURGERY AND HEART SURGERY BETWEEN 75-80% OF SURGERIES ARE DONE ON AN OUTPATIENT BASIS, WHICH HAS PROVEN

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

Identifier	Return Reference	Explanation
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	ROBERT BERK DIRECTOR FAMILY RELATIONSHIP SUSAN BERK DIRECTOR FAMILY RELATIONSHIP

ldentifier	Return Reference	Explanation
CLASSES OF MEMBERS OR STOCKHOLDERS	l ' '	THE DULY ELECTED, QUALIFIED AND ACTING DIRECTORS AND THE ACTIVE MEMBERS OF THE WOMEN'S BOARD OF CHILDREN'S HOSPITAL ARE MEMBERS OF THE CORPORATION

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

ldentifier Retur Referei	— -
DECISIONS SUBJECT TO APPROVAL OF MEMBERS DECISIONS PAGE 6, PART VI, LINE 7B	THE CORPORATE POWERS, PROPERTY, AND AFFAIRS OF THE CORPORATION, SHALL BE EXERCISED, CONDUCTED, AND CONTROLLED BY THE DIRECTORS THE DIRECTORS SHALL ELECT THE MEMBERS OF THE EXECUTIVE COMMITTEE OF THE BOARD SUBJECT TO THE DIRECTION AND CONTROL OF THE DIRECTORS, OR THE EXECUTIVE COMMITTEE OF THE BOARD, THE MANAGEMENT OF THE HOSPITAL SHALL BE VESTED IN THE PRESIDENT AS CHIEF EXECUTIVE OFFICER THE PRESIDENT SHALL, IN ALL MATTERS PERTAINING TO HOSPITAL ADMINISTRATION, DIRECTLY REPRESENT THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS AND SHALL BE RESPONSIBLE TO THEM RESPECTIVELY FOR THE PROPER PERFOMANCE OF HIS DUTIES IT SHALL BE THE DUTY OF THE PRESIDENT TO MAKE KNOWN AND ENFORCE ALL RULES AND REGULATIONS WHICH SHALL BE MADE BY AND UNDER THE AUTHORITY OF THE DIRECTORS OR THE EXECUTIVE COMMITTEE OF THE BOARD IN ALL CASES OF DISPUTED AUTHORITY, OR UNCERTAINTY AS TO THE MEANING OF THESE REGULATIONS, THE DECISION OF THE PRESIDENT SHALL BE ABSOLUTE UNTIL A RULING SHALL HAVE BEEN RENDERED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990		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

ldentifier 	Return Reference	Explanation
OF CONFLICTS FOLICY F	FORM 990, PAGE 6, PART VI, LINE 12C	IT IS CHILDRENS POLICY THAT ALL EMPLOYEES DISCLOSE REAL OR APPARENT CONFLICTS OF INTEREST AS A CONDITION OF EMPLOY MENT WITH CHILDRENS CHILDRENS 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 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, 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 PERSIDENT OR INS DESIGNET IS THE PESSONSIBILITY OF THE PRESIDENT OR HIS DESIGNET 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 CHILDRENS 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 POLICES 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 WHITDRAW FROM ANY MEETING IN WHICH THE MATTER IS DISCUSSED 3 INDIVIDUAL WILL BE REQUIRED TO LEAVE THE ROOM DURING VOTING 4 ANY EMPLOYEE IS EXPRESSLY PROHIBITED FROM RELEASING ANY "SENSITIVE INFORMATION" REGARDING A DECISION MADE

ldentifier	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 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 THAN 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 COMPENSATION DATA FOR COMPENSATION DATA FOR 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 COMPENSATION WHERE PROVIDED AND PRESENTED BY THE INDEPENDENT CONSULTANT TO THE COMMITTEE FOR APPROVAL

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	1	AN INDEPENDENT SALARY SURVEY WAS COMPLETED IN 2011 AND RECOMMENDATIONS WERE PROVIDED AND PRESENTED BY THE INDEPENDENT CONSULTANT TO THE COMMITTEE FOR APPROVAL

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

ldentifier	Return Reference	Explanation
RELATED ORGANIZATIONS	FORM 990, PAGE 7, PART VII	THE FOLLOWING AVERAGE OF HOURS PER WEEK WERE WORKED BY THE INDIVIDUALS LISTED IN PART VII, SECTION A FOR THE RELATED ORGANIZATION, AKRON CHILDREN'S HOSPITAL FOUNDATION WILLIAM CONSIDINE - 8 HOURS PER WEEK NORMAN CHRISTOPHER - 1 HOUR PER WEEK SARAH FRIEBERT - 1 HOUR PER WEEK ROBERT STONE - 1 HOUR PER WEEK SUSAN BERK - 1 HOUR PER WEEK DUANE ISHAM - 2 HOURS PER WEEK PAULA MALONE - 1 HOUR PER WEEK PHILIP MAY NARD - 16 HOURS PER WEEK GREG MCDERMOTT - 1 HOUR PER WEEK WILLIAM WOOLDREDGE - 2 HOURS PER WEEK MICHAEL TRAINER - 8 HOURS PER WEEK RICHARD GRIGG - 1 HOUR PER WEEK THE FOLLOWING AVERAGE OF HOURS PER WEEK WERE WORKED BY THE INDIVIDUALS LISTED IN PART VII, SECTION A FOR THE RELATED ORGANIZATION, CHILD DIMENSION INSURANCE GROUP WILLIAM CONSIDINE - 2 HOURS PER WEEK SHAWN LYDEN - 2 HOURS PER WEEK MICHAEL TRAINER - 2 HOURS PER WEEK GRACE WAKULCHIK - 2 HOURS PER WEEK THE FOLLOWING AVERAGE OF HOURS 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 GRACE WAKULCHIK - 2 HOURS PER WEEK MICHAEL TRAINER - 2 HOURS PER WEEK GRACE WAKULCHIK - 2 HOURS PER WEEK GRACE

ldentifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 5	UNREALIZED INVESTMENT LOSS (10,551,312) ACCRUED COMMUNITY SUPPORT 241,311 PARTNERSHIP LOSS 1,749 PARTNERSHIP LOSS 30,679 ADJUSTMENT ASC 715 (58,993,643) CHANGES TO HOSPITAL INTEREST IN FND 4,365,938 INTRAFUND TRANSFERS (228,607)

DLN: 93493317027092

OMB No 1545-0047

(g)

Open to Public Inspection

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.

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

Employer identification number

34-0714357

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

(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
(1) CHILDREN'S REV LLC ONE PERKINS SQUARE AKRON, OH 443081062 20-0498689	HOLDING CO	ОН	151,666	244,152	NA
(2) AKRON CHILDREN'S RESEARCH CENTER ONE PERKINS SQUARE AKRON, OH 443081062 34-1934412	CLIN TRIAL	ОН			NA

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	Section 5	rolled
						Yes	No
(1) AKRON CHILDRENS HOSPITAL FOUNDATION							
ONE PERKINS SQUARE	FOUNDATION	ОН	501C3	7	СНМСА	Yes	
AKRON, OH 443081062 _23-7114013							
(2) CHILDREN'S HOME CARE GROUP							
ONE PERKINS SQUARE	HOME CARE	ОН	501C3	11A	СНМСА	Yes	
AKRON, OH 443081062 34-1575266							
(3) CHILD DIMENSIONS INSURANCE COMPANY							
ONE PERKINS SQUARE	INSURANCE	ОН	501C3	11A	СНМСА	Yes	
AKRON, OH 443081062 03-0317160							
For Drivage Act and Danomucals Doduction Act Notice and the Treture	tions for Form 000	Cat Na F	01257		Schodule D /F	000)	2011
For Privacy Act and Paperwork Reduction Act Notice, see the Instruc	LIUIIS FOF FORM 990.	Cat No 5	01221		Schedule R (F	(Dee mio	Z011

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 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)	, ·	(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 Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or nging	(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

(6)

 During the tax year, did the organization engage in any of the following transactions with one or more related organization of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity Gift, grant, or capital contribution to related organization(s) Gift, grant, or capital contribution from related organization(s) 	zations listed in Part:	s II-IV?	12								
b Gift, grant, or capital contribution to related organization(s)			18		1						
				۱	No						
c Gift, grant, or capital contribution from related organization(s)		b Gift, grant, or capital contribution to related organization(s)									
Gift, grant, or capital contribution from related organization(s)											
d Loans or loan guarantees to or for related organization(s)											
e Loans or loan guarantees by related organization(s)											
f Sale of assets to related organization(s)			11	•	No						
g Purchase of assets from related organization(s)			19	y Yes							
h Exchange of assets with related organization(s)			11	1	No						
i Lease of facilities, equipment, or other assets to related organization(s)			1	Yes							
					\top						
j Lease of facilities, equipment, or other assets from related organization(s)			1	Yes	\top						
k Performance of services or membership or fundraising solicitations for related organization(s)			11	(No						
I Performance of services or membership or fundraising solicitations by related organization(s)			1		No						
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			11	n Yes	†						
n Sharing of paid employees with related organization(s)			11	1 Yes	T						
					\top						
• Reimbursement paid to related organization(s) for expenses			10	Yes	\top						
p Reimbursement paid by related organization(s) for expenses			11	Yes							
q Other transfer of cash or property to related organization(s)			10	1	No						
r Other transfer of cash or property from related organization(s)			1	-	No						
			_								
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, inc	cluding covered relati	onships and transact	tion thresholds								
(a)	(b)	(c)	(d)								
Name of other organization	Transaction type(a-r)	Amount involved	Method of determ		iount						
) See Additional Data Table	71 ()										

