

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending.
C Name of organization: Children's Hospital Medical Center of Akron
% ALICIA LAMANCUSA VP FINANCE
Doing business as
Number and street (or P O box if mail is not delivered to street address): ONE PERKINS SQUARE
Room/suite
City or town, state or province, country, and ZIP or foreign postal code: AKRON, OH 44308
D Employer identification number: 34-0714357
E Telephone number: (330) 543-8171
G Gross receipts \$ 1,186,924,265
F Name and address of principal officer: GRACE WAKULCHIK, ONE PERKINS SQUARE, AKRON, OH 44308
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
H(c) Group exemption number
I Tax-exempt status: 501(c)(3)
J Website: AKRONCHILDRENS.ORG
K Form of organization: Corporation
L Year of formation: 1897
M State of legal domicile: OH

Part I Summary

Table with 4 columns: Description, Prior Year, Current Year, End of Year. Rows include: 1. Mission statement; 2-6. Governance and membership statistics; 7a-b. Revenue and taxable income; 8-12. Revenue breakdown; 13-19. Expenses breakdown; 20-22. Net assets or fund balances.

Part II Signature Block

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

Sign Here: Signature of officer, Date: 2019-11-11, Name and title: SPENCER A KOWAL, Chief Finan Officer

Paid Preparer Use Only: Preparer's name, signature, date, firm's name (ERNST & YOUNG US LLP), address (950 MAIN AVENUE SUITE 1800, CLEVELAND, OH 44113), PTIN (P00089502), firm's EIN, phone no.

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

THE MISSION OF CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON ("CHMCA") IS DEDICATED TO IMPROVING THE HEALTH OF CHILDREN THROUGH OUTSTANDING QUALITY CARE, EDUCATION, ADVOCACY, COMMUNITY SERVICE AND RESEARCH CHMCA IS AN INDISPENSABLE, INTEGRATED PEDIATRIC HEALTHCARE DELIVERY SYSTEM SERVING INFANTS, CHILDREN AND ADOLESCENTS, AS WELL AS ADULTS IN THE REGIONAL BURN CENTER IN AKRON AND NORTHEAST OHIO ESTABLISHED IN 1890 BY A GROUP OF WOMEN AFFILIATED WITH A LOCAL CHURCH, CHMCA HAS GROWN FROM A TWO-ROOM DAY NURSERY TO A MODERN 434-BED, FULL-SERVICE CHILDREN'S HOSPITAL IN ITS 128 YEAR HISTORY, CHMCA HAS RECEIVED UNFAILING COMMUNITY SUPPORT ALONG WITH OUTSTANDING LEADERSHIP WHICH HAS RESULTED IN CONTINUED IMPROVEMENT IN PATIENT CARE AND THE EXPANSION OF MEDICAL SERVICES IN THE SERVICE AREA CHMCA IS A NOT-FOR-PROFIT FACILITY WHICH OPERATES TWENTY-FOUR(24) HOURS A DAY, SEVEN(7) DAYS A WEEK CHMCA ACCEPTS ALL PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY DURING THE YEAR ENDED DECEMBER 31, 2018,

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 239,784,709 including grants of \$ ) (Revenue \$ 194,479,477 )  
See Additional Data

**4b** (Code ) (Expenses \$ 168,374,522 including grants of \$ ) (Revenue \$ 299,185,335 )  
See Additional Data

**4c** (Code ) (Expenses \$ 126,341,892 including grants of \$ ) (Revenue \$ 254,152,321 )  
See Additional Data

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 139,513,698 including grants of \$ 1,035,252 ) (Revenue \$ 126,251,876 )

**4e Total program service expenses** ▶ 674,014,821

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 22 regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules (continued)**

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No	
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	361	<input type="checkbox"/>
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0	<input type="checkbox"/>
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes	<input type="checkbox"/>

<p><b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .</p>	<b>2a</b>	6,858		
<p><b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			<b>2b</b>	Yes
<p><b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .</p>			<b>3a</b>	Yes
<p><b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i></p>			<b>3b</b>	Yes
<p><b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .</p>			<b>4a</b>	Yes
<p><b>b</b> If "Yes," enter the name of the foreign country <b>▶IS</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>				
<p><b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .</p>			<b>5a</b>	No
<p><b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			<b>5b</b>	No
<p><b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .</p>			<b>5c</b>	
<p><b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .</p>			<b>6a</b>	No
<p><b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .</p>			<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<p><b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .</p>			<b>7a</b>	Yes
<p><b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .</p>			<b>7b</b>	Yes
<p><b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .</p>			<b>7c</b>	No
<p><b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .</p>	<b>7d</b>			
<p><b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			<b>7e</b>	No
<p><b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .</p>			<b>7f</b>	No
<p><b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .</p>			<b>7g</b>	
<p><b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .</p>			<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b>				
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .</p>			<b>8</b>	
<p><b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .</p>			<b>9a</b>	
<p><b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .</p>			<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter				
<p><b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .</p>	<b>10a</b>			
<p><b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter				
<p><b>a</b> Gross income from members or shareholders . . . . .</p>	<b>11a</b>			
<p><b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .</p>	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?				
<p><b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<p><b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O</p>			<b>13a</b>	
<p><b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .</p>	<b>13b</b>			
<p><b>c</b> Enter the amount of reserves on hand . . . . .</p>	<b>13c</b>			
<p><b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .</p>			<b>14a</b>	No
<p><b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i></p>			<b>14b</b>	
<p><b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .</p>			<b>15</b>	Yes
<p><b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .</p>			<b>16</b>	No

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 or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (32); 1b Enter the number of voting members included in line 1a, above, who are independent (26); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (No); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request (checked), Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ALICIA LAMANCUSA VP FINANCE ONE PERKINS SQUARE AKRON, OH 44308 (330) 543-8171

Part VII

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

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



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

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

- List all of the organization's current officers, directors, trustees... List all of the organization's current key employees... List the organization's five current highest compensated employees... List all of the organization's former officers, key employees... List all of the organization's former directors or trustees...

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

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization (W-2/1099-MISC), (E) Reportable compensation from related organizations (W-2/1099-MISC), (F) Estimated amount of other compensation from the organization and related organizations.

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c)

Table with 3 columns: Question number, Question text, Yes/No response columns. Questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like Marcus Thomas LLC, Welty Building Company, etc.

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



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	377,333		
	<b>d</b> Related organizations . . . . .	<b>1d</b>	6,563,679		
	<b>e</b> Government grants (contributions)	<b>1e</b>	2,982,193		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	886,707		
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____				
	<b>h Total.</b> Add lines 1a-1f . . . . .		10,809,912		

<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> SUBSPECIALTY PHYSICIANS		900099	194,479,477	194,479,477	
	<b>b</b> INPATIENT SERVICES		900099	299,185,335	299,185,335	
	<b>c</b> ANCILLARY		621500	254,152,321	254,152,321	
	<b>d</b> OTHER NET PATIENT SERVICES		900099	105,017,478	105,017,478	
	<b>e</b> OTHER DEPARTMENT REVENUE		900099	21,234,398	21,234,398	
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f . . . . .			874,069,009		

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			11,603,856			11,603,856	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0				
	<b>5</b> Royalties . . . . .			0				
	<b>6a</b> Gross rents	(i) Real	(ii) Personal					
		<b>b</b> Less rental expenses						
		<b>c</b> Rental income or (loss)	0	0				
		<b>d</b> Net rental income or (loss) . . . . .			0			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		<b>b</b> Less cost or other basis and sales expenses						
		<b>c</b> Gain or (loss)	4,971,160	544,096				
		<b>d</b> Net gain or (loss) . . . . .			5,515,256			5,515,256
	<b>8a</b> Gross income from fundraising events (not including \$ 377,333 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>						
		<b>b</b> Less direct expenses . . . . .	<b>a</b>	289,228				
		<b>c</b> Net income or (loss) from fundraising events . . . . .	<b>b</b>	394,851				
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
		<b>b</b> Less direct expenses . . . . .	<b>a</b>	0				
		<b>c</b> Net income or (loss) from gaming activities . . . . .	<b>b</b>	0				
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
		<b>b</b> Less cost of goods sold . . . . .	<b>a</b>	0				
		<b>c</b> Net income or (loss) from sales of inventory . . . . .	<b>b</b>	0				
Miscellaneous Revenue		Business Code						
<b>11a</b> CAFETERIA		722514	3,215,113			3,215,113		
<b>b</b> PARKING DECK		812930	1,299,034			1,299,034		
<b>c</b> OUTPATIENT PHARMACY		446110	577,962		577,962			
<b>d</b> All other revenue . . . . .			2,291,123		890,237	1,400,886		
<b>e Total.</b> Add lines 11a-11d . . . . .			7,383,232					
<b>12 Total revenue.</b> See Instructions . . . . .			909,275,642	874,069,009	1,468,199	22,928,522		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,035,252	1,035,252		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	0			
<b>4</b> Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	12,333,891	2,059,083	10,274,808	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	167,580		167,580	
<b>7</b> Other salaries and wages	412,624,026	356,745,261	55,878,765	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	28,696,304	23,382,504	5,313,800	
<b>9</b> Other employee benefits	65,365,400	50,599,144	14,766,256	
<b>10</b> Payroll taxes	26,981,877	22,766,280	4,215,597	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management	0			
<b>b</b> Legal	919,397	2,266	917,131	
<b>c</b> Accounting	448,107		448,107	
<b>d</b> Lobbying	77,575	77,575		
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees	619,763		619,763	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	48,841,986	44,074,103	4,767,883	
<b>12</b> Advertising and promotion	8,919,181	118,100	8,801,081	
<b>13</b> Office expenses	11,517,198	8,971,201	2,545,997	
<b>14</b> Information technology	8,280,985		8,280,985	
<b>15</b> Royalties	0			
<b>16</b> Occupancy	10,569,510	9,397,035	1,172,475	
<b>17</b> Travel	6,934,214	4,244,176	2,690,038	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
<b>19</b> Conferences, conventions, and meetings	0			
<b>20</b> Interest	7,349,071	7,349,071		
<b>21</b> Payments to affiliates	0			
<b>22</b> Depreciation, depletion, and amortization	52,414,237	27,119,851	25,294,386	
<b>23</b> Insurance	8,675,066	4,040,063	4,635,003	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEDICAL/SURGICAL SUPPLIES	81,243,346	80,810,753	432,593	
<b>b</b> EQUIPMENT RENTAL/MAINTENANCE	21,861,683	7,862,691	13,998,992	
<b>c</b> PROVISION FOR FRANCHISE FEE	13,870,285	13,870,285		
<b>d</b> PROVISION FOR HCAP	3,812,542	3,812,542		
<b>e</b> All other expenses	7,660,764	5,677,585	1,983,179	
<b>25</b> Total functional expenses. Add lines 1 through 24e	841,219,240	674,014,821	167,204,419	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	37,275	<b>1</b>	37,875
	<b>2</b> Savings and temporary cash investments . . . . .	49,085,992	<b>2</b>	53,625,419
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	124,692,742	<b>4</b>	116,934,233
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	5,092,893	<b>7</b>	9,330,230
	<b>8</b> Inventories for sale or use . . . . .	7,485,531	<b>8</b>	7,739,550
	<b>9</b> Prepaid expenses and deferred charges . . . . .	11,003,929	<b>9</b>	10,269,132
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 1,061,772,632		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 568,491,102	444,281,785	<b>10c</b> 493,281,530
	<b>11</b> Investments—publicly traded securities . . . . .	584,611,735	<b>11</b>	593,251,516
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	3,038,140	<b>13</b>	4,911,891
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets See Part IV, line 11 . . . . .	135,230,225	<b>15</b>	133,571,001
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,364,560,247	<b>16</b>	1,422,952,377	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	121,275,632	<b>17</b>	113,005,202
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	207,308,621	<b>20</b>	202,337,504
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	214,692,145	<b>25</b>	184,884,307
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	543,276,398	<b>26</b>	500,227,013
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	741,544,152	<b>27</b>	842,128,087
	<b>28</b> Temporarily restricted net assets . . . . .	64,393,559	<b>28</b>	65,413,856
	<b>29</b> Permanently restricted net assets	15,346,138	<b>29</b>	15,183,421
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	821,283,849	<b>33</b>	922,725,364	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	1,364,560,247	<b>34</b>	1,422,952,377	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	909,275,642
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	841,219,240
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	68,056,402
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	821,283,849
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-26,172,642
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	59,557,755
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	922,725,364

**Part XII Financial Statements and Reporting**

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

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

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 34-0714357

**Name:** Children's Hospital Medical Center of Akron

Form 990 (2018)

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## Form 990, Part III, Line 4a:

