

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

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

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

**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

**D** Employer identification number: 34-0714357

**E** Telephone number: (330) 543-8171

**G** Gross receipts \$ 1,891,152,194

**F** Name and address of principal officer:  
 SPENCER A KOWAL  
 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  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ AKRONCHILDRENS.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1897 **M** State of legal domicile: OH

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
 CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON ("CHMCA") IS DEDICATED TO IMPROVING THE HEALTH OF CHILDREN THROUGH QUALITY PATIENT CARE, RESEARCH & EDUCATION, COMMUNITY SERVICE.

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	33
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	26
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	7,453
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	1,601
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	906,273
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	10,809,912	12,301,704
<b>9</b> Program service revenue (Part VIII, line 2g)	874,069,009	976,820,760
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,119,112	17,450,126
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,277,609	7,944,908
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	909,275,642	1,014,517,498
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,035,252	852,512
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	546,169,078	581,802,270
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	294,014,910	324,821,772
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	841,219,240	907,476,554
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	68,056,402	107,040,944

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	1,422,952,377	1,672,516,693
<b>21</b> Total liabilities (Part X, line 26)	500,227,013	608,769,184
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	922,725,364	1,063,747,509

## 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: 2020-11-11

SPENCER A KOWAL CHIEF FINAN OFFICER  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check  if self-employed PTIN: P00089502

Firm's name ▶ ERNST & YOUNG US LLP Firm's EIN ▶ \_\_\_\_\_

Firm's address ▶ 950 MAIN AVENUE SUITE 1800 CLEVELAND, OH 44113 Phone no. (216) 861-5000

**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 462-BED, FULL-SERVICE CHILDREN'S HOSPITAL. 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, 2019, TOTAL UNCOMPENSATED CARE (INCLUDING BAD DEBT, CHARITY CARE AND ALLOWANCES AND CONTRACT ADJUSTMENTS) WAS \$1,082,251,613. CHMCA QUALIFIES AS A DISPROPORTIONATE SHARE HOSPITAL PER OHIO DEPARTMENT OF JOBS AND FAMILY SERVICES. CHM

**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 \$ 307,190,644 including grants of \$ ) (Revenue \$ 255,499,965 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 294,875,132 including grants of \$ ) (Revenue \$ 487,616,135 )  
See Additional Data

**4c** (Code: ) (Expenses \$ 120,339,970 including grants of \$ ) (Revenue \$ 223,904,116 )  
See Additional Data

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 19,881,012 including grants of \$ 852,512 ) (Revenue \$ 9,800,544 )

**4e Total program service expenses** ▶ 742,286,758

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 14. Each row has a corresponding 'Yes' or 'No' in the rightmost column.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

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 [ ]

Table with 3 columns: Question/Description, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

<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 . . . . .	<b>2a</b> 7,453			
<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)		<b>2b</b> Yes		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .		<b>3a</b> Yes		
<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>		<b>3b</b> Yes		
<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)? . . .		<b>4a</b> Yes		
<b>b</b> If "Yes," enter the name of the foreign country: <b>▶</b> IS See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .		<b>5a</b>	No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5b</b>	No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .		<b>5c</b>		
<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? . . . . .		<b>6a</b>	No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				
<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? . . . . .		<b>7a</b> Yes		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		<b>7b</b> Yes		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		<b>7c</b>	No	
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7e</b>	No	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .		<b>7f</b>	No	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:				
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter:				
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>			
<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.) . . . . .	<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?				
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<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.		<b>13a</b>		
<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 . . . . .	<b>13b</b>			
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		<b>14a</b>	No	
<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>		<b>14b</b>		
<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? . . . . . <b>Note.</b> See instructions and file Form 4720, Schedule N.		<b>15</b> Yes		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . .		<b>16</b>	No	
If "Yes," complete Form 4720, Schedule O.				

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 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
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.
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:







**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>	367,918		
	<b>d</b> Related organizations . . . . .	<b>1d</b>	8,178,271		
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	2,884,971		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	870,544		
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$ . . . . .	<b>1g</b>			
	<b>h Total.</b> Add lines 1a-1f . . . . .		12,301,704		