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)	org	501(c)(3) organizations?		partners section to 501(c)(3) organizations?		(f) Share of Share of total income assets		(h) Disproprtionate allocations?		Gene man part	j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No			

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Software ID: Software Version:

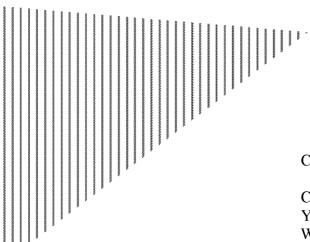
EIN: 34-0714357

Name: CHILDREN'S HOSPITAL MEDICAL CENTER

OF AKRON

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) A mount I nvolved (\$)	(d) Method of determining amount involved
(1)	CHILDREN'S HOME CARE GROUP	0	9,838,592	ACTUAL PER GENERAL LEDGER
(2)	CHILDREN'S HOME CARE GROUP	G	41,653	ACTUAL PER GENERAL LEDGER
(3)	CHILDREN'S HOME CARE GROUP	Р	11,146,645	ACTUAL PER GENERAL LEDGER
(4)	CHILD DIMENSIONS INSURANCE COMPANY	Р	46,157	ACTUAL PER GENERAL LEDGER
(5)	AKRON CHILDRENS HOSPITAL FOUNDATION	Р	11,520,257	ACTUAL PER GENERAL LEDGER
(6)	AKRON CHILDRENS HOSPITAL FOUNDATION	С	6,460,715	ACTUAL PER GENERAL LEDGER
(7)	AKRON CHILDRENS HOSPITAL FOUNDATION	G	1,533,476	ACTUAL PER GENERAL LEDGER
(8)	AKRON CHILDRENS HOSPITAL FOUNDATION	0	2,937,939	ACTUAL PER GENERAL LEDGER
(9)	AKRON CHILDRENS HOSPITAL FOUNDATION	В	394,853	ACTUAL PER GENERAL LEDGER
(10)	CHILDREN'S HOME CARE GROUP	0	9,838,592	ACTUAL PER GENERAL LEDGER
(11)	CHILDREN'S HOME CARE GROUP	G	41,653	ACTUAL PER GENERAL LEDGER
(12)	CHILDREN'S HOME CARE GROUP	Р	11,146,645	ACTUAL DED
(13)	CHILD DIMENSIONS INSURANCE COMPANY	Р	46,157	ACTUAL PER GENERAL LEDGER
(14)	AKRON CHILDRENS HOSPITAL FOUNDATION	Р	11,520,257	ACTUAL PER GENERAL LEDGER
(15)	AKRON CHILDRENS HOSPITAL FOUNDATION	С	6,460,715	ACTUAL PER GENERAL LEDGER
(16)	AKRON CHILDRENS HOSPITAL FOUNDATION	G	1,533,476	ACTUAL DED
(17)	AKRON CHILDRENS HOSPITAL FOUNDATION	0	2,937,939	ACTUAL DED
(18)	AKRON CHILDRENS HOSPITAL FOUNDATION	В	394,853	ACTUAL DED



CONSOLIDATED FINANCIAL STATEMENTS

Children's Hospital Medical Center of Akron and Affiliates Years Ended December 31, 2011 and 2010 With Report of Independent Auditors

Ernst & Young LLP



Consolidated Financial Statements

Years Ended December 31, 2011 and 2010

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Report of Independent Auditors

The Board of Directors Children's Hospital Medical Center of Akron

We have audited the accompanying consolidated balance sheets of Children's Hospital Medical Center of Akron and Affiliates (Children's) as of December 31, 2011 and 2010, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended These financial statements are the responsibility of Children's management Our responsibility is to express an opinion on these financial statements based on our audits

We conducted our audits in accordance with auditing standards generally accepted in the United States Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. We were not engaged to perform an audit of Children's internal control over financial reporting. Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Children's internal control over financial reporting Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Children's at December 31, 2011 and 2010, and the consolidated results of their operations and changes in net assets, and their cash flows for the years then ended in conformity with U S generally accepted accounting principles

As discussed in Note 2 to the consolidated financial statements, in 2011 Children's changed its presentation and disclosure of the provision for uncollectible accounts as a result of the adoption of Financial Accounting Standards Board issuance of Accounting Standards Update (ASU) 2011-07, Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities, effective January 1, 2010

Ernst + Young LLP

April 19, 2012

Consolidated Balance Sheets

(In Thousands)

	Dec	ember 31
	2011	2010
Assets		
Current assets		
Cash and cash equivalents	\$ 21,56	3 \$ 10,062
Patient accounts receivable, less allowances for uncollectible		
accounts of \$8.815 in 2011 and \$8.344 in 2010	70,41	
Other receivables	9,71	
Inventories	4,99	2 4.484
Prepaid expenses and other current assets	5,12	
Total current assets	111,80	9 92.731
Board-designated investments		
Depreciation fund	233,22	1 217.685
Unrestricted Foundation investments	42,47	4 43.540
Other investments	6,40	0 5.422
Total board-designated investments	282,09	5 266.647
Assets limited as to use		
Self-insurance funds	72,16	0 67,174
Temporarily or permanently restricted investments	35,04	
Total assets limited as to use	107,20	
Beneficial interest in charitable remainder and		
perpetual trusts	8,13	9 1.713
Property, plant, and equipment		
Land and improvements	12,05	
Buildings	309,65	
Equipment	196,33	
	518,04	
Less accumulated depreciation	321,91	
	196,13	
Construction-in-progress	19,74	
Total property, plant, and equipment, net	215,88	1 210.319
Other assets		
Deferred financing cost, net	2,56	
Pledges	1,00	
Other assets	8,61	
Total other assets	12,18	
Total assets	<u>\$ 737,30</u>	8 \$ 686,072

	December 31		
	2011	2010	
Liabilities and net assets			
Current liabilities			
Accounts payable	\$ 14,296	\$ 10,212	
Accrued compensation and related liabilities	25,769	23,026	
Accrued expenses	14,029	12,806	
Estimated third-party payor liabilities	14,979	15,153	
Current portion of long-term debt	3,265	3,150	
Total current liabilities	72,338	64.347	
Long-term debt	107,400	110.607	
Other long-term liabilities			
Reserve for professional and general liabilities	41,345	36,400	
Accrued pension cost	98,767	42,292	
Accrued postretirement benefit obligations			
and deferred compensation plans	37,851	29,910	
Other long-term liabilities	23,706	22,518	
Total other long-term liabilities	201,669	131,120	
Total liabilities	381,407	306,074	
Net assets			
Unrestricted	311,324	341,575	
Temporarily restricted	34,385	29,184	
Permanently restricted	10,192	9,239	
Total net assets	355,901	379,998	

Total liabilities and net assets \$ 737,308 \$ 686,072

See accompanying notes

Consolidated Statements of Operations and Changes in Net Assets

(In Thousands)

	Ye	ear Ended Dec 2011	ecember 31 2010	
Unrestricted revenue, gains, and other support				
Net patient service revenue	\$	480,011 \$	432,002	
Provision for uncollectible accounts		(8,652)	(7.229)	
Net patient service revenue less provision for uncollectible accounts		471,359	424,773	
Hospital Care Assurance Program		11,641	9.799	
Supplemental Medicaid reimbursement		5,291	5.478	
Children's Hospital Graduate Medical Education Program		3,009	3,637	
Medicaid Electronic Health Record Incentive		4,688	_	
Other revenue		17,425	16,570	
Research, development, and contracted education		3,197	3,277	
Contributions		6,264	5,198	
Net assets released from restrictions for operations		2,640	2,736	
Total unrestricted revenue, gains, and other support		525,514	471.468	
Expenses				
Salaries and wages – nonphysicians		175,662	157,923	
Salaries and wages – physicians		60,919	54,786	
Salaries and wages – intern and resident education		5,915	6,438	
Employee benefits		65,268	54,426	
Supplies		54,274	50,998	
Purchased services		41,050	36,992	
Facility		26,362	23,988	
Insurance		9,242	9,057	
General expenses		9,443	7.739	
Depreciation and amortization		31,567	31,138	
Interest		5,252	6,079	
HCAP assessment		2,506	2.481	
Hospital franchise fee		5,997	3,757	
Total expenses		493,457	445,802	
Income from operations		32,057	25,666	
Nonoperating (losses) gains				
Investment (loss) gain, net		(4,302)	25,911	
Community support		(327)	(280)	
Total nonoperating (losses) gains		(4,629)	25,631	
Excess of revenue over expenses	\$	27,428 \$	51,297	

Continued on page 5

Consolidated Statements of Operations and Changes in Net Assets (continued)

(In Thousands)