Program Achievement #1 - Subspecialty Physicians In keeping with Chmca's Mission to provide quality medical and surgical care for infants, children, adolescents, and burn victims of all ages, CHMCA offers unique services in a broad range of pediatric subspecialties as described herein. Some of CHMCA's Subspecialty areas include Heart Center, Neurosurgery, Sedation Service, Maternal Fetal Medicine, Care Center, Gastroenterology, Urology, Sports Medicine, Neurology, Nephrology, Endocrinology, Adolescent Medicine, Infectious Diseases, Hematology Services, Pulmonary Medicine, Palliative Care Program, Locust Pediatrics, Rheumatology, Clinical Pharmacology and Toxicology, Psychiatric Services, Genetics, Dentistry, Orthopedics and Skeletal Dysplasia. The Showers Family Center for Childhood Cancer and Blood Disorders provides comprehensive care to children, teens and young adults with all types of childhood cancer, sickle cell disease, hemoglobinopathies and bleeding/clotting disorders, as well as those who require stem cell/bone marrow transplants. The team includes board-certified pediatric hematologists-oncologists, advance practice nurses, physician assistants, certified pediatric oncology nurses, pharmacists, social workers, clinical research associates, child life specialists, counselors and educators. As a major teaching institution, CHMCA offers fellowship training in pediatric hematology-oncology and is a major pediatric teaching hospital affiliated with Northeast Ohio Medical University. The division of hematology-oncology also actively participates in national clinical trials for childhood cancer and blood disorders, and continues to explore the causes and treatments of these diseases through our basic science research program. As a member of the Children's Oncology Group (COG), we participate in the development of National Cancer Institute-approved treatment protocols and offer the most up-to-date cancer therapies. CHMCA's Center for Diabetes and Endocrinology consists of a team of board-certified pediatric endocrinologists, certified nurse practitioners and pediatric nurses who diagnose and treat infants, children and teens. Recognized by the American Diabetes Association for Quality Self-Management Education, our center is backed by a full-service lab, registered dietitians, social worker, child psychologist and others. The most common endocrine disorders we treat are diabetes, short stature, thyroid disease, metabolism disorders and pubertal disorders. In addition, we offer specialized care in bone health, endocrine disorders in cancer survivors and cystic fibrosis patients. CHMCA's NeuroDevelopmental Science Center (NDC) brings together 5 pediatric specialties - developmental-behavioral pediatrics, neurology, neurosurgery, psychiatry, and behavioral neuropsychology, under one roof to deliver the best outcomes and quality of life for patients. CHMCA's NDC is dedicated to easing the circumstances each step of the way, from referral to diagnosis to treatment. Our goal is provide care that enriches the quality of life for children and families affected by neurological and developmental disorders. CHMCA's Division of Orthopedics specializes in the diagnosis and surgical and/or non-surgical treatment of all types of bone, joint, muscle and spine disorders and injuries in children, teens and young adults. Our experienced pediatric orthopedic surgeons offer complete care for conditions affecting the musculoskeletal system, with the support of pediatric nurse practitioners, nurses and orthopedic technicians and includes pediatric spine trauma and deformity, sports injury reconstruction, musculoskeletal neurology, congenital hand and musculoskeletal deformity, hip reconstruction, chest reconstruction, fragile bone evaluation and treatment, skeletal dysplasia, and brachial plexus treatment. CHMCA's Robert T. Stone Respiratory Center provides services for patients with all types of respiratory illnesses, including allergies, cystic fibrosis, bronchopulmonary dysplasia, and chronic respiratory failure. The Center has a team of doctors, nurse practitioners, nurse clinicians, pulmonary function technicians, dietitians, physical therapists and a social worker. We provide direct and consultative diagnosis and treatment, education, case management, and research. Our Center includes a cystic fibrosis center, which treats patients from birth through adulthood, asthma education program, pulmonary medicine, pulmonary function testing lab, sleep center, and cardiopulmonary exercise testing. CHMCA's Pediatric Urology department diagnoses and treats children and teens with problems related to the genito-urinary systems. Services include laser, laparoscopy, lithotripsy and other minimally invasive techniques to treat diseases. Our staff also uses urodynamic tests to show how well the bladder and sphincter muscles work and to help explain various urinary diseases. CHMCA operates 4 pediatric urgent care centers in our service area to treat children for minor illnesses and injuries. Total urgent care visits were 29,820 and 29,846 in 2018 and 2017, respectively.

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**Form 990, Part III, Line 4b:**

Program Achievement #2 - Inpatient Services Total Inpatient Days 78,510 (2018) and 77,747 (2017) CHMCA'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 accommodations for overnight stay by parents, are based upon the concept of family-centered care. The primary focus of the facility is to provide an environment conducive to pediatric patients, aiding their recovery in a modern hospital setting. Inpatient services include Routine Care, Neonatal Intensive Care Unit, Pediatric Intensive Care Unit, Psychiatric Care, Regional Burn Center, and Trauma Services. The 100 bed neonatal intensive care unit located in the new Key Jewelers Pavilion on the Akron campus opened in 2015. Our neonatologists provide the highest level of intensive care for our youngest patients. Our neonatal expertise expands beyond our NICU in the Kay Jewelers Pavilion. We also operate the NICU's at Cleveland Clinic Akron General, Summa Akron City Hospital and St. Elizabeth Boardman Hospital, as well as special care nurseries at our Beeghly campus location, St. Joseph Warren Hospital, and Wooster Community Hospital. CHMCA's neonatology division is ranked among the best in the nation, according to the U.S. News and World Report. A transport team from the NICU is also available at all times for transfer of patients by ambulance or helicopter from any one of the thirty-five (35) network hospitals in the area. Total NICU patient days: 2018 2017 Satellite facilities: Neonatal at Akron 22,415 21,603 Neonatal at CCAG 2,291 2,702 Neonatal at St. Elizabeth's 5,863 6,653 Neonatal at Summa 4,814 4,370 Neonatal at Beeghly 3,521 3,623 Neonatal at Wooster 556 586 Neonatal at St. Joseph 1,230 975. The Division of Pediatric Critical Care is responsible for overseeing and delivering care in the Pediatric Intensive Care Unit (PICU). Each year, the PICU cares for about 1,500 children and teens in Northeast Ohio with life-threatening medical and surgical problems. The 25,200 square foot pediatric intensive care unit includes 27 private rooms with pull-out sofas to encourage parents to stay overnight. Total patient days were 5,967 and 6,185 in 2018 and 2017, respectively. Since 1978, the Regional Burn Center has provided specialized care for burn victims of all ages throughout Northeastern Ohio. The Burn Center is verified by the American Burn Association and The Committee on Trauma of the American College of Surgeons, which recognizes individual and institutional commitment to total burn care and a formal system for quality burn care delivery. Each year, more than 250 burn victims are admitted to the Burn Center, which features 12 private patient rooms with bathrooms and accommodations for one parent or family member. The Burn Center also has a treatment room, physical therapy room, operating room and tub room. The Burn Center comprehensively treats seriously burned victims by combining the skills of physicians, nurses, occupational therapists, physical therapists, dietitians, social workers, respiratory therapists, psychologists and psychiatrists. Besides providing expert treatment, the center's staff is actively involved in burn research and burn care training for professional and community groups. Total patient days for the burn center were 2,623 and 2,091 for 2018 and 2017, respectively. The Division of Emergency/Trauma Services supplies the emergency care needs of children from birth to twenty-one (21) years of age. As the sole pediatric institution in the area, the Division of Emergency/Trauma Services is the designated treatment center for all emergent pediatric problems. Children from Akron and the surrounding counties in Northeast Ohio accounted for the majority of the 1,125,607 visits during 2018. A full-time attending pediatric emergency medicine specialist is on duty twenty-four (24) hours a day involved in the direct care of patients and teaching fellows, residents, and medical students. Rounding out the specialized medical care in the Emergency Department are child life specialists who are accustomed to explaining procedures to children and comforting parents, social workers trained to identify needs of families and point them to helpful services, and chaplains and bereavement staff who are always on call. CHMCA 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.

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**Form 990, Part III, Line 4c:**

Program Achievement #4 - Ancillary/Support Medical Services Some of the key departments of Ancillary/Support Medical Services 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 (CCL) includes the Chemistry, Hematology, Coagulation, Urinalysis, Special Chemistry and Blood Bank laboratories The chemistry analyzers tests for more than 60 different substances found in blood, urine and cerebrospinal fluid specimens In addition to routine chemistries, testing is performed for therapeutic and immunosuppressive drug monitoring Instruments are selected to use the smallest amounts of blood for testing in order to minimize blood loss for our pediatric patients In addition to the CCL, laboratory services are provided by the Infectious Disease Laboratories (Microbiology, Virology, Immunology, and Molecular Diagnostics) The Radiology Division at CHMCA 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 Certificate of Added Qualification (CAQ) credentials inclusive of expertise in specific radiology subspecialty areas of imaging CHMCA'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 universities for teaching of students Incorporating the support of families and skills of various medical professionals, the Occupational Therapy, Physical Therapy, Speech, Audiology, and Social Services staff strive to provide patients with the skills needed to overcome a variety of developmental, physical, and emotional disabilities The Family Child Learning Center (FCLC), a cooperative effort of CHMCA and Kent State University, offers a host of therapy and educational services to handicapped infants, preschoolers and their families Therapists and educators work together to significantly enhance the development of these children at an early age FCLC provides an educational training ground for graduate students in education, speech pathology, motor learning and physical and occupational therapy

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM CONSIDINE ..... CEO EMERITUS (11/1/2018)	47 0 ..... 10 0	X		X				2,578,902	0	-61,713
GRACE WAKULCHIK ..... PRESIDENT & CEO (11/1/2018)	50 0 ..... 5 0	X		X				1,119,715	0	204,736
JOHN CROW MD ..... CHAIRMAN, PEDIATRIC SURGERY	47 0 ..... 0 0	X						1,063,096	0	36,621
NORMAN CHRISTOPHER MD ..... CHAIRMAN, DEPT OF PEDS	46 0 ..... 0 0	X						499,806	0	25,760
ROBERT MCGREGOR MD ..... CHIEF MEDICAL OFFICER	51 0 ..... 1 0	X						634,795	0	108,419
LAURA POLLAUFG MD ..... PRESIDENT OF MEDICAL STAFF	47 0 ..... 0 0	X						426,085	0	7,715
VIRGINIA ADDICOTT ..... DIRECTOR	2 0 ..... 0 0	X						0	0	0
DONNA AXSON ..... DIRECTOR	14 0 ..... 0 0	X						0	0	0
ROBERT BERK ..... DIRECTOR	7 0 ..... 2 0	X						0	0	0
PATRICK COVEY ..... DIRECTOR	1 0 ..... 0 0	X						0	0	0



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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN P DELANEY ..... DIRECTOR	3 0 .....	X						0	0	0
PAUL DUTTON ..... DIRECTOR	2 0 .....	X						0	0	0
TAMMY GERSMAN ..... DIRECTOR	12 0 ..... 14 0 .....	X						0	0	0
WILLIAM HOPKINS ..... DIRECTOR	8 0 .....	X						0	0	0
DUANE ISHAM ..... DIRECTOR	4 0 .....	X						0	0	0
WILLIAM KELLEHER ..... DIRECTOR	3 0 .....	X						0	0	0
KIRSTEN KING ..... SECRETARY	15 0 .....	X		X				0	0	0
DALE KOBLENZER ..... DIRECTOR	6 0 .....	X						0	0	0
KATHLEEN LANE ..... DIRECTOR	18 0 .....	X						0	0	0
SCOTT LEVIN ..... DIRECTOR	8 0 ..... 3 0 .....	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Insttutchnal Trustee	Officer	Key employee	Highest compensated employee	Former			
KARA LEWIS ..... DIRECTOR	4 0 .....	X						0	0	0
PHILIP MAYNARD ..... DIRECTOR	8 0 .....	X						0	0	0
GREGORY MCDERMOTT ..... DIRECTOR	2 0 .....	X						0	0	0
STEPHEN MYERS ..... VICE CHAIRMAN FOR FINANCE	8 0 .....	X		X				0	0	0
JOHN ORR ..... CHAIRMAN	22 0 .....	X		X				0	0	0
RICHARD ROGERS ..... DIRECTOR	4 0 .....	X						0	0	0
DAVID SHOWERS ..... DIRECTOR	4 0 .....	X						0	0	0
GLEN STEPHENS ..... DIRECTOR	2 0 .....	X						0	0	0
ELINORE MARSH STORMER ..... DIRECTOR	5 0 .....	X						0	0	0
LAURA THOMPSON ..... DIRECTOR	1 0 .....	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BARBARA VARLEY ..... DIRECTOR	14 0 ..... 0 0	X						0	0	0
ROBERT WELLS ..... DIRECTOR	4 0 ..... 0 0	X						0	0	0
WILLIAM WOOLDREDGE ..... DIRECTOR	8 0 ..... 0 0	X						0	0	0
SHAWN LYDEN ..... CHIEF STRATEGY OFFICER	42 0 ..... 2 0			X				797,026	0	138,293
MICHAEL TRAINER ..... CHIEF FINAN OFFICER/TREASURER	41 0 ..... 14 0			X				679,947	0	28,441
LISA AURILIO ..... CHIEF OPERATING OFFICER	40 0 ..... 13 0			X				587,078	0	76,985
CYNTHIA DORMO ..... VP, DEPT OF PEDS	40 0 ..... 0 0				X			350,971	0	9,556
SHARON HRINA ..... VP, MAHONING VALLEY ENTERPRISE	42 0 ..... 0 0				X			342,398	0	18,761
CRAIG MCGHEE ..... CHIEF NON HOSP SRVCS OFFICER	41 0 ..... 0 0				X			306,699	0	56,458
LINDA GENTILE ..... VP SUPP SVC & CONSTRUCTION	40 0 ..... 0 0				X			337,772	0	9,322