	Unrestricted		Permanently Restricted	Total
Net assets at January 1, 2010	\$ 302,406	\$ 26,541	\$ 8.694	\$ 337,641
Excess of revenue over expenses	51,297	_	_	51,297
Gifts, grants, and bequests	_	3,829	491	4,320
Investment income	_	3,173	_	3,173
Change in beneficial interest in charitable				
remainder and perpetual trusts	_	(12)	_	(12)
Government funding of capital equipment	42	_	_	42
Net asset transfers or net assets released from restrictions				
For operations	_	(2,736)	_	(2,736)
For capital purposes	1,668	(1,668)	_	_
Fund transfer	(111)	57	54	_
Change in pension plan obligation	(7.712)	_	_	(7.712)
Change in postretirement obligation	(6,015)	_	_	(6,015)
Increase in net assets	39,169	2,643	545	42,357
Net assets at December 31, 2010	341.575	29,184	9,239	379,998
Excess of revenue over expenses	27,428	_	_	27,428
Gifts, grants, and bequests	_	10,238	979	11,217
Investment (loss) income	_	(1,043)	1	(1,042)
Change in beneficial interest in charitable				
remainder and perpetual trusts	_	(234)	(105)	(339)
Government funding of capital equipment	273	_	_	273
Net asset transfers or net assets released from restrictions				
For operations	_	(2,640)	_	(2,640)
For capital purposes	1,021	(1,021)	_	_
Fund transfer	21	(99)	78	_
Change in pension plan obligation	(52,400)	_	_	(52,400)
Change in postretirement obligation	(6,594)	_	_	(6,594)
(Decrease) increase in net assets	(30,251)	5,201	953	(24,097)
Net assets at December 31, 2011	\$ 311,324	\$ 34,385	\$ 10,192	\$ 355,901

See accompanying notes

Consolidated Statements of Cash Flows (In Thousands)

	Year Ended December 31 2011 2010			
Operating activities				
(Decrease) increase in net assets	\$	(24,097) \$	42.357	
Adjustments to reconcile (decrease) increase in net assets to net cash				
provided by operating activities				
Depreciation and amortization		31,567	31,138	
Change in pension plan assets and obligation		52,400	7,712	
Change in postretirement obligation and post-employment benefits		6,594	6.015	
Net (increase) decrease in beneficial interest in charitable remainder				
and perpetual trusts		(6,426)	12	
Loss (gain) on disposal of property, plant, and equipment		356	(248)	
Provision for bad debts		8,652	7.229	
Restricted fund contributions		(11,217)	(4.320)	
Net unrealized loss (gain) on investments		20,253	(17.989)	
Changes to reserve for professional liability		4,945	5.759	
Pension plan contributions		(8,406)	(10,714)	
Changes to accrued pension cost		12,481	10,460	
Changes to accrued postretirement benefit obligations and				
deferred compensation plans		1,347	350	
Changes to other long-term liabilities		1,188	3.209	
Changes in operating assets and liabilities				
Patient accounts and other receivables		(15,812)	(19.061)	
Other current assets		(417)	(1.067)	
Pledges and other		50	(7.453)	
Accounts payable and other current liabilities		8,130	7.071	
Estimated third-party payor liabilities		(174)	(2.031)	
Net cash provided by operating activities		81,414	58.429	
Investing activities				
Proceeds from sale or maturity of investments		278,441	239.587	
Purchases of investments		(320,217)	(265,195)	
Purchases of property, plant, and equipment, net		(36,182)	(33,332)	
Net cash used in investing activities		(77,958)	(58.940)	
Financing activities			2010	
Payments on long-term debt		(3,172)	(3.049)	
Restricted fund contributions		11,217	4.320	
Net cash provided by financing activities		8,045	1,271	
Increase in cash and cash equivalents		11,501	760	
Cash and cash equivalents at beginning of year		10,062	9.302	
Cash and cash equivalents at end of year		21,563 \$	10,062	

() Indicates use of cash

See accompanying notes

Notes to Consolidated Financial Statements (Dollars in Thousands)

December 31, 2011

1. Organization

The accompanying consolidated financial statements include Children's Hospital Medical Center of Akron (the Hospital), the parent organization and its affiliates, which include Akron Children's Hospital Foundation (the Foundation), Children's Home Care Group (CHCG), Child Dimensions Insurance Company (CDIC), Children's REV, LLC, and Akron Children's Research Center LLC (ACRC), collectively referred to as Children's All significant intercompany accounts and transactions have been eliminated

The Hospital has two campuses The Akron campus, located in Akron, Ohio, is an acute care pediatric hospital with a regional burn center for all ages The Akron campus provides inpatient, observation, outpatient, surgical and emergency care services primarily for residents of Northeast Ohio Admitting physicians are practitioners in Northeast Ohio The Beeghly campus, located in Youngstown, Ohio, is an acute care pediatric hospital and provides inpatient, observation, selected outpatient, surgical and emergency care services for the residents of the Mahoning Valley

The Foundation is not a private foundation, as it qualifies as an organization described in the Internal Revenue Code (Code) Sections 509(a)(1) and 170(b)(1)(A)(vi) but raises and provides funds solely for the Hospital and its tax-exempt affiliates

CHCG is a pediatric home health care provider primarily for residents of Northeast Ohio CHCG also provides a day-care program for sick children

CDIC is a Vermont-domiciled captive insurance company

Children's REV, LLC is a for-profit holding company for ownership interests in real estate Children's REV, LLC is a single member, Ohio limited liability company whereby the Hospital is the sole member Children's REV, LLC was organized for the Hospital's ownership share (10%) in a medical office building located in Hudson, Ohio The ownership is accounted for under the equity method Children's REV, LLC ownership interests are included within the Hospital

ACRC is a non-active pediatric site management organization engaged in the business of performing clinical trials of pharmaceuticals and therapeutic services with pediatric patients

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

1. Organization (continued)

The Hospital and most affiliates are not-for-profit organizations as described in Section 501(c)(3) of the Code, and are exempt from federal income tax on related income under Section 501(a) of the Code

2. Accounting Policies

Net Patient Service Revenue and Accounts Receivable

A. Policy for Determining the Timing and Amount of Net Patient Service Revenue to be Recognized

Children's serves certain patients whose medical care costs are not paid at established rates. These patients include those sponsored under government programs such as Medicare and Medicaid, those sponsored under private contractual agreements, charity care patients, and other uninsured patients who have limited or no ability to pay Children's recognizes patient service revenue associated with patients who have third-party payor coverage on the basis of contractual rates for the services rendered. For uninsured patients that do not qualify for charity care, revenue is recognized on the basis of discounted rates in accordance with Children's policy.

B. Contractual Allowances and Net Patient Service Revenue

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors (government programs, commercial insurance companies, health maintenance organizations, and preferred provider organizations), and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors, primarily Medicaid Children's policy is to bill for, and pursue collection of, all services rendered. An estimated provision for doubtful accounts is recorded that results in net patient service revenue being reported at the net amount expected to be received. Children's has determined, based on an assessment at the consolidated level, that patient service revenue is primarily recorded prior to assessing the patient's ability to pay and as such, the entire provision for uncollectible accounts related to patient revenue is recorded as a deduction from patient service revenue in the accompanying consolidated statements of operations and changes in net assets. At the point in time that a charge is believed to be uncollectible, the related receivable is written-off as an uncollectible account. Allowances are made for estimated uncollectible accounts.

Notes to Consolidated Financial Statements (continued)

(Dollars in Thousands)

2. Accounting Policies (continued)

Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined Retroactive adjustments decreased net patient service revenue by approximately \$67 in 2011 and \$55 in 2010 As of December 31, 2011, the 2007 through 2011 Medicaid and the 2009 through 2011 Medicare cost reports have not been audited, and are subject to audit and retroactive adjustment by their respective intermediaries

Children's has also entered into payment agreements with commercial insurance carriers and preferred provider organizations (nongovernment payors) The basis for payment to Children's under these nongovernment payor agreements is primarily discounts from established charges, except for professional fees for physician services, which are paid generally under fee schedules with the third-party payors Medicaid reimburses Children's primarily on a diagnostic related group basis for inpatient cases and on a fee schedule for outpatient services. Total allowances and adjustments arising from reimbursement agreements with third-party payors, reported as a reduction of gross patient service revenue, amounted to \$390,018 and \$343,042 in 2011 and 2010, respectively Concentration of credit risk relating to accounts receivable is limited to some extent by the diversity and number of Children's patients and payors. Accounts receivable consist of amounts due from third-party payors and private pay patients. Excluding Medical Mutual of Ohio (responsible for 14% and 15% of gross patient service revenue in 2011 and 2010, respectively) and governmental programs, no one payor source represents more than 10% of Children's gross patient service revenue

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

2. Accounting Policies (continued)

Children's recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered. For uninsured patients that do not qualify for charity care, Children's recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy). On the basis of historical experience, a significant portion of Children's uninsured patients will be unable or unwilling to pay for the services provided. Thus, Children's records a provision for uncollectible accounts related to uninsured or underinsured patients in the period the services are provided. Net patient service revenue before the provision for uncollectible accounts by major payor source for the years ended December 31, 2011 and 2010 are as follows (in thousands).

	 2011			2010		
Medicaid Self-Pay	\$ 173,753 14,193	36% 3	\$	155,825 14,711	36%	
Other	292,065	61		261,466	61	
	\$ 480,011	100%	\$	432,002	100%	

Laws and regulations governing these programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that reported estimates will change by a material amount in the near term. Children's has received regulatory inquiries and regulatory reviews in the normal course of business. In addition, compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action including fines, penalties, and exclusion from the Medicaid and Medicare programs. Management believes Children's is in compliance with all applicable laws and regulations.

C. Charity Care

Children's has calculated charity care at cost by utilizing a ratio of cost to gross charges applied to gross uncompensated charges associated with providing care to charity patients Charity care at cost was approximately \$4,953 and \$3,967 for 2011 and 2010, respectively

Children's participates in the Hospital Care Assurance Program (HCAP) Ohio created HCAP to financially support those hospitals that service a disproportionate share of low-income patients unable to pay for care HCAP funds basic, medically necessary hospital services for patients whose family income is at or below the federal poverty level, which includes Medicaid patients and patients without health insurance

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

2. Accounting Policies (continued)

Children's received gross amounts under HCAP of \$11,641 and \$9,799 in 2011 and 2010, respectively However, as shown in the consolidated statements of operations and changes in net assets, Children's reported HCAP assessment expense of \$2,506 and \$2,481 in 2011 and 2010, respectively The HCAP assessment goes into a pool with assessments from other hospitals which are then disbursed based on factors outside of Children's control. Any subsequent reimbursements are recognized as revenue on the consolidated statements of operations and changes in net assets when Children's is entitled to them and payment is probable.

D. Policy for Assessing Timing and Amounts of Uncollectible Accounts

Children's estimation of the allowance for uncollectible accounts is based primarily upon the type and age of the patient accounts receivable and the effectiveness of Children's collection efforts Children's policy is to reserve a portion of all self-pay receivables, including amounts due from the uninsured and amounts related to co-payments and deductibles, as these charges are recorded On a periodic basis, Children's reviews its accounts receivable balances, the effectiveness of Children's reserve policies and various analytics to support the basis for its estimates These efforts primarily consist of reviewing the following

- Historical write-off and collection experience using a hindsight or look-back approach
- Revenue and volume trends by payor, particularly the self-pay components
- Changes in the aging and payor mix of accounts receivable, including increased focus on accounts due from the uninsured and accounts that represent co-payments and deductibles due from patients
- Trending of days revenue in accounts receivable
- Various allowance coverage statistics

Children's regularly performs hindsight procedures to evaluate historical write-off and collection experience throughout the year to assist in determining the reasonableness of its process for estimating the allowance for doubtful accounts

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

2. Accounting Policies (continued)

E. Changes Within the Allowance for Uncollectible Accounts

Children's allowance for uncollectible accounts for insured and uninsured self-pay accounts decreased to 82% of self-pay accounts receivable at December 31, 2011, and was 86% of self-pay accounts receivable at December 31, 2010 In addition, Children's self-pay write-offs increased to \$8,181 for fiscal year 2011 from \$7,067 for fiscal year 2010 While there were increases in overall accounts receivable due to volume, insured and uninsured self-pay patients decreased as a percentage of total accounts receivable Children's has not changed its charity care or uninsured discount policies during fiscal years 2011 or 2010

Electronic Health Record (EHR) Incentive Payments

Under certain provisions of the American Recovery and Reinvestment Act of 2009, federal incentive payments are available to hospitals, physicians, and certain other professionals (Providers) when they adopt certified EHR technology or become "meaningful users" of EHR technology in ways that demonstrate improved quality, safety, and effectiveness of care Providers can become eligible for annual Medicare incentive payments by demonstrating meaningful use of EHR technology in each period over four periods Medicaid Providers can receive their initial incentive payment by adopting, implementing or upgrading (AIU) certified EHR technology, but must demonstrate meaningful use of EHR technology in subsequent years in order to qualify for additional payments Hospitals may be eligible for both Medicare and Medicaid EHR incentive payments, however, physicians and other professionals may be eligible for either Medicare or Medicaid incentive payments, but not both Medicaid EHR incentive payments to Providers are 100% federally funded and administered by the states, however, the states are not required to offer EHR incentive payments to Providers The Centers for Medicare and Medicaid Services (CMS) established calendar year 2011 as the first year states could offer EHR incentive payments Before a state may offer EHR incentive payments, the state must submit and CMS must approve the state's incentive plan

During 2011, Management acquired certified EHR technology for Children's and certain of Children's employed physicians, and CMS approved the state plans Accordingly, Children's received Medicaid incentive payments for the adoption of certified EHR technology for Children's and its employed physicians as it has satisfied the statutory and regulatory AIU requirements As a result, during the year ended December 31, 2011, Children's recognized approximately \$4,688 of hospital and physician incentive payments from Medicaid as revenue, most of which it received by the end of 2011 Also, if Children's satisfy specified meaningful use criteria in future periods, it may become entitled to additional Medicaid incentive payments

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

2. Accounting Policies (continued)

Supplemental Medicaid Reimbursement (SMR) and Children's Hospital Graduate Medical Education Program (CHGME)

Children's received \$5,291 and \$5,478 in 2011 and 2010, respectively, from SMR SMR is a supplemental inpatient hospital upper limit payment program for children's hospitals paid under the prospective payment system for inpatient hospital services

Children's received \$3,009 and \$3,637 in 2011 and 2010, respectively, from CHGME CHGME provides funding to support the training of pediatric and other residents in graduate medical education programs

Future HCAP, SMR and CHGME funding is subject to annual governmental approval, and the programs' continued existence is uncertain

Advertising Costs

Children's incurs advertising costs in the form of print, radio, television, and internet, which are expensed as incurred Advertising costs were approximately \$5,762 and \$4,463 in 2011 and 2010, respectively, and are classified within purchased services in the consolidated statements of operations and changes in net assets

Contributions and Grants

Unconditional donor promises to give cash and other assets are reported at fair value at the date the promise is received Conditional donor promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as either temporarily or permanently restricted if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or the purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are classified as contributions in the current years.

No amounts have been reflected in the consolidated financial statements for donated services Children's pays for most services requiring specific expertise. However, many individuals volunteer their time and perform a variety of tasks that assist Children's with various programs

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

2. Accounting Policies (continued)

Grants received for research and development projects are reported as unrestricted revenue and as expenses in the consolidated statements of operations and changes in net assets in the period in which expenditures for such projects are incurred. Funds received in advance of expenditures are invested and accounted for as temporarily restricted net assets. Research, development, and contracted education costs recognized as unrestricted revenue were \$3,197 and \$3,277 in 2011 and 2010, respectively

Equipment purchased with contributed funds and owned by Children's is capitalized and reported as net assets released from restrictions for capital purposes in the consolidated statements of operations and changes in net assets

Excess of Revenue Over Expenses or Performance Indicator

The consolidated statements of operations and changes in net assets include the excess of revenue over expenses sometimes referred to as the performance indicator Changes in unrestricted net assets that are excluded from the excess of revenue over expenses include contributions of capital (including assets acquired using governmental or donor contributions which by donor restriction were to be used for the purposes of acquiring such assets), and changes in pension and other postretirement benefits. This is consistent with industry practice

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by Children's has been limited by donors to a specific time period or purpose Funds restricted for specific operating purposes are classified as unrestricted contributions to the extent used within the current period Investment income including the net changes in fair value on investments of temporarily restricted net assets are added to or deducted from temporarily restricted net assets Investment (loss) income on temporarily restricted net assets of \$(1,043) and \$3,173 in 2011 and 2010, respectively, include market adjustments in fair values for (losses) gains of \$(2,312) and \$1,946 in 2011 and 2010, respectively Permanently restricted net assets have been restricted by donors to be maintained by Children's in perpetuity

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

2. Accounting Policies (continued)

Fair Value Measurements

Fair value estimates are made at a specific point in time based on relevant market information about the financial instrument. These estimates are subjective in nature and involve uncertainties and matters of significant judgment and, therefore, cannot be determined with precision. Changes in assumptions could significantly affect the estimates

The framework for measuring fair value is comprised of a three-level hierarchy based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date. The three levels are defined as follows

- Level 1 inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets
- Level 2 inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument
- Level 3 inputs to the valuation methodology are unobservable and significant to the fair value measurement

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. The following is a description of Children's valuation methodologies for assets and liabilities measured at fair value.

- Common stocks, corporate obligations and U S government securities Valued at the closing price reported on the active market in which the individual securities are traded
- Mutual funds and money market funds Valued at the net asset value (NAV) of shares held by the plan at year-end
- US government asset-backed securities Valued based on quoted prices for similar assets in active and inactive markets

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

2. Accounting Policies (continued)

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States (GAAP) requires management to make estimates and assumptions that affect the reported amounts Actual results may differ from those estimates

Cash and Cash Equivalents

Children's considers all highly liquid investments with a maturity of three months or less when purchased, including money market mutual funds, to be cash equivalents Cash and cash equivalents not designated for operations are classified in investments

Inventories

Inventories are stated at the lower of cost (weighted-average method) or net realizable value

Investments

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the December 31, 2011 and 2010 consolidated financial statements. All investments are classified as trading

Investment income (including realized and unrealized gains and losses on investments, interest and dividends) net of investment fees are included in the excess of revenue over expenses unless the income or loss is restricted by donor or law. The realized gain or loss on investments is the difference between the proceeds received and the average cost of investments sold and is reported in investment (loss) gain on the consolidated statements of operations and changes in net assets

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

2. Accounting Policies (continued)

Alternative investments are not necessarily readily marketable and may include short sales on securities and trading in future contracts, options, foreign currency contracts, other derivative instruments, and private equity investments. The fair value is based on the NAV provided by the external investment managers. The underlying investments themselves are subject to various risks, including market, credit, and liquidity risk. Children's risk of alternative investments is limited to its carrying value. Alternative investments can be divested only at specified times in accordance with terms of the subscription agreements. The financial statements of the alternative investments are audited annually. Because these investments are not readily marketable, their estimated value is subject to uncertainty and, therefore, may differ from the value that would have been used had a readily available market for such investments existed. Such differences could be material

Children's investments are exposed to a variety of risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that change could materially vary from the amounts reported in the consolidated statements of operations and changes in net assets.