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LINDA HETSON ..... VP PROFESSIONAL SERVICES	40 0 ..... 0 0				X			285,552	0	148,376
RHONDA LARIMORE ..... CHIEF HUMAN RESOURCE OFFICER	40 0 ..... 0 0				X			228,273	0	68,656
BERNETT WILLIAMS ..... INTERIM VP-HUMAN RESOURCES	41 0 ..... 0 0				X			316,484	0	58,494
HARUN RASHID ..... CHIEF INFORMATION OFFICER	40 0 ..... 0 0				X			401,026	0	90,551
CHRISTINE YOUNG ..... CHIEF NURSING OFFICER	42 0 ..... 0 0				X			286,079	0	66,758
ANTON MILO MD ..... DIRECTOR OF ENT	40 0 ..... 0 0					X		1,347,459	0	43,462
ROBERT PARRY MD ..... PEDIATRIC GENERAL SURGEON	40 0 ..... 0 0					X		1,034,971	0	43,066
TSULEE CHEN MD ..... DIRECTOR OF NEUROLOGY	40 0 ..... 0 0					X		962,192	0	23,665
AVRAHAM SCHLAGER MD ..... PEDIATRIC GENERAL SURGEON	40 0 ..... 0 0					X		910,851	0	23,659
SCOTT BOULANGER MD ..... PEDIATRIC GENERAL SURGEON	40 0 ..... 0 0					X		855,186	0	26,127

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
 Attach to Form 990 or Form 990-EZ.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Children's Hospital Medical Center of Akron

Employer identification number

34-0714357

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc (see instructions)					<b>12</b>	

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

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 34-0714357

**Name:** Children's Hospital Medical Center of Akron

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

**Facts And Circumstances Test**

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

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

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

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

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

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

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

Name of the organization Children's Hospital Medical Center of Akron	Employer identification number 34-0714357
---	--

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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

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

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

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?	Yes		110,382
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?	Yes		77,575
<b>j</b> Total Add lines 1c through 1i			187,957
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	<b>2a</b>	
<b>a</b> Current year	<b>2b</b>	
<b>b</b> Carryover from last year	<b>2c</b>	
<b>c</b> Total	<b>3</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Part II-B, Line 1	CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON ("CHMCA") PAID A TOTAL OF \$636,185 TO OTHER ORGANIZATIONS THAT HAVE LOBBYING ACTIVITIES OF THAT AMOUNT, \$448,228 PERTAINED TO DUES, \$110,382 RELATED TO VARIOUS LOBBYING EXPENSES AND \$77,575 WAS PAID FOR LOBBYING EFFORTS AND VARIOUS COMMUNICATIONS ON BEHALF OF CHMCA WITH GOVERNMENTAL AUTHORITIES THOSE COMMUNICATIONS AND LOBBYING EFFORTS INVOLVE THE FOLLOWING *MONTHLY LEGISLATIVE CONFERENCE CALLS WITH CHMCA STAFF *IDENTIFIED CONCERNS WITH VARIOUS PAYMENT REFORM INITIATIVES AND SHARED THOSE CONCERNS WITH CONGRESSIONAL DELEGATION *CONDUCTED MEETINGS WITH MEMBERS OF CONGRESS AND THEIR STAFF IN WASHINGTON, DC TO DISCUSS CHGME AND THE ACE KIDS ACT *PREPARED TESTIMONY IN SUPPORT OF HB 286 (PALLIATIVE CARE) *MET WITH OHIO DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES STAFF TO DISCUSS CAPITAL FUNDING *MET WITH OHIO ATTORNEY GENERAL STAFF TO DISCUSS CAPITAL FUNDING *MET WITH OHIO GOVERNOR'S STAFF TO DISCUSS CAPITAL FUNDING *ATTENDED 2018 VOTE FOR OHIO KIDS SUMMIT THE FOLLOWING ARE 2018 LOBBYING EXPENSES \$ 236 ASSOCIATION OF AMERICAN MEDICAL COLLEGES 53,115 NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS 10,635 AMERICAN HOSPITAL ASSOCIATION 40,538 OHIO CHILDREN'S HOSPITAL ASSOCIATION 5,858 OHIO HOSPITAL ASSOCIATION 17,500 OTHER LOCAL AGENCIES \$ 127,882 SUBTOTAL 60,075 LOBBYIST - CAPITAL CONSULTING GROUP \$ 187,957 TOTAL ASSOCIATION OF AMERICAN MEDICAL COLLEGES, CHILDREN'S HOSPITALS ASSOCIATION (CHA) AND AMERICAN HOSPITAL ASSOCIATION ARE NATIONAL ORGANIZATIONS THAT CHMCA HOLDS MEMBERSHIPS ALONG WITH OTHER HOSPITALS AS MEMBERS, THESE NATIONAL ORGANIZATIONS EXPRESS CONCERNS OF HEALTHCARE PROVIDERS IN ADVOCACY AND REPRESENTATION TO NATIONAL AND/OR STATE LEGISLATURES ON HEALTHCARE ISSUES THAT AFFECT CHMCA AS AN EXAMPLE, CHA AND AMERICAN HOSPITAL ASSOCIATION HAVE BEEN A CONSTANT AND PERSUASIVE VOICE IN CHAMPIONING THE NEEDS OF CHILDREN AND THE HOSPITALS THAT CARE FOR THEM OHIO CHILDREN'S HOSPITAL ASSOCIATION AND OHIO HOSPITAL ASSOCIATION ARE STATE OF OHIO ORGANIZATIONS THAT EXPRESS THE VIEWS OF OHIO CHILDREN'S HOSPITALS FOR MEDICAID AND CHILD HEALTHCARE ISSUES LOCAL AGENCIES IN SUMMIT COUNTY, OHIO PROVIDE SERVICES TO RESIDENTS THE IMPACT OF HEALTHCARE LEGISLATION HAS IMPLICATIONS ON OUR BUSINESS AND SERVICES WE PROVIDE

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
**► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
**► Attach to Form 990.**  
**► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**Name of the organization**  
Children's Hospital Medical Center of Akron

**Employer identification number**  
34-0714357

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

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

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

**1** Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ► \_\_\_\_\_

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

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \_\_\_\_\_

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

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

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

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

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

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

**(i)** Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

**(ii)** Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

**a** Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ► \$ \_\_\_\_\_



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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |   | Amount |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . .

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	75,724,721	70,020,604	69,532,079	84,300,290	71,912,635
<b>b</b> Contributions . . . . .	12,403,356	7,952,552	6,320,223	8,366,805	16,013,945
<b>c</b> Net investment earnings, gains, and losses	-6,526,046	4,840,850	1,475,972	-2,702,700	215,179
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	5,809,723	7,089,285	7,307,670	20,432,316	3,841,469
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	75,792,308	75,724,721	70,020,604	69,532,079	84,300,290

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 3 850 %
  - b** Permanent endowment ▶ 20 030 %
  - c** Temporarily restricted endowment ▶ 76 120 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  |            |           |
|--|------------|-----------|
| <b>(i)</b> unrelated organizations . . . . .   | <b>Yes</b> | <b>No</b> |
| <b>3a(i)</b>   |            | No        |
| <b>(ii)</b> related organizations . . . . .  | <b>Yes</b> | <b>No</b> |
| <b>3a(ii)</b>  | Yes        |           |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>Yes</b> | <b>No</b> |
| <b>3b</b>  | Yes        |           |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		16,970,331		16,970,331
<b>b</b> Buildings . . . . .		631,781,041	290,173,737	341,607,304
<b>c</b> Leasehold improvements		18,421,272	8,853,045	9,568,227
<b>d</b> Equipment . . . . .		347,831,259	266,072,355	81,758,904
<b>e</b> Other . . . . .		46,768,729	3,391,965	43,376,764
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				493,281,530

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.)		

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13.)		

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) BENEFICIAL INT IN FOUNDATION	131,153,171
(2) UNAMORT HEALTHCARE SERVICE	1,553,793
(3) OTHER ASSETS	864,037
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.)	133,571,001

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
DEFERRED BENEFIT PENSION LIAB	116,519,513
POST RETIREMENT PLANS	26,703,631
PROFESSIONAL LIABILITY RESERVE	2,282,000
OTHER LIABILITIES	39,379,163
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	184,884,307

**2.** Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 34-0714357

**Name:** Children's Hospital Medical Center of Akron

## Supplemental Information

Return Reference	Explanation
Part V, Line 4 - Intended Use of Endowment Funds	Temporarily restricted funds are subject to restrictions imposed by the donor or by time. These funds are held until the specific purpose or time element is met and 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 by the Board of Directors to function as endowments. These funds are to be used for their designated purpose. CHMCA does have a policy in place to monitor all unrestricted, temporarily and permanently restricted funds.

## Supplemental Information

Return Reference	Explanation
Part X, LINE 2 - FIN 48(ASC 740)	CHMCA prepares consolidated financial statements including their affiliated subsidiaries CHMCA adopted Accounting Standards Codification 740 (ASC 740) in 2007 which requires businesses to analyze and disclose income tax risks. No disclosures were required under GAAP as CHMCA does not have any material tax contingencies that are required disclosures in the footnotes

**SCHEDULE F  
(Form 990)**  
  
Department of the Treasury  
Internal Revenue Service

# Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

Name of the organization  
Children's Hospital Medical Center of Akron

**Employer identification number**  
34-0714357

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

**3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
Middle East and North Africa			Investments		200,000
<b>3a</b> Sub-total					200,000
<b>b</b> Total from continuation sheets to Part I					
<b>c Totals</b> (add lines 3a and 3b)					200,000

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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



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

Part III can be duplicated if additional space is needed.

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

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)*  Yes  No

**Part V** **Supplemental Information**

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

ReturnReference	Explanation

**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

Complete if the organization answered "Yes" on 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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Children's Hospital Medical Center of Akron

Employer identification number  
34-0714357

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<b>Charity Ball</b> (event type)	<b>Tree Festival</b> (event type)	<b>7</b> (total number)	Total events (add col (a) through col (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	219,045	201,117	246,399	666,561
	<b>2</b> Less Contributions . . . . .	164,284		213,049	377,333
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	54,761	201,117	33,350	289,228
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	112,102	201,984	80,765	394,851
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				394,851
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				-105,623

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		<b>1</b> Gross revenue . . . . .			
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary Subtract line 7 from line 1, column (d) . . . . . ▶					

**9** Enter the state(s) in which the organization conducts gaming activities \_\_\_\_\_

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

**b** If "No," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**b** If "Yes," explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in
- |          |                             |            |   |
|----------|-----------------------------|------------|---|
| <b>a</b> | The organization's facility | <b>13a</b> | % |
| <b>b</b> | An outside facility         | <b>13b</b> | % |

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

Name ▶ .....

Address ▶ .....

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

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

**c** If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

**16** Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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**SCHEDULE H  
(Form 990)**  
  
Department of the  
Treasury  
  
Internal Revenue Service

# Hospitals

OMB No 1545-0047  
  
**2018**  
**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**

**Name of the organization**  
Children's Hospital Medical Center of Akron

**Employer identification number**  
34-0714357

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>1a</b> Yes	
<b>b</b> If "Yes," was it a written policy?	<b>1b</b> Yes	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<b>3a</b> Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<b>3b</b> Yes	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<b>4</b> Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b> Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b> Yes	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	<b>5c</b>	No
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b> Yes	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b> Yes	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			4,586,518		4,586,518	0 550 %
<b>b</b> Medicaid (from Worksheet 3, column a)			420,361,364	297,179,743	123,181,621	14 640 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)			484,842	484,842		
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			425,432,724	297,664,585	127,768,139	15 190 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			6,698,826	7,550	6,691,276	0 800 %
<b>f</b> Health professions education (from Worksheet 5)			23,417,521	10,916,595	12,500,926	1 490 %
<b>g</b> Subsidized health services (from Worksheet 6)			297,705		297,705	0 040 %
<b>h</b> Research (from Worksheet 7)			7,434,966	524,256	6,910,710	0 820 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			751,833		751,833	0 090 %
<b>j Total.</b> Other Benefits			38,600,851	11,448,401	27,152,450	3 240 %
<b>k Total.</b> Add lines 7d and 7j			464,033,575	309,112,986	154,920,589	18 430 %

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			12,856		12,856	
3 Community support			103,884		103,884	0.010 %
4 Environmental improvements						
5 Leadership development and training for community members			25,264		25,264	
6 Coalition building			69,448		69,448	0.010 %
7 Community health improvement advocacy			614,700	5,234	609,466	0.070 %
8 Workforce development			36,759		36,759	
9 Other						
<b>10 Total</b>			862,911	5,234	857,677	0.090 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME).	5	10,018,708
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	13,196,789
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-3,178,081
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

**Section C. Collection Practices**

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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



**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

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

2

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

See Additional Data Table	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
 Facility Group A - Akron

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_ 1 \_\_\_\_\_

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	Yes	
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	Yes	
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>see Part V Section C for URL</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>See Part V Section C for URL</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>12b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Facility Group A - Akron

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>Part V, Sect C for full URL</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>Part V, Sect C for full URL</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>Part V, Sect C for URL</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)**Billing and Collections**

Facility Group A - Akron

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No	
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	17	Yes	
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
	<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)			
	<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party			
	<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
	<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process			
	<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
	<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	19		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)			
	<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party			
	<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
	<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process			
	<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
	<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
	<b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
	<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
	<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations			
	<b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C)			
	<b>f</b> <input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	21	Yes	
	If "No," indicate why			
	<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
	<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing			
	<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
	<b>d</b> <input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Facility Group A - Akron

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d  The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>		No

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
 Facility Group B - Mahoning Valley

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_ 2

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .		No
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	Yes	
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>see Part V, Section C for Full URL</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>see Part V, Section C for full URL</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>12b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Facility Group B - Mahoning Valley

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>see Part V Section C for full URL</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>see Part V Sect C for full URL</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>see Part V Sect C for URL</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