Property, Plant, and Equipment

Property, plant, and equipment are reported at cost if purchased or fair value at date received, if donated Routine maintenance, repairs, renewals, and replacement costs are charged to expense as incurred Expenditures that substantially increase the useful lives or functionality of existing assets are capitalized Children's provides depreciation (including amortization of capital leases) using the straight-line method with half-year convention over the estimated useful lives (ranging from 3 to 40 years) of plant and equipment Equipment under capital lease obligations is amortized on the straight-line method over the shorter period of the lease term or the estimated useful life of the equipment Such amortization is included in depreciation and amortization in the consolidated statements of operations and changes in net assets As required by *Topic 410 – Asset Retirement and Environmental Obligations* of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC), if an entity has sufficient information to reasonably estimate the fair value of an obligation in connection with the retirement of an asset, it is required to recognize a liability when the retirement occurs Management has considered this topic specifically as it relates to its asset retirement activities, such as asbestos removal, on its existing properties No liability is necessary at December 31, 2011 or 2010

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

2. Accounting Policies (continued)

Impairment of Long-Lived Assets

Children's evaluates the recoverability of long-lived assets and the related estimated remaining lives at each consolidated balance sheet date. If events or changes in circumstances indicate that the carrying amount of long-term assets may not be recoverable, Children's will perform an impairment analysis to determine if impairment is warranted. No changes have occurred at December 31, 2011 or 2010

Costs of Borrowing

Other assets include the cost of noncancelable municipal bond insurance insuring the payment of principal and interest on the Series 2001 and Series 2003 Bonds and other deferred financing costs, which are being amortized over the period the obligation is outstanding using the bonds outstanding method

Beneficial Interest in Charitable Remainder and Perpetual Trusts

Children's has irrevocable rights to receive a portion of the specified cash flows from certain perpetual and charitable remainder trusts. Children's reports its interest in charitable perpetual trusts at its pro rata share of the fair value of the assets. Due to the time restriction of Children's access to the assets held in these trusts, Children's interests in the charitable remainder and perpetual trusts are reported as temporarily and permanently restricted net assets, respectively. Adjustments to the fair value of the trusts are recognized as increases or decreases in temporarily and permanently restricted net assets. Income distributions from these trusts are reported in investment gain or net assets released from restrictions in accordance with the donors' restrictions.

Accounting Pronouncements

In August 2010, the FASB issued Accounting Standards Update (ASU) 2010-23, *Health Care Entities (Topic 954): Measuring Charity Care for Disclosure*, which provides authoritative guidance on the measurement basis used in the disclosure of charity care. The guidance requires that cost be used as the measurement basis for charity care disclosure, and the disclosure should include the direct and indirect costs of providing charity care. The guidance also requires disclosure of the method used to identify or determine such costs. The guidance became effective

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

2. Accounting Policies (continued)

for fiscal years beginning after December 15, 2010 and should be applied retrospectively Children's has adopted the new guidance in 2011, which will only impact disclosures in the consolidated financial statements

In August 2010, the FASB issued ASU 2010-24, *Health Care Entities (Topic 954): Presentation of Insurance Claims and Related Insurance Recoveries*, on the accounting by health care entities for medical malpractice and similar liabilities and their related anticipated insurance recoveries. The guidance clarifies that a health care entity should not net insurance recoveries against a related claim liability. Additionally, the amount of the claim liability should be determined without consideration of insurance recoveries. The guidance became effective for interim and annual periods beginning after December 15, 2010. Children's current practice is in accordance with the new guidance, therefore there will be no impact on the consolidated financial statements.

In May 2011, the FASB issued ASU 2011-04, Fair Value Measurement (Topic 820): Amendments to Achieve Common Fair Value Measurements and Disclose Requirements in U.S. GAAP and IFRS, to amend the requirement for measuring and disclosing information about fair value that results in common principles between U.S. GAAP and International Financial Reporting Standards. The new amendments clarify the Board's intent about the application of existing fair value measurement and disclosure requirements and change particular principles and requirements for measuring or disclosing information about fair value Principles changed include measuring fair value of financial instruments that are managed within a portfolio, application of premiums and discounts in the fair value measurement, and additional disclosures about fair value measurements. The standard will become effective for Children's for annual reporting periods beginning after December 15, 2011. Children's current practice is in accordance with the new guidance, therefore there will be no impact on the consolidated financial statements or disclosures.

In July 2011, the FASB issued ASU 2011-07, Health Care Entities (Topic 954): Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities ASU 2011-07 is effective for fiscal years and interim periods beginning after December 31, 2011, with early adoption permitted Changes to the presentation of the provision for bad debts related to patient service revenue in the statement of operations should be applied retrospectively to all prior periods presented ASU 2011-07 states that a health care entity that recognizes significant amounts of patient service revenue at the time the services are rendered even though it does not assess the patient's ability to pay must present

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

2. Accounting Policies (continued)

the allowance for doubtful accounts as a reduction of net patient revenue and not include it as a separate item in operating expenses Children's early adopted this in 2011 The change in presentation and additional disclosures, as required by ASU 2011-07, are reflected in the accompanying statement of operations and changes in net assets in Note 2

3. Pledges

Pledges are classified either in current other receivables or in pledges and reported at net present value and are due in future years as follows

	December 31				
		2011		2010	
Less than one year	\$	640	\$	1,792	
One to five years		473		562	
Greater than five years		1850		2,005	
		2,963		4,359	
Less present value discount		1,321		1,356	
Total pledges	\$	1,642	\$	3,003	

4. Investments

Investments are comprised of the following funds

December 31				
	2011		2010	
\$	233,221	\$	217,685	
	42,474		43,540	
	6,400		5,422	
	72,160		67,174	
	35,040		33,951	
\$	389,295	\$	367,772	
	\$	2011 \$ 233,221 42,474 6,400 72,160 35,040	\$ 233,221 \$ 42,474 6,400 72,160 35,040	

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

4. Investments (continued)

The composition of investments is as follows

	December 31				
		2011		2010	
Equities – U S	\$	83,738	\$	87,940	
Equities – international		3,743		6,631	
Mutual funds – U S equities		12,878		17,339	
Mutual funds – international equities		40,947		48,231	
Mutual funds – U S government securities		52,216		39,421	
Mutual funds – international bonds		8,007		_	
Cash and cash equivalents		81,235		77,516	
U S government securities		22,610		14,697	
U S government asset-backed securities		52,850		44,792	
Corporate asset-backed securities		727		1,772	
Corporate obligations – U S		20,053		16,109	
Corporate obligations – international		251		1,630	
Guaranteed investment contracts		150		620	
Interest receivable		565		998	
Total investments at fair value		379,970		357,696	
Alternative investments – equity funds		3,460		3,725	
Alternative investments – multiclass funds		5,865		6,351	
Total investments at equity method		9,325		10,076	
Total investments	\$	389,295	\$	367,772	

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

4. Investments (continued)

Investment (loss) income on all investments is comprised of the following

	Year Ended December 31				
	2011			2010	
Investment (losses) gains					
Interest and dividends	\$	5,697	\$	5,032	
Net realized gains on sales of securities		8,743		5,435	
Unrealized (losses) gains on investments		(17,539)		14,973	
Gross investment (losses) gains		(3,099)		25,440	
Investment management, custodian, and trustee fees		(820)		(725)	
Unrestricted investment (losses) gains, net		(3,919)		24,715	
Equity method income on alternative investments		(383)		1,195	
Restricted investment (losses) gains, net		(1,042)		3,173	
	\$	(5,344)	\$	29,083	

Children's invests in alternative investments through limited partnerships. These alternative investments provide Children's with a proportionate share of the investment gains and losses of the underlying funds. An investment manager, or general partner, has full discretionary authority over the investment decisions of the limited partnership. Children's share of the alternative investment's income or loss, both realized and unrealized, is recognized as investment income under the equity method of accounting

The following table shows the major categories of alternative investments

	Year Ended December 31					Redemption	
		2011		2010	Redemption Frequency	Notice Period	
Equity funds (a) Multiclass funds (b)	\$	3,460 5,865	\$	3,725 6,351	Monthly Quarterly	30-60 days 30-65 days	
` ,	\$	9,325	\$	10,076	•	•	

(a) This category includes investments in hedge funds that invest both long and short in U S and foreign common stocks traded on published stock exchanges. The fund manager primarily invests in small- and mid-capitalization growth companies. The manager has the latitude to shift investments from a net long position to a net short position

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

4. Investments (continued)

(b) This category includes investments in hedge funds that invest in "fund of funds" that pursue multiple strategies of relative value, long/short equity, and event-driven opportunities to diversify risks and reduce volatility. The hedge funds' composite portfolio for this category includes investments in approximately 26% of U.S. common stocks held either long or short, 12% in multi-strategic opportunities, 24% in long/short fixed income holdings, 11% in global holdings, 12% in portfolio hedges, and the remaining 15% in other investments. In April 2010, Children's became aware that the parent company of one of the multiclass funds would be ceasing operations of the fund and is returning capital to all underlying investors. As of December 31, 2011, Children's has received approximately 88% of the funds, and the remaining 12% will be received after all underlying investments have been liquidated.