Facility Group B - Mahoning Valley

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	17	Yes
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	21	Yes
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		



**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Facility Group B - Mahoning Valley

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d  The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>		No

**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

**Part V** Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 56

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

**Part VI Supplemental Information**

Provide the following information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part I, Line 7 (a) Charity Care @ Cost	We believe that applying a cost-to-charge 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 Hospital Care Assurance Program (HCAP) is Ohio's methodology to provide additional payments to hospitals that provide a disproportionate share of uncompensated care to the indigent and uninsured The estimated HCAP amount applicable to charity care is reported as direct offsetting revenue to charity care expense

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part I, Line 7 (b) Unreimbursed Medicaid & 7 (c) Other Means Tested	<p>We believe that reporting program charges, costs and payments directly from CHMCA's Ohio Medicaid cost report along with similar calculations for services rendered by hospital employed physicians and other professional providers and services rendered to out-of-state Medicaid enrollees is the most accurate methodology to calculate unreimbursed Medicaid and other means-tested government program costs. Medicaid costs reported as Total Community Benefit Expense have been reduced by estimated health professional costs included in the Ohio Medicaid cost report and Medicaid revenues reported as direct offsetting revenue has been reduced by estimated Medicaid revenues related to health professional education. To avoid double counting of costs reported elsewhere in this schedule, gross costs for other reportable items have been reduced by the total government payor mix percentage of (55.20%) as reported on our internal payor mix report.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7g Subsidized Health Services	Our expressive therapy center was built to enable children facing illness and their families to experience what it means to be human through whatever creative art inspires them. The children utilizing these services do not need to be a hospital patient. This service is not reimbursed by insurance and is a Non-Reimbursable Cost Center for Medicare. We recognize this as a Subsidized Health Service.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7f - Health Professions Education	The total costs of health professions education is reported as a total community benefit expense and direct offsetting revenues including Medicare and estimated Medicaid revenues related to health professional education

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part II - Community Building Activities	<p>Staying true to our mission, everything done by CHMCA is intended to benefit the communities we serve. Our primary benefit to each community is providing access to world-class health care to the children in the regions we serve. Additionally, we participate in a variety of other internal and community based efforts to improve the social and environmental conditions surrounding health. Our efforts include:</p> <ul style="list-style-type: none"><li>A Leadership development, under which we support various community-based programs that specifically develop community leaders, including such programs as Leadership Akron (for community leadership) and the Child &amp; Family Leadership Exchange (for clinical and social service leadership). We support and are actively involved in initiatives such as Torchbearers, which is focused on developing and retaining strong community leadership.</li><li>B Coalitions and partnerships, in which CHMCA is strongly represented in committees and task forces are assigned to address specific health indicators and conditions in addition to certain divergent population located throughout our region, state as well as nationally and internationally. As a teaching hospital, we partner with dozens of higher education institutions in providing training and hands-on instruction and shadowing opportunities for students who embark on health care careers.</li><li>C General community support, under which we provide financial and staff support for various community based initiatives, related to the healthy development of young people and their families in the service area.</li><li>D Community health improvement advocacy, under which we support multi-agency and governmental initiatives to encourage fitness, reduce gun related violence in our local community and promote fair housing practices.</li><li>E Workforce development through initiatives such as the College and Career Academy of Health and Human Services at North High School, established through a partnership with Akron Public Schools. This program offers high-school age career-focused pathways in health operations, early childhood education, biomedical science and allied health. Through the Academy, we also assist teachers in tailoring their curricula to health care applications.</li></ul>



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part III, Line 2 & 4 - Bad Debt Expense Explanation	<p>We believe that applying a cost-to-charge ratio developed for the hospital facility from the Ohio Medicaid cost report to CHMCA's provision for bad debts is the most accurate costing methodology to calculate bad debt at cost for the period. Total hospital costs from the Ohio Medicaid cost report used in this calculation include only allowable and reimbursable costs. Therefore, the Cost To Charge Ratio multiplied by the Bad Debt Expense results in the cost of Bad Debt. The Hospital Care Assurance Program (HCAP) is Ohio's methodology to provide additional payments to hospitals that provide a disproportionate share of uncompensated care to the indigent and uninsured. Gross bad debt expense has been reduced by the estimated HCAP amount applicable to bad debt expense. The estimated amount of bad debt at cost attributable to patients eligible under the organization's charity policy is \$-0-. PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE AS DESCRIBED IN PART VI, ITEM 3 - PATIENT EDUCATION FOR ASSISTANCE IS PROVIDED. See Pages 11, 12 &amp; 13 to the footnotes to CHMCA's Audited Financial Statements that describe Charity Care and Bad Debt. CHMCA respectively submits that since we accept all patients, regardless of their ability to pay, that bad debts at cost, as reported herein, represent an unreimbursed cost of providing care to the patients we serve.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part III, Line 8 - Medicare Explanation	<p>We believe that reporting program charges, costs, and payments directly from CHMCA's 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 means-tested government program costs. To avoid double counting of costs reported elsewhere in the Schedule, gross costs for other reportable items have been reduced by the total government payor mix percentage (55.20%) as reported on our internal payor mix report. CHMCA respectfully submits that its unreimbursed inpatient costs incurred in excess of the 1982 Tax Equity and Fiscal Responsibility Act (TEFRA) per discharge limit was \$2,826,335, unreimbursed outpatient costs incurred in treating patients qualifying for Medicare End Stage Renal disease (ESRD), composite reimbursement was \$233,292, unreimbursed costs of providing care to Medicare Advantage Plan enrollees was -\$77,379 and unreimbursed costs for Tricare patients was \$128,963, for a total of \$3,112,211. 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.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 9b - Collection Practices Explanation	CHMCA's policy applies to all patients - insured, underinsured and uninsured. The policy outlines the statement cycle, once a self-pay balance is reached, a Patient's eligibility for Financial Assistance may be identified any time during the revenue cycle. If a Patient has been determined to meet Financial Assistance Guidelines, free or discounted care, the account will not be transferred to a collection agency.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part VI, Line 2 - Needs Assessment - Group A & B	LINE 2 - NEEDS ASSESSMENT - Describe how CHMCA assesses the health care needs of the communities it serves Akron (#1), Beeghly (#2) In addition to our community health needs assessment conducted in 2016, CHMCA conducted a community health needs assessment in 2013 to assess the primary service areas surrounding our Akron hospital campus in collaboration with Cleveland Clinic - Akron General and Summa Health System The CHNA process concluded in 2013 with the report being made available to the community through our organization's websites Along with the CHNAs, the hospital performs strategic planning as an ongoing process with annual updates As part of the annual update, we review population and demographic changes in our larger service area, focusing particularly on children and families We give attention to the provision of health care services throughout our region, looking at our own and those provided by other health care organizations, using statewide data including all pediatric hospital discharges by zip code of patient residence We also carefully track the demand for and supply of physicians, nurses and allied health providers evaluate the need for primary, secondary and tertiary 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 are actively represented in dozens of community groups, and gather input from these groups both by active participation and by collecting and reviewing comprehensive data sets and studies produced by such groups, including school districts, health and human service agencies, as well as charitable and advocacy groups We make an effort to listen to our staff, seeking and receiving feedback from our approximately 6600 staff and thousands of volunteers, who collectively provide a rich source of information regarding community needs and opportunities Finally, we actively solicit input from our patients and their parents from our Parent Advisory Committee and gathering feedback through patient survey results and via multiple written and electronic (web-based) tools

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part VI, Line 3-Patient Education of Eligibility for Assistance - A & B	CHMCA 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 - CHMCA has signage at its registration sites to inform patients that they may qualify for free hospital care Applications for free care are available at registration sites and throughout the hospital (Required by the Ohio Medicaid Hospital Care Assurance (HCAP) rules) - CHMCA has information regarding eligibility for free care on billing statements mailed to patients and their guarantors - CHMCA employs financial counselors to explain the hospital's free care, charity care, and the various public assistance programs to uninsured and underinsured patients - CHMCA's website provides patients with information relating to the hospital's free care, charity care and various public assistance programs available - CHMCA contracts with an independent vendor to screen patients for public assistance eligibility and completion as well as submission of public assistance applications

Form and Line Reference	Explanation
Part VI, Line 4 - Community Information - Group A	<p>Note The most recent demographic information was taken during 2017 Medina County - There are approximately 179,146 people living in Medina County, which is an increase of 1 1% since our last CHNA in 2016 It has 3 cities, 6 villages, and 17 townships in Medina County, with the largest being Brunswick and the county seat being the City of Medina Compared to the State of Ohio, Medina County has a slightly larger proportion of children (under 18 years old) and older adults (65 years and older) In Medina county, 4 3% of the population is non-White, compared to 18 1% in the state Educational attainment is higher than the State of Ohio, with 94% having a high school diploma or higher and 32 1% having a bachelor's degree or higher Similarly, annual per capita income in Medina county is higher than the state average, and the percentage of Medina County residents living in poverty is less than half of that of the State, although Lodi meets Medically Underserved Population (MUP) designation criteria for low income residents Portage County - There are approximately 16 2,927 people living in Portage County, which is an increase of 4% since our last CHNA in 2016 Portage County is comprised of 29 cities, villages, and townships in Portage County with the largest being the city of Kent and the county seat being Ravenna Compared to the State of Ohio, Portage County has a smaller proportion of children (under 18 years old) and older adults (65 years or older) In Portage County, 9 1% of the population is non-White, compared to 18 1% in the State Educational attainment is slightly higher in Portage County than in the State of Ohio, with 91 9% having a high school diploma or higher and 27 5% having a bachelor's degree or higher Annual per capita income in Portage County is slightly higher than in the State of Ohio, but the percentage of Portage County residents living in poverty is only 2 2% lower than that of the State East Kent City has a MUP (low income) designation Richland County - There are approximately 121,099 people living in Richland County, which is a 0 5% decrease from 2016 There are 29 cities, villages, and townships in Richland County, with the largest being the city of Mansfield Compared to the State of Ohio, Richland County has a smaller proportion of children (under 18 years old) and older adults (65 years and older) In Richland County, 12 9% of the population is non-White, compared to 18 1% in the State The percentage of residents with a high school diploma or higher is lower in Richland County than in the State overall, as is the percentage of residents with a bachelor's degree or higher Annual per capita income is lower and the percentage of residents living in poverty in Richland County is 0 6% lower than Ohio The city of Mansfield has a MUP (low income) designation Stark County - There are approximately 371,574 people living in Stark County, which is a 0 7% decrease from 2016 There are 36 cities, villages, and townships in Stark County, with the largest being the City of Canton Compared to the State of Ohio, Stark County has a smaller proportion of children (under 18 years old) and a larger portion of older adults (65 years and older) In Stark County, 11 8% of the population is non-White, compared to 17 8% in the State The percentage of residents with a high school diploma or higher is slightly higher in Stark County compared to the State but the percentage of residents with a bachelor's degree or higher is lower than the state Annual per capita income and percentage of residents living in poverty in Stark County are lower than the state Summit County - There are approximately 541,918 people living in Summit County, which is unchanged from 2016 There are 31 cities, villages, and townships in Summit County, with the largest being the City of Akron Compared to the State of Ohio, Summit County has a slightly smaller proportion of children (under 18 years old) and a slightly larger proportion of older adults (65 years and older) In Summit County, 21 6% of the population is non-White, compared to 18 1% in the state Educational attainment is slightly higher in Summit County than in the state of Ohio, with 91 3% having a high school diploma or higher and 31 6% having a bachelor's degree or higher Similarly, annual per capita income in Summit County is slightly higher than the State of Ohio and the percentage of Summit County residents living in poverty is 0 3% lower than that of the State Two federally designated MUAs are present in Summit County, the Southeast Akron and Summit Service areas, Wayne County - There are approximately 115,967 people living in Wayne County, which is a decrease of 1% since 2016 There are 35 cities, villages, townships and unincorporated communities in Wayne County, with the largest being the City of Wooster Compared to the State of Ohio, Wayne County has a higher proportion of children (under 18 years old) and older adults (65 years or older) In Wayne C</p>

Form and Line Reference	Explanation
Part VI, Line 4 - Community Information - Group A	ounty, 4 8% of the population is non-White, compared to 18 1% in the State Educational attainment is lower in Wayne County compared to the State of Ohio, with 85 8% having a high school diploma or higher and 21% having a bachelor's degree or higher The annual per capita income in Wayne County is a lower than the State of Ohio, as is the percentage of Wayne County residents living in poverty There are no federally designated MUA/Ps present in this community, although a large number of Amish residing in Wayne County are considered be cause they do not participate in traditional health insurance programs