There are no future required capital contributions for the alternative investments

5. Assets and Liabilities Measured at Fair Value

The carrying values of cash and cash equivalents, accounts receivable, accounts payable, and accrued expenses are reasonable estimates of fair value due to the short-term nature of these financial instruments. At December 31, 2011 and 2010, the fair value of Children's long-term debt, as estimated by discounted cash flow analyses using current borrowing rates for similar types of borrowing arrangements and adjusted for credit, was \$113,414 and \$113,256, respectively. Other noncurrent assets and liabilities have carrying values that approximate fair value.

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

5. Assets and Liabilities Measured at Fair Value (continued)

The following table summarizes Children's investments measured at fair value on a recurring basis as of December 31, 2011 and 2010, aggregated by the level in the fair value hierarchy within which those measurements are measured

	December 31, 2011					December 31, 2010			
	C	uoted				Quoted			
	Pi	rices in	Sig	gnificant	P	rices in	Sig	gnificant	
	P	Active		Other		Active		Other	
	Ma	rkets for	Ob	servable	Markets for		Ob	servable	
	A	Assets	Inputs		Assets			Inputs	
	(L	(Level 1)		Level 2)	(Level 1)		(]	Level 2)	
Investments									
Equities – U S	\$	83,738	\$	_	\$	87,940	\$	_	
Equities – international		3,743		_		6,631		_	
Mutual funds – U S equities		12,878		_		17,339		_	
Mutual funds – international									
equities		40,947		_		48,231		_	
Mutual funds – U S government									
securities		52,216		_		39,421		_	
Mutual funds – international									
bonds		8,007		_		_		_	
Cash and cash equivalents		81,235		_		77,516		_	
US government securities		_		22,610		_		14,697	
US government asset-backed									
securities		_		52,850		_		44,792	
Corporate asset-backed securities		_		727		_		1,772	
Corporate obligations – U S		_		20,053		_		16,109	
Corporate obligations –									
ınternatıonal		_		251		_		1,630	
Guaranteed investment contracts		_		150		_		620	
Interest receivable		565		_		998			
Total investments	2	283,329		96,641		278,076		79,620	
Beneficial interest in charitable									
remainder and perpetual trusts				8,139		_		1,713	
Total assets at fair value	\$ 2	283,329	\$	104,780	\$	278,076	\$	81,333	

There were no securities classified as Level 3 during the years ended December 31, 2011 and 2010

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

6. Long-Term Debt and Leases

Long-term debt is summarized as follows

	December 31				
		2011		2010	
Hospital Improvement Revenue Bonds Series 2001, principal maturing in various annual amounts at interest rates ranging from 2 75% to 5 25%, due through November 15, 2031, net of unamortized discount of \$900 and \$968 at December 31, 2011 and 2010, respectively, collateralized by a pledge of the Hospital's gross revenue Hospital Improvement and Refunding Revenue Bonds Series 2003, principal maturing in various amounts at interest rates ranging from 2 00% to 5 25%, due through November 15, 2025, net of unamortized premiums of \$60 and \$70 at December 31, 2011 and 2010, respectively, collateralized by	\$	78,895	\$	79,752	
a pledge of the Hospital's gross revenue		31,770		34,005	
Total debt		110,665		113,757	
Less current portion		3,265		3,150	
Total long-term debt	\$	107,400	\$	110,607	

Hospital Improvement Revenue Bonds Series 2001 (Series 2001 Bonds) were issued in November 2001 through the Akron, Bath, and Copley Joint Township Hospital District (District) to finance the expansion and renovation of Children's (the Project), including construction of the Considine Building that houses selected Children's departments, including the Heart Center, pulmonary medicine, otolaryngology, plastic surgery, other employed physician specialties, conference rooms, and a medical conference center The Series 2001 Bonds also financed the expansion and renovation of areas in the areas of the hospital, and the expansion of a parking deck

Hospital Improvement and Refunding Revenue Bonds Series 2003 (Series 2003 Bonds) were issued in November 2003 through the District to finance the retirement of the Hospital Refunding Revenue Bonds Series 1993 (Series 1993 Bonds) and to provide additional funds for the Project The Project was completed in 2005

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

6. Long-Term Debt and Leases (continued)

The Series 1993 Bonds were issued in August 1993 through the District to retire the Series 1989 and 1990 Hospital Improvement Revenue Bonds

In connection with the issuance of the Series 1989 Bonds, a lease agreement was entered into, and subsequently amended in 1993, 2001, and 2003, whereby the District leases the facilities and equipment to Children's for a term to correspond with the term of the bonds. Title to substantially all real property rests with the District Full operational control of these assets is vested in Children's Board of Directors. For financial statement purposes, these leased facilities are considered to be owned by Children's

The lease with the District and the Series 2001 and 2003 Supplemental Bond Indentures provide for quarterly payments by Children's to the bond trustee in amounts sufficient to pay the principal and interest on the bonds Children's has unconditionally guaranteed its obligations under the lease, which is secured by a security interest in the gross receipts of Children's

The scheduled principal payments on Children's revenue bonds are as follows

	rincipal .mounts
Years ending December 31	
2012	\$ 3,265
2013	3,405
2014	3,555
2015	3,715
2016	3,875
Thereafter	 93,690
Total debt and unamortized premium and discount	111,505
Unamortized premium and discount	 (840)
Total debt	\$ 110,665

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

6. Long-Term Debt and Leases (continued)

Under the terms of its Master Trust Indenture and Supplemental Master Trust Indenture Numbers Six, Nine and Ten (dated February 15, 1989, November 1, 2001, November 15, 2003 and December 15, 2009, respectively), Children's is subject to various covenants Supplemental Master Trust Indenture Number Ten revised the obligated group to include both the Hospital and the Foundation, gave the bond insurer a mortgage on the Akron campus including the Hospital, the Considine Building, Locust 1 and 2 medical office buildings and the related parking decks, and revised the financial covenants Children's is in compliance with the covenant calculations for the years ended December 31, 2011 and 2010

Interest cost incurred on borrowed funds is capitalized as a component of the cost of acquiring those assets in conformity with ASC 835, *Interest*

	2011			2010		
Interest expense	\$	5,604	\$	6,176		
Capitalized interest		352		97		
Net interest expense	\$	5,252	\$	6,079		

Children's paid interest of \$5,491 and \$5,593 for the years ended December 31, 2011 and 2010, respectively

At December 31, 2011, Children's has an outstanding purchase commitment of \$3,885 related to information technology

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

6. Long-Term Debt and Leases (continued)

Children's has entered into various operating leases for facilities used in its operations as well as certain equipment Facilities leases include the rental of space to provide neonatal intensive care, special care nursery, and a pediatric inpatient unit at various locations, as well as physician office space Total rental expense for its operating leases was \$6,127 and \$5,222 in 2011 and 2010, respectively Future minimal rental commitments at December 31, 2011, for noncancelable operating leases, are as follows

2012	\$ 5,199
2013	3,729
2014	3,596
2015	3,322
2016	2,948
Thereafter	5,952
Total operating leases	\$ 24,746

7. Guaranty

In 2011, Children's entered into an unconditional guaranty of payment and performance transaction subject to limits as to amounts, for Hudson MOB, LLC (borrower) to obtain a permanent variable rate loan (Loan) in the amount of \$9,200 with the variable rate equal to the sum of 17% plus the London Interbank Offered Rate index. The Loan was used to refinance the previous construction loan of \$8,900 used to build out a rentable 73,000 square foot medical office building located in Hudson, Ohio. If any indebtedness or obligations of the borrower are not paid when due, Children's has agreed to pay its percentage guaranty of such indebtedness or performance of obligations. Children's percentage guaranty is 10% under the permanent loan, and was 8% under the construction loan. The maximum amount of future payments undiscounted under the guaranty would be \$920 plus costs incurred by the lender to enforce the guaranty and late charges. The current loan payable at December 31, 2011 and 2010 is \$9,087 and \$8,383, respectively. Children's guaranty is \$909 and \$671 at December 31, 2011 and 2010, respectively, and is not recorded in the accompanying consolidated balance sheets since likelihood of payment is estimated to be zero at December 31, 2011.

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

7. Guaranty (continued)

The property is subject to a mortgage lien In the event of default, the bank may assign the rents to be paid directly to it. The income less reasonable fees for collection and management of mortgaged property will be applied to the interest payment. The extent to which the proceeds from liquidation of the assets would cover the maximum potential amount of future payments under the guaranty is not estimable at this time.

8. Reserve for General and Professional Liability

CDIC maintains Children's and its employed physicians' primary layer of professional liability insurance, and beginning June 1, 2003, general liability insurance on an occurrence coverage basis In addition, CDIC provides re-insurance liability coverage through a commercial insurance company on a claims-made basis to Children's Liability claims have been asserted against Children's by various claimants These claims are in various stages of processing or are in litigation. There are known incidents and perhaps unknown incidents, which may result in assertion of additional claims. The ultimate cost of claims incurred for a specific time period is usually not known until several years after the close of that period. Therefore, loss development factors are used to project the additional cost expected on claims associated with current and past loss periods. These factors quantify the late developing aspects of certain losses, such as verdict values for litigated claims, which are different than the amount that was reserved to pay the claims. They also account for losses that occurred during the period but are not reported until a later date, commonly referred to as incurred but not reported losses, or IBNRs. The reserve for professional liability includes estimates of the ultimate costs for both reported and IBNR claims and is undiscounted for 2011 and 2010.

The reserve for professional liability includes case-basis estimates of reported losses, plus amounts provided for IBNR losses calculated based upon loss projections utilizing actuarial studies of historical and industry data. In establishing the liability for losses and loss adjustment expenses, CDIC utilizes the findings of an independent consulting actuary. The actuary has applied loss development techniques as well as the Bornhuetter-Ferguson Technique to evaluate reserves.

Management has recorded its reserves within the range of acceptable values provided by the actuary and believes that its aggregate liability for unpaid losses and loss adjustment expenses at year-end represents its best estimate, based upon available data, of the amount necessary to cover ultimate cost of losses However, Children's professional liability coverage is characterized by considerable volatility in both claim frequency and claim severity. Such volatility is a function of

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

8. Reserve for General and Professional Liability (continued)

demographic, social, legal, and other considerations, which are not directly quantifiable Accordingly, the ultimate liability could vary significantly from the amount recorded in the consolidated financial statements. As adjustments to these estimates become necessary, such adjustments are reflected in current operations. Included in operating expenses in the accompanying consolidated statements of operations and changes in net assets is professional liability expense of \$7,610 and \$7,511 in 2011 and 2010, respectively

9. Retirement Plans

Children's has a 403(b) matching retirement savings plan, which covers employees who meet certain age, eligibility, and service requirements Children's matches 50% of the employee's contribution up to 4% of defined compensation Expense reported on the consolidated statements of operations and changes in net assets under this plan amounted to \$3,261 and \$2,921 in 2011 and 2010, respectively

Children's has a defined contribution plan, Children's Retirement Security Plan, covering employees hired January 1, 2007 and forward The plan is funded by Children's and the investments are controlled by each plan participant Expense reported was \$2,413 and \$1,807 in 2011 and 2010, respectively

Children's has a noncontributory defined benefit pension plan covering substantially all employees who were employed prior to January 2007. The plan provides benefits based on the participants' years of service and compensation or stated amounts for each year of service. Children's funding policy is to contribute amounts to the plan sufficient to meet minimum funding requirements of the Employee Retirement Income Security Act of 1974 and the Pension Protection Act of 2006, and other such amounts as Children's may contribute

In addition to Children's pension plan, Children's sponsors a health care plan that provides other postretirement medical benefits to retirees who meet certain age and length of service requirements. The plan contains cost-sharing features such as deductibles and coinsurance Children's policy is to fund the cost of medical benefits on a pay-as-you-go basis. Children's has no plan assets designated for funding of its accrued postretirement benefit cost.

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

9. Retirement Plans (continued)

A summary of the changes in the benefit obligation and plan assets as actuarially determined and the resulting funded status of pension and other postretirement benefit plans at December 31, are as follows

					Otl	her	
	 Pension	Ben	efits	P	ostretirem	ent l	Benefits
	2011		2010		2011		2010
Change in benefit obligation							
Benefit obligation at beginning							
of year	\$ 188,866	\$	159,420	\$	30,472	\$	24,209
Service cost	8,842		7,550		1,335		1,052
Interest cost	10,462		9,512		1,669		1,438
Plan participant contributions	_		-		366		343
Medicare Part D impact	_		_		110		119
Actuarial losses	37,832		15,974		5,313		4,432
Plan administrative expenses	_		_		(48)		(65)
Benefits paid	 (4,046)		(3,591)		(926)		(1,056)
Benefit obligation at end of year	241,956		188,865		38,291		30,472
Change in plan assets							
Fair value of plan assets at							
beginning of year	146,536		124,549		_		_
Actual return on plan assets	(5,936)		16,284		_		_
Employer contributions	6,598		9,288		608		778
Plan participant contributions	_		_		366		343
Plan administrative expenses	_		6		(48)		(65)
Benefits paid	 (4,046)		(3.591)		(926)		(1.056)
Fair value of plan assets at end of year	143,152		146,536		_		_
Underfunded status of the plan	\$ (98,804)	\$	(42,329)	\$	(38,291)	\$	(30,472)

Amounts recognized in the consolidated balance sheets are as follows

	Pension	Ben	efits	I	Ot Postretirem	her ent	Benefits
	2011		2010		2011		2010
Current liability Noncurrent liability	\$ (37) (98,767)	\$	(37) (42,292)	\$	(719) (37,572)	\$	(679) (29,793)
Total liabilities	\$ (98,804)	\$	(42,329)	\$	(38,291)	\$	(30,472)
Accumulated benefit obligation	 190,568	\$	149,416	\$	_	\$	

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

9. Retirement Plans (continued)

Weighted-average assumptions used to determine benefit obligations at December 31 (and benefit cost) in the subsequent year are as follows

	Pension 1	Benefits	Other Postretireme Benefits			
	2011	2010	2011	2010		
Assumptions benefit obligation Discount rate Expected increases in future	4.61%	5 50%	4.61%	5 50%		
compensation levels – age graded	3.50% -7.50%	3 5% -7 50%	_	_		
Assumptions – net periodic benefit cost						
Discount rate	5.50%	6 00%	_	_		
Expected return on plan assets Expected increases in future	6.75%	6 75%	_	_		
compensation levels – age graded	3.50% -7.50%	3 50% -7 50%	_	_		

Moving the discount rate from 5 50% to 4 61% resulted in a \$40,744 actuarial loss in the pension and other postretirement benefit obligations for 2011

Weighted-average asset allocations of pension plan investments at December 31 are

	2011	2010
Equity securities	50%	57%
Fixed income	37	29
Alternative investments – multiclass	6	7
Alternative investments – U S equities	7	7
Total investments	100%	100%

The expected return on plan assets for 2011 was based on the allocation of pension asset investments and the estimated long-term return. The targeted long-term returns are 8.7% to 9.4% for equity securities, 3.1% for fixed income securities, and 5.6% for alternative investments. The expected return is based on a conservative methodology applied to the asset allocation and estimated return including market volatility.

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

9. Retirement Plans (continued)

The written investment policy for the pension plan includes the following target allocation

- 60% in equities or alternative investments with holdings in U S equities
- 25% in fixed income investments
- 15% in other alternative investments

The pension plan's obligations are long-term in nature and the investment policy is therefore focused on a long-term horizon Goals include achieving returns at least equal to relevant indices Management, outside advisors, and the Investment Committee, a subcommittee of the Finance Committee of the Board of Directors, regularly review and discuss investment performance, as well as asset managers, rebalancing to the written investment policy, the investment policy itself, and approve changes in asset managers and asset allocation. The following tables present Children's financial instruments included in the pension plan as of December 31, 2011 and 2010, measured at fair value on a recurring basis based on the valuation hierarchy.

		Level 1	Level 2	Level 3	Total
December 31, 2011					
Investments					
Equities – U S	\$	35,431	\$ _	\$ _	\$ 35,431
Equities – international		1,850	_	_	1,850
Mutual funds – U S equities		6,152	_	_	6,152
Mutual funds – international equities		27,546	_	_	27,546
Mutual funds – U S government					
securities		21,089	_	_	21,089
Mutual funds – international bonds		2,813	_	_	2,813
Cash and money market		9,987	_	_	9,987
U S government securities		_	4,298	_	4,298
U S government asset-backed					
securities		_	5,767	_	5,767
Corporate obligations – U S		_	9,053	_	9,053
Corporate obligations – international		_	171	_	171
Interest receivable		239	_	_	239
Alternative investments					
Equity funds		_	_	9,459	9,459
Multiclass funds				9,297	9,297
Total assets at fair value	<u>\$</u>	105,107	\$ 19,289	\$ 18,756	\$ 143,152

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

9. Retirement Plans (continued)

	Level 1	Level 2	Level 3	Total
December 31, 2010				_
Investments				
Equities – U S	\$ 39,595	\$ _	\$ _	\$ 39,595
Equities – international	2,527	_	_	2,527
Mutual funds – U S equities	7,166	_	_	7,166
Mutual funds – international equities	33,950	_	_	33,950
Mutual funds – U S government				
securities	16,820	_	_	16,820
Cash and money market	3,266	_	_	3,266
U S government securities	_	5,075	_	5,075
U S government asset-backed				
securities	-	8,362	_	8,362
Corporate obligations – U S	_	8,278	_	8,278
Corporate obligations – international	_	421	_	421
Interest receivable	642	_	_	642
Alternative investments				
Equity funds	_	_	10,183	10,183
Multiclass funds	 _	_	10,251	10,251
Total assets at fair value	\$ 103,966	\$ 22,136	\$ 20,434	\$ 146,536

The following table sets forth a summary of changes in fair value of the plan's Level 3 assets for the years ended December 31, 2011 and 2010

	Equity (a) Funds			lticlass (b) Funds	Total	
Fair value as of January 1, 2010	\$	8,013	\$	11,906	\$ 19.919	
Purchases		_		3,700	3,700	
Sales Unrealized losses, net		2.170		(5,807) 452	(5,807) 2,622	
Fair value as of December 31, 2010		10.183		10.251	20,434	
Sales		-		(741)	(741)	
Unrealized losses, net		(724)		(213)	(937)	
Fair value as of December 31, 2011	\$	9,459	\$	9,297	\$ 18,756	

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

9. Retirement Plans (continued)

The following table shows the redemption restrictions related to alternative investments in which the pension plan is invested

	Fair Value	Redemption Frequency	Redemption Notice Period
Equity funds (a) Multiclass funds (b)	\$ 9,459 9,297	Monthly Quarterly	30-60 days 30-65 days
Total alternative investments	\$ 18,756	- Quarterry	50 05 days