Form and Line Reference	Explanation
Part VI, Line 5 - Promotion of Community Health - Groups A & B	<p>CHMCA intends that all of its activities either directly provide health care 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 specialized inpatient and outpatient care for patients of all ages throughout northeast Ohio. CHMCA was founded on the principle of serving the needs of the community. Within our doors, this means treating all children as if they were our own, turning no child or family away for any reason. CHMCA's governing Board of Directors is comprised of members of the community that make up the hospital's primary service area. These community board members are neither employees nor independent contractors of the organization. CHMCA extends medical staff privileges to all qualified physicians in the communities we serve. CHMCA's excellent reputation is the result of the skills and experience of our medical staff and the health professionals with whom we collaborate. We value our partnership with primary care physicians and referring providers and work together to coordinate the care of the children. Our efforts include:</p> <ol style="list-style-type: none"> <li>1 CHMCA's Paul and Carol David Foundation Burn Institute provides specialized inpatient and outpatient care for burn victims of all ages throughout northeast Ohio. CHMCA is one of only two pediatric hospitals in the country that treats adult burn patients. Each year the burn institute leads dozens of outreach and education activities on fire safety, in addition to burn survivorship support groups and camps.</li> <li>2 The Rebecca D. Considine Research Institute is the hub for research activity. The institute facilitates sponsored clinical studies as well as internal investigator-initiated research programs across a spectrum of research subjects. The institute also offers research-oriented educational opportunities for fellows, students and faculty from around the globe.</li> <li>3 Adult Congenital Heart Service provides ongoing monitoring and specialized care for adults with congenital heart disease (CHD). As children with CHD become adults, they can access lifetime care through our center.</li> <li>4 The Cystic Fibrosis (CF) Center provides diagnosis and treatment to children and adults with CF, including respiratory therapy, physical therapy, genetic counseling and nutrition counseling. The center also actively participates in clinical trials to research new drug therapies to manage CF.</li> <li>5 The Genetic Center offers diagnostic evaluation and medical management of genetic conditions, birth defects and developmental delays, as well as genetic testing and genetic counseling for pediatric and adult patients.</li> <li>6 Our Maternal Fetal Treatment Center provides Genetic Counseling and Obstetric/delivery services to high risk pregnant women in the region.</li> <li>7 We also make major investments of our funds and other resources in the provision of education for lay and professional persons, and in research that will improve health care for all children. We take an active role in advocating for improved health and improved access to health care for all. Services and activities provided by CHMCA benefit and/or promote health to the residents in the communities we serve. The primary benefit to our communities is providing health care for more than 1,000,000 children visits annually. In addition, we also provide community building activities as depicted in Part II of this schedule.</li> <li>8 CHMCA's Neonatology department offers intensive care to sick and premature newborns. On any given day, there are 45 to 60 babies receiving care in CHMCA's neonatal intensive care unit (NICU). About 1/4 of these infants have been in utero for fewer than 32 weeks, 5 weeks less than what is considered necessary for full gestation. Some of them are as young as 24 weeks and weigh in at less than a kilogram. CHMCA's neonatal team is committed to providing the most effective and efficient care for our tiniest patients, as well as providing parents with the emotional and practical support they need. To this end, CHMCA is part of the Vermont Oxford Network, a collaboration of health professionals from 850 NICUs around the world who focus on research, education and projects that improve the quality and safety of medical care for newborns and their families. CHMCA's neonatal expertise expands beyond the Level III NICU at our Akron campus. We also own and operate newborn special care nurseries at Cleveland Clinic Akron General Medical Center and Summa's Akron City Hospital in Akron, CHMCA's Beeghly campus in Youngstown, Wooster Community Hospital, St. Elizabeth Hospital and St. Joe's Hospital.</li> <li>9 A specially equipped ambulance and pediatric transport team handles the transfer of the newborns requiring the Level III neonatal intensive care provided at CHMCA in downtown Akron.</li> <li>10 CHMCA is a level II pediatric trauma center, and participates in several research and quality performance efforts to better understand and address the needs.</li> </ol>



Form and Line Reference	Explanation
Part VI, Line 5 - Promotion of Community Health - Groups A & B	<p>of critically ill or injured patients The Pediatric Intensive Care Unit (PICU) is an alpha site for the Virtual PICU Performance System, or VPS, a clinical quality collaborative a imed at standardizing data sharing for improved patient care among critical care units 11 CHMCA's School Health Services supports the academic success of children through health promotion, education and child advocacy School Health serves as a liaison among school staff, family, community and healthcare providers CHMCA's pediatric registered nurses work closely with school staffs to ensure a comprehensive school health program is in place With immediate access to pediatric healthcare professionals at CHMCA, schools are assured their program will effectively address the needs of their staff and students Our School Health Services allows schools to focus on educating students, while we manage their district's medical needs CHMCA employees have received through screening and background checks, reducing districts' liability 12 CHMCA's Beeghly Campus, opened in December 2008 is the Mahoning Valley area's only Pediatric Hospital This 43 bed pediatric hospital offers a full range of pediatric services to the children of the Mahoning Valley and surrounding areas The hospital provides access to a 24/7 Emergency Department, Laboratory, Radiology, Outpatient Surgical Center, Endocrinology, Rehabilitation and EEG/Echo/EKG services, as well as a Hematology/Oncology Clinic, Infusion Center and Child Advocacy Center Annually, the Beeghly campus sees the following patient encounters 1,835 inpatient admissions, 34,493 emergency room visits, and 33,058 specialty visits 13 Additionally, CHMCA brings pediatric primary care for babies, children and teens to many Northeast Ohio neighborhoods through our 27 Pediatrician Offices Each office is staffed with experienced, Board Certified Pediatricians and experienced staff 14 Also located in Mahoning Valley is the Community Outreach, Education &amp; Support Center, which provides education and support for children and their families These programs meet specified criteria of Nationally Accredited Disease Management Programs, as well as CHMCA's criteria and monitoring requirements Our Community Health Outreach includes asthma and diabetes education and support, school programs, disease specific camps and support groups, fitness programs and education programs that touch more than 45,000 individuals annually Parents and members of CHMCA's Family-Centered Care committee established The Parent Advisory Council (PAC) in 1995, as it still thrives today It provides a way for parents and guardians to offer input on issues that impact the care of children The council includes parents whose children have received care at CHMCA Advisors will work with hospital liaisons to represent the voice of families as we work together to enhance the delivery of family-centered care 15 CHMCA is a contracted care coordination agency of the Summit County Pathways Community HUB Through this relationship, CHMCA and the HUB provide bidirectional referrals of women who are pregnant and up to one year postpartum, increasing their access to research such as prenatal care, food and housing assistance, adult education, tobacco cessation services, and others Community health workers help to navigate these women through the system, ensuring they receive the resources needed to provide a healthy environment for themselves and their children 16 Our population health program work with patients on a "high risk" registry and provides case management and care coordination services to improve health outcomes and enhance patients' quality of life, These patients are generally income limited and medically complex, and often have a high no-show rate to their scheduled appointments and/or numerous hospitalizations and emergency department visits in a 12 month period 17 CHMCA is a contracted care coordination agency of the Mahoning Valley Pathway</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6 - Affiliated Health Care System - Groups A & B	N/A

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 7 - State Filing of community benefit report - Groups A & B	Ohio

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI Additional Information	In addition to the locations listed in Part V, Section A and C, CHMCA 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 Section Part VI is the most recent information available.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>Part VI, Line 4 - Community Information - Group B</p>	<p>CHMCA in the Mahoning Valley has and continues to serve patients and families from many communities across the region. Most people who receive services from the hospital are residents of Mahoning, Trumbull or Columbiana Counties. 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 addition of Mahoning and Trumbull Counties to the Appalachian Region. Mahoning, Trumbull and Columbiana Counties represent most of the primary service area of the Beeghly Campus, and now, with this act becoming law, all three counties that make up the primary service area of this facility are located within the Appalachian Region. Trumbull, Mahoning, and Columbiana Counties are classified by the Appalachian Regional Commission as being transitional - they have worse economic rates than the national average for one or more of three economic indicators (three-year average unemployment, per capita market income, and poverty). However, they don't rate low enough to be classified as distressed. In addition, these counties have shortages of primary care health services by the Health Resources and Services Administration (HRSA) and their specific designation are indicated within the descriptions below.</p> <p>Trumbull County - There are approximately 199,627 people living in Trumbull County, which is a decrease of 2% since our last CHNA in 2016. There are 7 cities and 5 villages in Trumbull County, with the county seat being Warren. Compared to the State of Ohio, Trumbull County has a slightly smaller proportion of children (under 18 years old) and a larger proportion of older adults (65 years and older). In Trumbull County, 8.4% of the population is Black or African-American and 1.9% is Hispanic or Latino, compared to 13.1% and 3.9%, respectively, in the State of Ohio. Educational attainment in Trumbull County is lower than the State of Ohio, with 89% having a high school diploma or higher and 18.7% having a bachelor's degree or higher. Similarly, annual per capita income in Trumbull County is lower than the State of Ohio and the percentage of Trumbull County residents living in poverty is higher than that of the State. In addition, Trumbull County is federally designated as a Medically Underserved Area (MUA).</p> <p>Mahoning County - There are approximately 229,642 people living in Mahoning County, which is a decrease of 1% since 2016. There are 7 cities and 7 villages in Mahoning County, with the largest being Youngstown. Compared to the state of Ohio, Mahoning County has a smaller proportion of children (under 18 years old) and a larger proportion of adults (65 years and older). 16% of the population is Black or African-American and 6.4% is Hispanic or Latino, compared to 13.1% and 3.9% respectively, in the State of Ohio. The percentage of Mahoning County residents with a high school diploma or higher is a bit higher than the State of Ohio, but the percentage with a bachelor's degree or higher is lower than the State. The annual per capita income in Mahoning County is lower than the state of Ohio and the percentage of Mahoning County residents living in poverty is higher than the State average. There are three federally designated MUAs within Mahoning County, both rural and non-rural.</p> <p>Columbiana County - There are approximately 102,665 people living in Columbiana County, which is a decrease of 1.7% since 2016. There are 3 cities, 11 villages and 18 townships in Columbiana County, with the largest being Salem. Compared to the State of Ohio, Columbiana County has a smaller proportion of children (under 18 years old) and a larger proportion of older adults (65 years and older). Approximately 2.4% of the population in Columbiana County is Black or African-American and is 1.7% Hispanic or Latino, compared to 12.9% and 3.8%, respectively, in the State of Ohio. The percentage of Columbiana County residents with a high school diploma or higher is lower than the State of Ohio and the percentage with a bachelor's degree or higher is nearly half the State average (13.9% versus 26.7%). The annual per capita income in Columbiana County is much lower than the State of Ohio and the percentage of Columbiana County residents living in poverty is higher than the State average.</p>

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 34-0714357

**Name:** Children's Hospital Medical Center of Akron

## Form 990 Schedule H, Part V Section A. Hospital Facilities

<b>Section A. Hospital Facilities</b> (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>2</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	Children's Hospital Med Ctr of Akron One Perkins Square Akron, OH 44308 www akronchildrens org No Ohio License #			X	X		X	X			A
2	Children's - Beeghly Campus 6505 Market Street Youngstown, OH 44512 www akronchildrens org No Ohio License #			X	X		X	X			B

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Section B Group A	<p>Part V, Section B Facility Policies and Practices, Community Health Needs Assessments (CH NA) CHMCA (#1) Line 3e The significant health needs of the community identified in the CHNA are presented as a prioritized description Line 5 In addition to examining county-level epidemiologic data, interviews were conducted with community leaders representing the broad interest of a six-county area from March - June 2016 to gain insight on what they thought were significant health needs of children and adults in their communities, the factors that affect those health needs, other existing community health needs assessments, possible collaboration opportunities, and to get suggestions on what the hospitals can do to address the significant health needs identified in the community health needs assessment (hereafter CHNA) These community leaders represent the broad interest of the communities served by the hospital facilities including the medically underserved, low-income persons, those with chronic disease needs, and leaders from local public health agencies and departments who have special knowledge and expertise in Public Health and Children's Health Children's Hospital Medical Center of Akron (CHMCA) held a community event in September 2018 where community partners heard report-outs on each CHNA implementation team's progress toward addressing the community needs identified in the 2016 assessment CHMCA did not receive any feedback that would necessitate an adjustment to the CHNA Community Resident Focus Groups In addition to input from community leaders, focus groups were conducted with 178 community residents in the same six-county area from April - June 2016 In addition, a questionnaire was distributed to the focus group participants to gather demographic information and basic perceptions of community health Due to the observed information gap in the epidemiologic data on the health of children, child substance abuse issues, and child mental health issues, several questions were asked to probe more deeply on these issues The discussion guide, questionnaire, and protocol were reviewed and approved by the Kent State University Institutional Review Board Leaders from the following community organizations were interviewed Stark County Department of Job and Family Services Director and Deputy Director Stark County Health Commissioner Akron Public Schools Alcohol, Drug Addiction and Mental Health Board Akron Metropolitan Housing Authority Akron-Summit County Community Action Agency Kent City School District Medina County Health Department Commissioner Mental Health and Recovery Board of Wayne-Holmes County Director Open M Ministries Ohio State Representative John Boccheri Ohio State Representative Christina Hagan Akron-Summit County Library Aurora City School District Brunswick City School District Canal Fulton Chamber of Commerce, Director Children's Hospital Community Benefit/Community Health Needs Assessment Steering Committee City of Akron,</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Section B Group A	<p>Assistant to the Mayor for Education, Health and Families City of Hudson Mayor City of Kent Health Department Commissioner City of Massillon Mayor City of Medina Mayor City of New Franklin Mayor City of Orrville Mayor City of Rittman Mayor City of Stow Mayor Cloverleaf Local Schools Crestwood Local School District Faithful Servants Greater Akron Area Chamber of Commerce Executive Director Hudson School District International Institute of Akron Director of Refugee Resettlement Kent Chamber of Commerce, Executive Director Ohio State Representative Sarah LaTourette Oriana House, Inc Portage County Combined General Health District Commissioner Portage County Mental Health and Recovery Board, Director and Executive Director Rootstown Local Schools Summit County Alcohol, Drug Addiction, and Mental Health Board Director Summit County Children Services Summit County Executive Summit County Public Health Commissioner Tuslaw Local School District United Way of Stark County, Health Impact Counsel Director United Way of Summit County US Senator Sherrod Brown Legislative Aide US Senator Rob Portman Legislative Aide Wadsworth Chamber of Commerce Director Wadsworth City School District Wayne County Health Department Health Commissioner Windham Village Mayor Focus Groups Community residents were recruited in several ways We conducted focus groups during scheduled community meetings and events, such as advisory groups and health and wellness center meetings Sites were selected based upon proximity to population areas, ease of access (including free parking and bus lines), and the recommendations from local community leaders 30.3% of participants were from Summit County, 6.2% from Wayne County, 12.4% from Medina County, 21.9% from Stark County, 13.5% from Portage County, and 15.7% from Richland County The average number of years the participants lived in their home county was 31.7 years</p> <p>Line 6a Yes Cleveland Clinic-Akron General 1 Akron General Ave Akron, Ohio 44307 Summa Health System 525 East Market Street Akron, Ohio 44304</p> <p>Line 6b Yes Kent State University of Public Health 800 East Summit Street Kent, Ohio 44240</p> <p>Line 7(a) &amp; Line 10 - Yes - Posted on our external website to <a href="https://www.akronchildrens.org/pages/Community_Health_Needs_Assessment.html">https://www.akronchildrens.org/pages/Community_Health_Needs_Assessment.html</a></p> <p>Line 11 - The measured indicators in the 2016 CHNA have been addressed for many years through CHMCA's clinical and programmatic efforts Our highly-qualified medical staff and professionals provide world-class patient centered care to address each of these indicators through our Center for Orthopedics and Sports Medicine, Center for Diabetes and Endocrinology, Robert T Stone MD Respiratory Center, Heart Center, Division of Pediatric Psychiatry and Psychology, and the Showers Family Center for Childhood Cancer and Blood Disorders The 2016 CHNA identified and prioritized several community health needs We drafted, and our Board of Directors approved comprehensive implementation strategies that focused on</p>



**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Section B Group A	<p>addressing conditions related to diabetes, asthma, behavioral and mental health, and infant mortality. The remaining identified needs from the CHNA, including conditions related to child lifestyle factors, crime and violence, access to health care and environmental factors were not formally addressed through implementation strategies. Reasons for this vary, from other community agencies being better positioned to address these conditions to a lack of funding and staff, and a lower priority for certain conditions because of our focus on pediatric conditions. We will continue to look to CHNA data, as well as other data sources for these conditions to guide our efforts and advance our mission of improving the health of the communities we serve.</p> <p>Specific Needs Not Addressed - Although all of the community health needs identified by the CHNA are important, hospital teams deliberated and prioritized five high-priority areas based on the hospital's current activities, the potential for community impact, and available resources. Consequently, several areas will not be addressed through formal implementation strategies. These include health areas that ranked lower during the prioritization process. Additionally, certain health areas were beyond the scope of the hospital, with some health areas that require more resources than what are available.</p> <p>Access to Health Care - Health Insurance Coverage - Access to Dental Care - Mental Health Insurance Coverage - Dental Insurance Coverage - Vision Insurance Coverage - Child Lifestyle Factors - Food Insecurity - Obesity Environmental Factors - Elevated Blood Lead Levels Crime And Violence - Child Trafficking</p> <p>While dental care was not selected to be addressed as part of the CHNA, the data showing high incidents of extraction in CHMCA's emergency department prompted the opening of the Celeste Myers Dental Clinic in 2016 to increase access to preventative pediatric oral health care services. Additionally, CHMCA's clinicians do not provide care services for pregnant women, other than those whose babies have been diagnosed before birth or prenatally with a condition or disease that must be monitored by our Maternal Fetal Medicine (MFM) Center or Genetics Center. Therefore, we will not be able to impact the service area's rate of infants born at low birth weights or very low birth weights (other than caring for them after birth), the rate of preterm births (other than those mothers and babies being followed by our MFM Center), or the rate of pregnant women receiving prenatal care (other than those seen by MFM Center) or the rate of births to women who smoke. We do care for babies born at low and very low birth weights and preterm infants requiring hospitalization in the Neonatal Intensive Care Unit (NICU) on the Akron campus or NICUs that we operate at Cleveland Clinic Akron General, Summa Health System, St. Elizabeth Hospital in Youngstown, and the special care nursery at our Mahoning Valley Campus in Boardman.</p> <p>Data Limit</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V Section B Group B	<p>Part V, Section B Facility Policies and Practices, Community Health Needs Assessments CHM CA - Beeghly Campus (#2) Line 3(e) - The significant health needs of the community identified in the CHNA are presented as a prioritized description Line 5 - In addition to examining county-level epidemiologic data, interviews were conducted with community leaders representing the broad interest of a three-county area from March - June 2016 to gain insight on what they thought were the significant health needs of children and adults in their communities, the factors that affect those health needs, other existing community health needs assessments, possible collaboration opportunities, and to get suggestions on what the hospitals can do to address the significant health needs identified in the Community Health Needs Assessment(CHNA) Children's Hospital Medical Center of Akron (CHMCA) held a community event in September 2018 where community partners heard report-outs on each CHNA implementation team's progress toward addressing the community needs identified in the 2016 assessment CHMCA did not receive any feedback that would necessitate an adjustment to the CHNA These community leaders represent the broad interests of the communities served by the hospital facility including the medically underserved, low-income persons, minority groups, those with chronic disease needs and leaders from local public health agencies and departments who have special knowledge and expertise in public health and children's health issues Leaders Interviewed Youngstown City Health District, Health Commissioner Youngstown/ Warren Regional Chamber, Executive Director Mahoning County Children's Services Executive Director Mahoning County Health Commissioner Trumbull County Mental Health and Recovery Board Director Trumbull County Children's Services Executive Director St. Joseph Health Center President Columbiana County Department of Job and Family Services Director Columbiana County Health Department Commissioner Alta Care Group Chief Executive Officer Children's Rehabilitation Center Interim Director Coleman Behavioral Health Supervisor Columbiana County Family and Children First Council Director Columbiana County Mental Health and Recovery Service Board, Executive Director Columbiana County WIC Program Supervisor Community Foundation of the Mahoning Valley President Compass Family and Community Service Executive Director Coordinated Action for School Health (CASH) Coalition Coordinator East Liverpool City Hospital Chief Nursing Officer Health And Nutrition, Alta Head Start Manager Mahoning County Board of Developmental Disabilities Superintendent Mahoning County Educational Service Center Superintendent Mahoning County Juvenile Court Judge Mahoning Family and Children First Council Coordinator Mercy Medical Center Manager of Community Health Information Mercy Medical Center WIC Program Manager Neighborhood Ministries Executive Director Ohio Organizing Collaborative Director o</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V Section B Group B	<p>f Operations Ohio Senator Capri Cafaro Ohio State Representative John Bocchieri Ohio State Representative Timothy E Ginter Organizacion Civica y Cultural Hispana Americana, Inc Exe cutive Director and Program Manager Director of Potential Development Counseling Center Di rector of Youth &amp; Community Support The Counseling Center Director of Nursing Practices Tr umbull County Health Department Commissioner Trumbull Family and Children First Council Di rector United Way of Northern Columbiana County Executive Director United Way of Trumbull County President United Way of Youngstown President U S Senator Rob Portman Legislative A ide U S Senator Sherrod Brown Legislative Aide Youngstown Better Business Bureau Presiden t Youngstown City Schools Acting Superintendent Youngstown Neighborhood Development Center Manager Youngstown Office of Minority Health Director In addition to the input from commu nity leaders, focus groups were conducted with 90 community residents in the same three-co unty area from April - June 2016 to get their input on what they thought were the signific ant health needs of children and adults in their communities, the factors that affect thos e needs, the solutions they thought would solve those needs, and what the hospitals and ot her community groups could do to address those needs In addition, a questionnaire was dis tributed to the focus group participants to gather demographic information and basic perce ptions of community health Due to the observed information gap in the epidemiologic data on the health of children, child substance abuse issues, and child mental health issues, s everal questions were asked to probe more deeply on these issues The discussion guide, qu estionnaire and protocol were reviewed and approved by the Kent State University Instituti onal Review Board Community residents were recruited to participate in the focus groups i n several ways We conducted focus groups during scheduled community meetings and events, such as advisory groups, and wealth and wellness center meetings Sites were selected base d on proximity to population areas, ease of access (including free parking and bus lines), and the recommendations from community leaders 16 9% of participants were from Trumbull County, 61 8% from Mahoning County, and 21 3% were from Columbiana County The average num ber of years that participants lived in their home county was 25 5 years Line 6(b) Kent S tate University of Public Health 800 East Summit Street Kent, Ohio 44240 Line 7 (a)&amp; Line 1 0 - Yes - <a href="https://www.akronchildrens.org/pages/Community_Health_Needs_Assessment.htm">https://www.akronchildrens.org/pages/Community_Health_Needs_Assessment.htm</a>   Lin e 11 The measured indicators in the 2016 CHNA have been addressed for many years through CHMCA's clinical and programmatic efforts Our highly-qualified medical staff and professi onals provide world-class patient centered care to address each of these indicators throug h our Center for Orthopedics and Sports Medicine, Center for Diabetes and Endocrinology, R obert T Stone MD Respiratory</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V Section B Group B	<p>Center, Heart Center, Division of Pediatric Psychiatry and Psychology, and the Showers Family Center for Childhood Cancer and Blood Disorders. The 2016 CHNA identified and prioritized several community health needs. We drafted, and our Board of Trustees approved, implementation strategies that focused on addressing conditions related to diabetes, asthma, behavioral and mental health, injuries and infant mortality. The remaining identified needs from the CHNA, including conditions related to child lifestyle factors, crime and violence, access to health care, and environmental factors, were not formally addressed through implementation strategies. Reasons for this vary, from other community agencies being better positioned to address these conditions to lack of funding and staff and a lower priority for certain conditions because of our focus on pediatric conditions. We will continue to look at CHNA data, as well as other data sources, on these conditions to guide our efforts and advance our mission of improving the health of the communities we serve.</p> <p><b>Specific Needs Not Addressed</b> - Although all of the community health needs identified by the CHNA and deliberated by our hospital teams are important, five emerged as high-priority areas based on the hospital's current activities, the potential for community impact, and available resources. Consequently, several areas will not be addressed in this Implementation Strategy. These include health areas that ranked lower during the prioritization process, health areas that were beyond the scope of the hospital, and health areas that require more resources than what are available.</p> <p><b>Access to Health Care</b> - <b>Health Insurance Coverage</b> - <b>Access to Dental Care</b> - <b>Mental Health Insurance Coverage</b> - <b>Dental Insurance Coverage</b> - <b>Vision Insurance Coverage</b> - <b>Child Lifestyle Factors</b> - <b>Overweight &amp; Obesity</b> - <b>Food Insecurity</b> - <b>Environmental Factors</b> - <b>Elevated Blood Lead Levels</b> - <b>Crime And Violence</b> - <b>Child Trafficking</b></p> <p>Additionally, CHMCA's clinicians do not provide care services for pregnant women, other than those whose babies have been diagnosed before birth or prenatally with a condition or disease that must be monitored by our Maternal Fetal Medicine (MFM) Center or Genetics Center, or the rate of women who smoke. Therefore, we will not be able to impact the service area's rate of infants born at low birth weights or very low birth weights (other than caring for them after birth), the rate of preterm births (other than those mothers and babies being followed by our MFM Center), or the rate of pregnant women receiving prenatal care (other than those seen by MFM Center). We do care for babies born at low and very low birth weights and preterm infants requiring hospitalization in the NICU on the Akron campus or NICUs that we operate at Cleveland Clinic-Akron General, Summa Health System and St. Elizabeth Hospital in Youngstown, and the special care nursery at our Mahoning Valley Campus in Boardman.</p> <p><b>Data Limitations and Gaps</b> - Due to</p>

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>1</b> CHMCA Partial Hospitalization Prog #16 388 South Main Street Suite 205 2 Akron, OH 44311	Behavioral Health Day Programs
<b>1</b> CHMCA Montrose Urgent Care #43 4125 Medina Road Akron, OH 44333	Urgent Care
<b>2</b> ACHP - New Philadelphia #17 1045 W High Avenue New Philadelphia, OH 44663	General Outpatient Services
<b>3</b> ACHP - Green #10 1600 E Turkeyfoot Lake Road Suite 1 Akron, OH 44312	General Outpatient Services
<b>4</b> ACHP - Fairlawn #12 701 White Pond Drive Suite 100 Akron, OH 44320	General Outpatient Services
<b>5</b> ACHP - Hudson #15 1365 Corporate Drive Suite A Hudson, OH 44236	General Outpatient Services
<b>6</b> CHMCA Hudson Specialties #6 5655 Hudson Drive Hudson, OH 44236	Special Outpatient Services
<b>7</b> ACHP - Warren #21 5000 E Market st Suite 30 Warren, OH 44484	General Outpatient Services
<b>8</b> ACHP - East Akron #32 891 East Exchange Street Akron, OH 44306	General Outpatient Services
<b>9</b> ACHP - Wooster #24 128 E Milltown Road Suite 209 Wooster, OH 44691	General Outpatient Services
<b>10</b> ACHP - Medina #25 3443 Medina Road Suite 115 Medina, OH 44256	General Outpatient Services
<b>11</b> ACHP - Boardman #23 6505 Market Street Bldg A First Flo Boardman, OH 44512	General Outpatient Services
<b>12</b> ACHP - Barberton #36 566 Robinson Avenue Barberton, OH 44203	General Outpatient Services
<b>13</b> ACHP - Ellet #33 1463 Canton Road Suite A Akron, OH 44312	General Outpatient Services
<b>14</b> ACHP - Twinsburg #26 8054 Darrow Road Suite 3 Twinsburg, OH 44087	General Outpatient Services