Fair value methodologies for Levels 1, 2 and 3 are consistent with the inputs described in Note 2 See Note 4 for a definition of alternative investments fund types

Children's expects to contribute approximately \$11,000 to the pension plan in 2012 Children's does not expect to contribute to the other postretirement medical benefit plan (beyond benefit payments) in 2012

The benefits expected to be paid during each fiscal year ending December 31, 2012 through 2016 and beyond are as follows

	nsion nefits	Post	Other retirement Senefits
2012	\$ 4,808	\$	735
2013	5,628		827
2014	6,392		877
2015	7,276		970
2016	8,213		1,056
2017–2021	57,485		6,695

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

9. Retirement Plans (continued)

Assumed health care cost trend rates have a significant effect on the amounts reported for health care plans. A one-percentage point change in assumed health care cost trend rates would have the following effects

	One	One-Percentage One-Percentage					
	Poi	nt Increase	Point Decrease				
Effect on total service and interest cost components Effect on postretirement benefit obligation	\$ \$	796 9,259	\$ \$	(595) (7,031)			

The 2011 and 2012 health care cost trend rate is projected to be 8 0% for participants and is assumed to decrease gradually to 5 00% in 2042 and remain at that level thereafter

			O	ther Post	tret	irement
 Pension	Bei	nefits		Ben	efit	s
2011		2010		2011		2010
\$ 8,842	\$	7,550	\$	1,335	\$	1,052
10,462		9,512		1,669		1,438
(9,915)		(8,753)		_		_
122		98		(1,574)		(1,616)
 1,162		627		293		33
\$ 10,673	\$	9,034	\$	1,723	\$	907
\$	\$ 8,842 10,462 (9,915) 122 1,162	\$ 8,842 \$ 10,462 (9,915) 122 1,162	\$ 8,842 \$ 7,550 10,462 9,512 (9,915) (8,753) 122 98 1,162 627	Pension Benefits 2011 2010 \$ 8,842 \$ 7,550 \$ 10,462 9,512 (9,915) (8,753) 122 98 1,162 627	Pension Benefits Benefits 2011 2010 2011 \$ 8,842 \$ 7,550 \$ 1,335 10,462 9,512 1,669 (9,915) (8,753) - 122 98 (1,574) 1,162 627 293	2011 2010 2011 \$ 8,842 \$ 7,550 \$ 1,335 \$ 10,462 9,512 1,669 (9,915) (8,753) - 122 98 (1,574) 1,162 627 293

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

9. Retirement Plans (continued)

Amounts recognized in unrestricted net assets in 2011 are as follows

	 Pension Benefits	Po	Other ostretirement Benefits
Actuarial net losses Amortization of net loss	\$ 53,684 (1,162)		5,313 (293)
Amortization of net prior service (cost) credit Amounts recognized in unrestricted net assets	\$ (122) 52,400		1,574 6,594

Amounts included in unrestricted net assets that have not been recognized in net periodic pension and other postretirement benefits cost as of December 31, 2011 and 2010, are as follows

	Pension	Bei	nefits	C	Other Pos Ben	
	2011		2010		2011	2010
Unrecognized actuarial loss Unrecognized prior service	\$ 83,489	\$	30,967	\$	12,298	\$ 7,278
cost (benefit)	 571		693		(1,013)	(2,587)
Unrecognized amounts in unrestricted net assets	\$ 84,060	\$	31,660	\$	11,285	\$ 4,691

The expected amortization of these amounts to be recognized during the year ending December 31, 2012, are \$5,353 of actuarial losses and \$1,397 of prior service credit

10. Long-Term Liabilities

At December 31, 2011 and 2010, \$12,971 due to St Elizabeth Hospital (HMHP), is classified as a long-term liability on the consolidated balance sheets, which would be payable to HMHP if the Beeghly Campus were to be sold

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

10. Long-Term Liabilities (continued)

Children's sold certain physicians' property suites, with an obligation to repurchase the property if certain circumstances were to occur Children's has recorded a long-term liability of \$3,497 and \$2,597 in 2011 and 2010, respectively, for future amounts payable to physicians if the buyback provisions are exercised

11. Community Support

Children's has committed to supporting activities to improve community health, particularly in the areas of research and education. These services extend beyond patient care activities, and do not generate inpatient or outpatient billings. Community support grants and award payables are approved by the Board of Directors. Among other such commitments, Children's has committed to funding the Austen BioInnovation Institute in Akron (ABIA) along with other area health care providers and local universities. The ABIA will serve to further local biomedical research, education, and health by integrating local industrial strengths with the area's leading health care and education providers. Contributions payable beyond one year are reported at the present value of their estimated future cash flows using a discount rate of 3%

Contributions for the ABIA payable of \$1,577, net of unamortized discount of \$23, as of December 31, 2011, are payable as follows

2012	\$ 800
2013	777
Total ABIA payable	\$ 1,577

12. Endowments

Children's endowments consist of approximately 54 individual funds established for a variety of purposes Its endowments include donor-restricted endowment funds. As required by GAAP, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions. All of the Children's endowment funds are deemed to be permanently restricted either by explicit donor stipulation or by law

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

12. Endowments (continued)

Children's has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary As a result of this interpretation, Children's classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund The remaining portion of the donor-restricted endowment fund that is not classified as permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by Children's in a manner consistent with the standard of prudence prescribed by UPMIFA

In accordance with UPMIFA, Children's considers the following factors in making a determination to appropriate or accumulate donor-restricted funds

- 1 The duration and preservation of the fund
- 2 The purposes of Children's and the donor-restricted endowment fund
- 3 General economic conditions
- 4 The possible effect of inflation and deflation
- 5 The expected total return from income and the appreciation of investments
- 6 Other resources of Children's
- 7 The investment policies of Children's

Children's follows the objectives of the Akron Children's Hospital Foundation Investment Policy Statement The objective of the investment program is to provide earnings from cash resources to be used to help support the business and mission of Children's This investment objective attempts to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain purchasing power of the endowment assets Endowment assets under UPMIFA include those assets of donor-restricted funds that Children's must hold in perpetuity or for a donor-specific period(s) as well as board-designated funds

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

12. Endowments (continued)

To satisfy its long-term rate-of-return objectives, Children's relies on a total investment return strategy in which investment returns are the sum of realized gains or losses and income, plus unrealized capital appreciation or depreciation, net of fees that should outperform its respective benchmark, over a typical market cycle at volatility levels in line with the respective benchmark Children's targets a diversified asset allocation to achieve its long-term objective within prudent risk constraints. Actual returns in any given year may vary

Children's policy is to record the annual income as temporarily restricted and expend upon meeting donor stipulations. If donor stipulations are broad, the annual income is recognized as unrestricted. Children's objective is to maintain the purchasing power of the endowment assets held in perpetuity or for specified term as well as to provide additional real growth through new gifts and investment returns. At December 31, 2011 and 2010, the endowment net asset composition consist of the following

	2011	2010
Unrestricted		
Board-designated funds	\$ 1,418	\$ 1,523
Permanently restricted		
Donor-restricted funds	 10,192	9,239
Total endowment	\$ 11,610	\$ 10,762

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

12. Endowments (continued)

Changes in endowment net assets for the years ended December 31, 2011 and 2010, consist of the following

	December 31					
		2011	2010			
Endowment net assets at beginning of year	\$	10,762 \$	10,052			
Investment return						
Investment (loss) income		(74)	177			
Other activity						
Contributions		986	497			
Expenses		(36)	(18)			
Change in trust		(106)	_			
Transfers in		78	54			
Endowment net assets at end of year	\$	11,610 \$	10,762			

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or UPMIFA requires Children's to retain as a fund of perpetual duration There are no such deficiencies as of December 31, 2011 and 2010

The investment income on permanently restricted net assets is primarily restricted to support health care services

13. Temporarily Restricted Net Assets

Temporarily restricted net assets are available for the following purposes at December 31

	2011	2010		
Professional education	\$ 19,781	\$	17,414	
Purchase of property and equipment	12,730		10,015	
Indigent care	1,546		1,510	
Health care services	 328		245	
	\$ 34,385	\$	29,184	

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

14. Functional Expenses

Children's provides health care services Expenses related to these functions are as follows for the years ended December 31

	 2011	2010
Health care services General and administrative	\$ 437,953 55,504	\$ 391,789 54,013
	\$ 493,457	\$ 445,802

15. Summa Special Care Nursery

In December 2010, Children's consummated an agreement whereby as of December 31, 2010 (the acquisition date), Children's purchased the rights to own and operate the 21-bed special care nursery (Summa SCN), as well as certain furniture, fixture, and equipment, on the Akron City Hospital campus of Summa Health System (Summa) The agreement was effective at 12 01 a m on January 1, 2011, and is for a ten-year period with options to renew for successive two-year periods, thereafter Children's also entered into a ten-year operating lease for the space of the Summa SCN and common areas, as well as a purchased services agreement for support services that will be provided to Children's by Summa The consideration transferred at the acquisition date totaled \$8,000, paid in cash and is recorded in other assets on the consolidated balance sheet This transaction is being accounted for as an operating lease and amortized over the lease term

16. Subsequent Events

Children's has evaluated subsequent events through April 19, 2012, the date the financial statements were available to be issued During this period, there were no subsequent events requiring recognition in the consolidated financial statements

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