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

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>16</b> ACHP - Kent #35 1951 State Rt 59 Kent, OH 44240	General Outpatient Services
<b>1</b> ACHP - Ashland #34 2212 Mifflin Avenue Suite 235 Ashland, OH 44805	General Outpatient Services
<b>2</b> ACHP - Wadsworth #30 323 High Street Suite A Wadsworth, OH 44281	General Outpatient Services
<b>3</b> ACHP - North Canton #13 6076 Whipple Ave NW Bldg B North Canton, OH 44720	General Outpatient Services
<b>4</b> ACHP - Tallmadge #38 143 Northeast Ave Bldg D 102 Tallmadge, OH 44278	General Outpatient Services
<b>5</b> ACHP - Streetsboro #45 9318 State Rt 14 Streetsboro, OH 44241	General Outpatient Services
<b>6</b> CHMCA Millersburg Hemophilia Clinic #8 1261 Wooster Road Suite 220 Millersburg, OH 44654	Single Specialty Outpatient
<b>7</b> ACHP - Ravenna #41 6847 N Chestnut Street Suite 200 Ravenna, OH 44266	General Outpatient Services
<b>8</b> CHMCA Care Center Stark County #20 213 Market Avenue N Suite 200 Canton, OH 44702	Single Specialty Outpatient
<b>9</b> ACHP - Brecksville #42 7001 s Edgerton Road Suite 500 Brecksville, OH 44141	General Outpatient Services
<b>10</b> ACHP - Alliance #31 1826 S Arch Avenue Alliance, OH 44601	General Outpatient Services
<b>11</b> CHMCA North Canton Rehab Services #7 6200 Whipple Ave NW Canton, OH 44720	General Outpatient Services
<b>12</b> CHMCA Beachwood Specialties #29 23250 Chagrin Blvd Building 5 Suit Beachwood, OH 44122	Specialty Outpatient Services
<b>13</b> ACHP - Perry #27 125 Whipple Ave S W Canton, OH 44710	General Outpatient Services
<b>14</b> CHMCA Medina Specialties #22 3443 Medina Rd Suite 108 Door 1 Medina, OH 44256	Specialty Outpatient Services

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

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>31</b> CHMCA - AGMC Wellness - Rehab #51 4125 Medina Road Akron, OH 44333	Physical Rehab Services
<b>1</b> CHMCA Ctr for Allergy & Immunology #18 130 West Exchange Street Akron, OH 44308	Single Specialty Group
<b>2</b> CHMCA Medina Subspecialties #52 3443 Medina Rd Suite 108 Door 2 Medina, OH 44256	Specialty Outpatient Services
<b>3</b> CHMCA Wooster Specialty Care #53 546 Winter St Suite 10 Wooster, OH 44691	Specialty Outpatient
<b>4</b> CHMCA Warren Subspecialties #5 5000 E Market St Unit 29 Warren, OH 44484	Specialty Outpatient Services
<b>5</b> CHMCA Norwalk Subspecialties #54 282 Benedict Avenue Norwalk, OH 44857	Specialty Outpatient Services
<b>6</b> CHMCA Life Center Plus #48 5133 Darrow Rd Hudson, OH 44236	Single Specialty Outpatient
<b>7</b> ACHP - Ontario #39 2003 W 4th Street Ontario, OH 44906	General Outpatient Services
<b>8</b> CHMCA Mansfield Subspecialties #14 1029 S Trimble Road Mansfield, OH 44906	Specialty Outpatient Services
<b>9</b> ACHP - Warren Downtown #44 661 Mahoning Avenue NW Warren, OH 44483	General Outpatient Services
<b>10</b> CHMCA MFM Mercy Health #56 1330 Mercy Drive NW Suite 506 Canton, OH 447082685	Single Specialty Outpatient
<b>11</b> ACHP Mansfield #28 1029 S Trimble Rd Mansfield Ohio, OH 44906	General Outpatient Services
<b>12</b> ACHP Lisbon #40 400 N Market St Lisbon, OH 44432	General Outpatient Services
<b>13</b> ACHP Austintown #37 5480 Norquest Blvd Austintown, OH 44515	General Outpatient Services
<b>14</b> CHMCA North Canton Specialty Care #11 6200 Whipple Avenue SW Canton, OH 44720	General Outpatient Services

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

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>46</b> CHMCA MFM Medina #55 3985 Medina Rd Suite 200 Medina, OH 44256	Single Specialty Outpatient
<b>1</b> Family Child Learning Center #49 143 Northwest Ave Bldg A Tallmadge, OH 44278	General Outpatient Services
<b>2</b> CHMCA At St Elizabeth's #1 8401 Market St Boardman, OH 44512	NICU Nursery
<b>3</b> CHMCA SCN Summa Akron City #2 525 E Market St Akron, OH 44304	NICU Nursery
<b>4</b> CHMCA SCN CCAG #3 1 Akron General Avenue Akron, OH 44307	NICU Nursery
<b>5</b> CHMCA Aultman #9 2600 6th Street SW Canton, OH 44710	Pediatric Unit
<b>6</b> CHMCA Mercy Health St Joseph Hosp #4 667 Eastland Avenue SE Warren, OH 44484	Pediatric Unit NICU Nursery
<b>7</b> CHMCA Wooster Community Hospital #19 1761 Beall Avenue Wooster, OH 44691	NICU Nursery
<b>8</b> CHMCA Warren Urgent Care #50 5000 E Market St Wooster, OH 44691	General Outpatient Services
<b>9</b> CHMCA Hudson Urgent Care #46 5655 Hudson Avenue Hudson, OH 44236	General Outpatient Services
<b>10</b> CHMCA Mansfield Urgent Care #47 1029 S Trimble Road Mansfield, OH 44906	General Outpatient Services



Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I  
(Form 990)**

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

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization  
Children's Hospital Medical Center of Akron

Employer identification number  
34-0714357

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

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 7

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

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	CHMCA DONATES MONEY OCCASIONALLY TO PROGRAMS THROUGHOUT SUMMIT COUNTY 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 RESEARCH

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 34-0714357  
**Name:** Children's Hospital Medical Center of Akron

### Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AKRON CHILDREN'S HOSPITAL FOUNDATION ONE PERKINS SQUARE AKRON, OH 44308	23-7114013	501(c)(3)	897,452				GENERAL SUPPORT
GREATER AKRON CHAMBER 1 CASCADE PLAZA 17TH FLOOR AKRON, OH 44308	34-1156576	501(c)(3)	50,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF AKRON FOUNDATION DEPARTMENT OF DEVELOPMENT PO BOX 2203 AKRON, OH 44325	34-6575496	501(c)(3)	5,800				NURSING EDUCATION
UNITED WAY 37 N HIGH STREET AKRON, OH 44308	34-1169257	501(C)(3)	50,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
RAHAB MINISTRIES PO BOX 13866 FAIRLAWN, OH 44334	20-3285531	501(C)(3)	10,000				GENERAL SUPPORT
AKRON CHILDREN'S MUSEUM 216 S MAIN STREET AKRON, OH 44308	46-3118462	501(C)(3)	10,000				GENERAL SUPPORT

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NATIONAL KIDNEY FOUNDATION 2831 PROSPECT AVENUE E CLEVELAND, OH 44115	34-0827748	501(C)(3)	7,000				GENERAL SUPPORT

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization  
Children's Hospital Medical Center of Akron

Employer identification number  
34-0714357

**Part I Questions Regarding Compensation**

		Yes	No		
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input checked="" type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input checked="" type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	<b>1b</b>	Yes			
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>	Yes			
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	<b>4a</b>		No		
	<b>4b</b>	Yes			
	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	<b>5a</b>		No		
	<b>5b</b>		No		
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	<b>6a</b>		No		
	<b>6b</b>		No		
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	<b>7</b>	Yes			
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	<b>8</b>		No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>				

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							



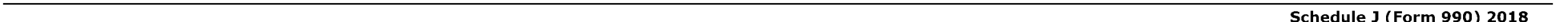
**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Line 1a - Fringe or Expense Explanation	William Considine, CEO and Shawn Lyden, Executive VP, had a 2018 country club membership that was used by them for business purposes. William Considine also received grossed up payments for his automobile, life and other insurance payments made by CHMCA.

Return Reference	Explanation
Part I, Line 4 - Severance, Nonqualified, and Equity Based Payments	<p>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. The non-qualified deferred payment to William Considine in 2018 was \$406,000. The following individuals became participants in Supplemental Executive Retirement Plans during 2018, whereby they become vested per the terms of their employment agreement. CHMCA is accruing for the benefit that will occur, therefore these amounts are included in their deferred compensation. No distributions were made in 2018. Grace Wakulchik, Shawn Lyden, Robert McGregor, M.D., Lisa Aurilio, Rhonda Larimore, Craig McGhee, Bennett Williams, Harun Rashid, Christine Young.</p>

<b>Return Reference</b>	<b>Explanation</b>
Part I, Line 7 - Non Fixed Payments Provided	CHMCA does have contracts with certain physicians that earn bonuses based on Work Relative Value Units (WRVU's) Physicians work RVU the relative level of time, skill, training and intensity to provide a given service Each Current Procedural Terminology (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



**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 34-0714357

**Name:** Children's Hospital Medical Center of Akron

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
WILLIAM CONSIDINE CEO EMERITUS (11/1/2018)	(i)	1,462,211	630,000	486,691	-79,719	18,006	2,517,189	0
	(ii)	0	0	0	0	0	0	0
SHAWN LYDEN CHIEF STRATEGY OFFICER	(i)	628,579	165,000	3,447	114,965	23,328	935,319	0
	(ii)	0	0	0	0	0	0	0
MICHAEL TRAINER CHIEF FINAN OFFICER/TREASURER	(i)	513,241	160,000	6,706	19,250	9,191	708,388	0
	(ii)	0	0	0	0	0	0	0
GRACE WAKULCHIK PRESIDENT & CEO (11/1/2018)	(i)	808,619	300,000	11,096	195,701	9,035	1,324,451	0
	(ii)	0	0	0	0	0	0	0
JOHN CROW MD CHAIRMAN, PEDIATRIC SURGERY	(i)	1,059,484	0	3,612	19,250	17,371	1,099,717	0
	(ii)	0	0	0	0	0	0	0
NORMAN CHRISTOPHER MD CHAIRMAN, DEPT OF PEDS	(i)	427,407	66,153	6,246	904	24,856	525,566	0
	(ii)	0	0	0	0	0	0	0
ROBERT MCGREGOR MD CHIEF MEDICAL OFFICER	(i)	490,766	138,000	6,029	91,325	17,094	743,214	0
	(ii)	0	0	0	0	0	0	0
LISA AURILIO CHIEF OPERATING OFFICER	(i)	465,944	120,000	1,134	67,368	9,617	664,063	0
	(ii)	0	0	0	0	0	0	0
LAURA POLLAUFG MD PRESIDENT OF MEDICAL STAFF	(i)	415,257	10,000	828	-15,470	23,185	433,800	0
	(ii)	0	0	0	0	0	0	0
CYNTHIA DORMO VP, DEPT OF PEDS	(i)	286,740	62,400	1,831	643	8,913	360,527	0
	(ii)	0	0	0	0	0	0	0
SHARON HRINA VP, MAHONING VALLEY ENTERPRISE	(i)	281,920	56,942	3,536	9,829	8,932	361,159	0
	(ii)	0	0	0	0	0	0	0
CRAIG MCGHEE CHIEF NON HOSP SRVCS OFFICER	(i)	255,040	49,967	1,692	42,385	14,073	363,157	0
	(ii)	0	0	0	0	0	0	0
ANTON MILO MD DIRECTOR OF ENT	(i)	1,339,977	0	7,482	19,250	24,212	1,390,921	0
	(ii)	0	0	0	0	0	0	0
ROBERT PARRY MD PEDIATRIC GENERAL SURGEON	(i)	948,486	75,001	11,484	19,250	23,816	1,078,037	0
	(ii)	0	0	0	0	0	0	0
TSULEE CHEN MD DIRECTOR OF NEUROLOGY	(i)	856,347	105,005	840	13,750	9,915	985,857	0
	(ii)	0	0	0	0	0	0	0
AVRAHAM SCHLAGER MD PEDIATRIC GENERAL SURGEON	(i)	855,306	53,500	2,045	13,750	9,909	934,510	0
	(ii)	0	0	0	0	0	0	0
SCOTT BOULANGER MD PEDIATRIC GENERAL SURGEON	(i)	814,513	34,375	6,298	16,500	9,627	881,313	0
	(ii)	0	0	0	0	0	0	0
LINDA GENTILE VP SUPP SVC & CONSTRUCTION	(i)	271,352	62,976	3,444	-7,946	17,268	347,094	0
	(ii)	0	0	0	0	0	0	0
LINDA HETSON VP PROFESSIONAL SERVICES	(i)	236,569	47,526	1,457	140,120	8,256	433,928	0
	(ii)	0	0	0	0	0	0	0
RHONDA LARIMORE CHIEF HUMAN RESOURCE OFFICER	(i)	195,332	30,000	2,941	54,904	13,752	296,929	0
	(ii)	0	0	0	0	0	0	0

<b>Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>								
<b>(A)</b> Name and Title		<b>(B)</b> Breakdown of W-2 and/or 1099-MISC compensation			<b>(C)</b> Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	<b>(E)</b> Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B) reported as deferred on prior Form 990
		<b>(i)</b> Base Compensation	<b>(ii)</b> Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation				
BERNETT WILLIAMS INTERIM VP-HUMAN RESOURCES	(i)	262,915	52,920	649	44,250	14,244	374,978	0
	(ii)	0	0	0	0	0	0	0
HARUN RASHID CHIEF INFORMATION OFFICER	(i)	331,370	66,783	2,873	67,500	23,051	491,577	0
	(ii)	0	0	0	0	0	0	0
CHRISTINE YOUNG CHIEF NURSING OFFICER	(i)	270,450	15,000	629	52,550	14,208	352,837	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule K  
(Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Children's Hospital Medical Center of Akron

Employer identification number

34-0714357

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	AKRON BATH AND COPLEY JOINT TWSP HOSP DISTRICT	34-1448680	009730MY5	05-15-2012	102,559,004	Refund prior issue to construct ne		X		X		X
<b>B</b>	AKRON BATH AND COPLEY JOINT TWSP HOSP DISTRICT	34-1448680	009730NB4	05-05-2013	101,377,818	Construction of Critical Care Towe		X		X		X
<b>C</b>	AKRON BATH AND COPLEY JOINT TWSP HOSP DISTRICT	34-1448680	000000000	11-14-2013	27,405,000	Refund Prior Issue		X		X		X

**Part II Proceeds**

		A		B		C		D	
<b>1</b>	Amount of bonds retired . . . . .	80,432,291		0		0			
<b>2</b>	Amount of bonds legally defeased . . . . .	0		0		0			
<b>3</b>	Total proceeds of issue . . . . .	102,559,004		101,377,818		27,405,000			
<b>4</b>	Gross proceeds in reserve funds . . . . .	0		0		0			
<b>5</b>	Capitalized interest from proceeds . . . . .	1,010,250		10,229,217		280,035			
<b>6</b>	Proceeds in refunding escrows . . . . .	0		0		0			
<b>7</b>	Issuance costs from proceeds . . . . .	1,116,463		1,148,601		0			
<b>8</b>	Credit enhancement from proceeds . . . . .	0		0		0			
<b>9</b>	Working capital expenditures from proceeds . . . . .	0		0		0			
<b>10</b>	Capital expenditures from proceeds . . . . .	20,000,000		90,000,000		0			
<b>11</b>	Other spent proceeds . . . . .	80,432,291		0		27,124,965			
<b>12</b>	Other unspent proceeds . . . . .	0		0		0			
<b>13</b>	Year of substantial completion . . . . .	2013		2015		2013			
		Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b>	Were the bonds issued as part of a current refunding issue? . . . . .	X			X	X			
<b>15</b>	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X		
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	X		X		X			
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X			

**Part III Private Business Use**

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b>	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X		X		
<b>2</b>	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X		X		X		

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X			
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X		X		
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0 %		0 %		0 %			
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
<b>6</b> Total of lines 4 and 5 . . . . .								
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X		X		
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .		X		X		X		
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X			

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X		X		
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X		X	X			
<b>b</b> Exception to rebate? . . . . .		X		X		X		
<b>c</b> No rebate due? . . . . .	X		X			X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X		X		X		
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
<b>b</b> Name of provider . . . . .	0		0		0			
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								



**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
<b>b</b> Name of provider . . . . .	0		0		0			
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X		X		
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .	X		X		X			

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
PART 1(f)A	FROM THE \$102,559,004 PROCEEDS, \$80,432,921 WAS USED TO REFUND THE SERIES 2001 BONDS AND \$20,000,000 WAS USED FOR CONSTRUCTION OF A NEW PARKING DECK ON THE AKRON CAMPUS CONTAINING APPROXIMATELY 1200 SPACES AND CONNECTED TO THE KAY JEWELERS PAVILION THE DATE THE REBATE COMPUTATION WAS PERFORMED WAS 02/13/2017

Return Reference	Explanation
PART 1(F)B	\$101,377,818 WAS USED TO CONSTRUCT AN APPROXIMATELY 366,000 SQUARE FOOT KAY JEWELERS PAVILION ON THE AKRON CAMPUS THE DATE THE REBATE COMPUTATION WAS PERFORMED WAS 03/13/2017

<b>Return Reference</b>	<b>Explanation</b>
PART 1(f)C	\$27,405,000 OF BOND PROCEEDS REFUNDED THE SERIES 2003 BONDS AND IS HELD BY KEY GOVERNMENT FINANCE, INC

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 34-0714357

**Name:** Children's Hospital Medical Center of Akron

Return Reference	Explanation
PART 1(f)A	FROM THE \$102,559,004 PROCEEDS, \$80,432,921 WAS USED TO REFUND THE SERIES 2001 BONDS AND \$20,000,000 WAS USED FOR CONSTRUCTION OF A NEW PARKING DECK ON THE AKRON CAMPUS CONTAINING APPROXIMATELY 1200 SPACES AND CONNECTED TO THE KAY JEWELERS PAVILION THE DATE THE REBATE COMPUTATION WAS PERFORMED WAS 02/13/2017
PART 1(f)B	\$101,377,818 WAS USED TO CONSTRUCT AN APPROXIMATELY 366,000 SQUARE FOOT KAY JEWELERS PAVILION ON THE AKRON CAMPUS THE DATE THE REBATE COMPUTATION WAS PERFORMED WAS 03/13/2017
PART 1(f)C	\$27,405,000 OF BOND PROCEEDS REFUNDED THE SERIES 2003 BONDS AND IS HELD BY KEY GOVERNMENT FINANCE, INC

**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No 1545-0047

▶ **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, line 38a or 40b.**  
 ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Children's Hospital Medical Center of Akron

Employer identification number  
34-0714357

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_  
 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) CATHRYN O'MALLEY	FAMILY MEMBER OF WILLIAM CONSIDINE, CHIEF EXECUTIVE OFFICER EMERITUS	114,971	COMPENSATION		No
(2) LAURIE SCHUELER	FAMILY MEMBER OF DUANE ISHAM, BOARD DIRECTOR	52,609	COMPENSATION		No

**Part V Supplemental Information**

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

Return Reference	Explanation
SCHEDULE L, PART IV	

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury

Name of the organization  
Children's Hospital Medical Center of Akron

Employer identification number  
34-0714357

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4d - All Other Accomplishments	<p>Children's Hospital Medical Center of Akron ("CHMCA") operates one of the largest pediatric primary care networks in nine different counties including Summit, Columbiana, Cuyahoga, Mahoning, Medina, Stark, Wayne, Tuscarawas and Portage. The pediatricians and staff at Akron Children's Hospital Pediatrics ("ACHP") 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 CHMCA. By sharing information between our offices and with area health care providers, we ensure that all children receive the finest care - from preventative checkups to treatment for chronic health problems. ACHP visits were 465,698 and 450,633 for 2018 and 2017 respectively. The Surgical Services Department at CHMCA performs general and specialized surgical procedures each year, ranging from uncomplicated tonsillectomies to neurosurgery, open heart, orthopedic, and plastic and reconstructive surgery to children in the serving areas. Total surgical cases for 2018 and 2017 were 18,011 and 17,068 respectively. The entire staff at CHMCA, 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.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 6 - Classes of Members or Stockholders	The duly elected, qualified and acting Directors and the active members of the Women's Board of Akron Children's Hospital are members of the Corporation



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 7a - Election of Members and Their Rights	<p>The number of the Directors of CHMCA shall be set by the members. Five of the members shall consist of the Women's Board of CHMCA. The President of the Medical Staff shall be a member of the Board of Directors. The remaining members of the Board of Directors shall be elected by the members of CHMCA. A director shall be elected for a three-year term, but a person may be nominated for and elected to a shorter term so that the terms of approximately one-third of the directors shall expire each year. Each director shall serve until his successor is 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 director's responsibilities include (1) to ensure 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 and 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 CHMCA shall be exercised, conducted, and controlled by the Directors. The Directors shall elect the members of the Executive Committee of the Board.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members	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 and Chief Executive Officer. The Chief Executive Officer shall, in all matters pertaining to Hospital administration, directly represent the Executive Committee of the Board of Directors and shall be responsible to them respectively for the proper performance of her duties. It shall be the duty of the Chief Executive Officer 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 Chief Executive Officer is absolute until a ruling is rendered by the Executive Committee of the Board of Directors.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 11b - Organization's Process to Review Form 990	The Form 990 is provided to the Audit Committee and Chairman of the Board of Directors of CHMCA 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.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy	<p>It is CHMCA's policy that all employees disclose real and apparent conflicts of interest as a condition of employment with CHMCA. CHMCA also requires that each employee disclose in writing, annually, to the President a list of all businesses or other organizations in which he/she is an officer, member, owner, shareholder, trustee or employee for which he/she acts as an agent or might reasonably in the future enter into a relationship or transaction in which the employee could have a duality of interest. If a situation arises in which there is a duality of interest, or a question of duality of interest, and, as such, potential for a conflict of interest, it is the primary responsibility of the individual directly involved and responsibility of other personnel, to the extent that they become aware of a duality of interest, to make immediate and complete disclosure to the appropriate Vice President. He/she will review the situation with the Human Resources Chief Officer who will present it to the President or his designee. It is the responsibility of the President or his designee to evaluate any circumstances in which a duality of interest exists, (if known, when disclosed or undisclosed), to determine whether such conflict is so substantial that it is deemed to be detrimental to CHMCA. Any employee who is directly or indirectly involved in a situation which represents a duality of interest, and as such, a potential conflict of interest, will abide by the following policies: (1) Individual will not be permitted access to any information which may provide an unfair advantage to that individual or the firm he/she represents. (2) Individual will be required to withdraw from any meeting in which the matter is discussed. (3) Individual will not be permitted to participate in deliberation or vote on the matter and will be required to leave the room during voting. (4) Any employee is expressly prohibited from releasing any "sensitive information" regarding a decision made or being considered to any person who may have a duality of interest, and as such, a potential conflict of interest. (5) Any attempt on the part of an employee to unfairly influence or impact the decision making process in favor of personal interest may be considered breach of trust and may be cause for removal from his/her position of responsibility or other disciplinary action up to and including discharge.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 15a- Compensation Process for Top Official	<p>CHMCA's executive total compensation program is governed by the Compensation Committee (Committee) of the Board of Directors. Key Committee responsibilities include (a) ensure executive total compensation is appropriate in light of CHMCA's mission and values, and (b) approve an executive compensation philosophy, the associated programs, and all compensation actions for individual executives. The Committee is comprised of independent members of CHMCA's Board who have no personal interest in any executive compensation transaction. Should a potential conflict of interest be identified, the Committee determines the extent of the conflict and the means to address it. In certain cases, a Committee member may be asked not to participate in discussions of, or vote on, a particular compensation transaction. The Committee follows all steps required by the Internal Revenue Service to qualify for the safe harbor under the Intermediate Sanctions regulations. The Committee reviews market compensation data for comparable positions at similar organizations which are compiled by an independent consultant. The Committee uses the data to make executive decisions and documents its compensation deliberations and decisions in a timely manner.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 15b - Compensation Process for Officers	An independent salary survey was completed in 2018 and recommendations were provided and presented by the independent consultant to the Committee for approval

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation	CHMCA 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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part XI, Line 9 - Reconciliation of other changes in net assets	\$ (736,696) Investment in Foundation 1,742,548 Adjustment - ASC - OPEB 30,416,422 Adjustment - ASC - Pension 569,267 Hemophilia Treatment Center Net Income -2,441,121 Equity Transfer to Children's Home Care 30,000,000 CDIC Dividend 7,335 Partnership Loss \$ 59,557,755 Total



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Children's Hospital Medical Center of Akron

**Employer identification number**

34-0714357

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> AKRON CHILDREN'S HOSPITAL FOUNDATION ONE PERKINS SQUARE  AKRON, OH 44308 23-7114013	FOUNDATION	OH	501(c)(3)	7	CHMCA	Yes	
<b>(2)</b> CHILDREN'S HOME CARE GROUP ONE PERKINS SQUARE  AKRON, OH 44308 34-1575266	HOME CARE	OH	501(c)(3)	12a	CHMCA	Yes	
<b>(3)</b> CHILD DIMENSIONS INSURANCE COMPANY ONE PERKINS SQUARE  AKRON, OH 44308 03-0317160	INSURANCE	OH	501(c)(3)	12a	CHMCA	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .	Yes	
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		No

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

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

**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>

## Additional Data

**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)	(b)	(c)	(d)
	Name of related organization	Transaction type(a-s)	Amount Involved	Method of determining amount involved
(1)	CHILDREN'S HOME CARE GROUP	O	4,908,426	ACTUAL PER GL
(1)	CHILDREN'S HOME CARE GROUP	Q	2,834,407	ACTUAL PER GL
(2)	AKRON CHILDREN'S HOSPITAL FOUNDATION	Q	1,526,400	ACTUAL PER GL
(3)	AKRON CHILDREN'S HOSPITAL FOUNDATION	C	6,563,679	ACTUAL PER GL
(4)	AKRON CHILDREN'S HOSPITAL FOUNDATION	O	2,864,863	ACTUAL PER GL
(5)	AKRON CHILDREN'S HOSPITAL FOUNDATION	B	897,452	ACTUAL PER GL
(6)	CHILDREN'S HOME CARE GROUP	N	203,783	ACTUAL PER GL
(7)	CHILD DIMENSIONS INSURANCE COMPANY	F	30,000,000	ACTUAL PER GL