<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> MEDICAL & SURGICAL SUBSPECIALTY		900099	255,499,965	255,499,965		
	<b>b</b> HOSPITAL BASED SERVICES		900099	487,616,135	487,616,135		
	<b>c</b> PROFESSIONAL & SUPPORT SERVICES		621500	223,904,116	223,904,116		
	<b>d</b> OTHER PROGRAM SERVICES		900099	1,662,384	1,662,384		
	<b>e</b> OTHER DEPARTMENT REVENUE		900099	8,138,160	8,138,160		
	<b>f</b> All other program service revenue.						
	<b>g Total.</b> Add lines 2a-2f. . . . .			976,820,760			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			15,975,011			15,975,011	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0				
	<b>5</b> Royalties . . . . .			0				
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real	(ii) Personal				
			<b>b</b> Less: rental expenses	<b>6b</b>				
			<b>c</b> Rental income or (loss)	<b>6c</b>	0	0		
			<b>d</b> Net rental income or (loss) . . . . .			0		
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other				
			<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	877,625,809	42,326		
			<b>c</b> Gain or (loss)	<b>7c</b>	876,065,944	127,077		
			<b>d</b> Net gain or (loss) . . . . .		1,559,865	-84,751	1,475,115	
	<b>8a</b> Gross income from fundraising events (not including \$ 367,918 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>						
			<b>b</b> Less: direct expenses . . . . .	<b>8b</b>		601,745		
			<b>c</b> Net income or (loss) from fundraising events . . . . .			441,675	160,070	
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>						
			<b>b</b> Less: direct expenses . . . . .	<b>9b</b>		0		
			<b>c</b> Net income or (loss) from gaming activities . . . . .			0		
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>						
			<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>		0		
			<b>c</b> Net income or (loss) from sales of inventory . . . . .			0		
Miscellaneous Revenue		Business Code						
<b>11a</b> CAFETERIA		722514	4,622,266			4,622,266		
<b>b</b> PARKING DECK		812930	758,113			758,113		
<b>c</b> OUTPATIENT PHARMACY		446110	481,772		481,772			
<b>d</b> All other revenue . . . . .			1,922,687		424,501	1,498,186		
<b>e Total.</b> Add lines 11a-11d . . . . .			7,784,838					
<b>12 Total revenue.</b> See instructions . . . . .			1,014,517,498	976,820,760	906,273	24,488,761		

**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 . . . . .	852,512	852,512		
<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, lines 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 . . . . .	11,397,635	2,353,610	9,044,025	
<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) . . . . .	166,491		166,491	
<b>7</b> Other salaries and wages . . . . .	447,123,980	384,227,875	62,896,105	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	26,544,313	22,388,971	4,155,342	
<b>9</b> Other employee benefits . . . . .	67,774,626	52,583,311	15,191,315	
<b>10</b> Payroll taxes . . . . .	28,795,225	24,223,469	4,571,756	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	719,859		719,859	
<b>c</b> Accounting . . . . .	485,915		485,915	
<b>d</b> Lobbying . . . . .	60,150		60,150	
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees . . . . .	727,068		727,068	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	53,572,353	48,532,177	5,040,176	
<b>12</b> Advertising and promotion . . . . .	10,515,952	181,387	10,334,565	
<b>13</b> Office expenses . . . . .	12,470,625	9,722,623	2,748,002	
<b>14</b> Information technology . . . . .	9,633,323		9,633,323	
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	8,114,085	6,410,794	1,703,291	
<b>17</b> Travel . . . . .	4,264,555	3,323,885	940,670	
<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 . . . . .	8,806,819	8,806,819		
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	61,287,228	39,351,866	21,935,362	
<b>23</b> Insurance . . . . .	8,221,115	4,385,191	3,835,924	
<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	88,436,381	87,371,200	1,065,181	
<b>b</b> EQUIPMENT RENTAL/MAINTENANCE	25,860,777	23,217,436	2,643,341	
<b>c</b> PROVISION FOR FRANCHISE FEE	16,378,488	16,378,488		
<b>d</b> PROVISION FOR HCAP	4,025,751	4,025,751		
<b>e</b> All other expenses	11,241,328	3,949,393	7,291,935	
<b>25</b> Total functional expenses. Add lines 1 through 24e	907,476,554	742,286,758	165,189,796	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 . . . . .	37,875	<b>1</b>	38,528
	<b>2</b> Savings and temporary cash investments . . . . .	53,625,419	<b>2</b>	52,330,192
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	116,934,233	<b>4</b>	145,743,713
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	9,330,230	<b>7</b>	6,920,351
	<b>8</b> Inventories for sale or use . . . . .	7,739,550	<b>8</b>	9,444,654
	<b>9</b> Prepaid expenses and deferred charges . . . . .	10,269,132	<b>9</b>	9,142,597
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 1,215,366,662		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 629,169,919	493,281,530	<b>10c</b> 586,196,743
	<b>11</b> Investments—publicly traded securities . . . . .	593,251,516	<b>11</b>	654,963,862
	<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 . . . . .	4,911,891	<b>13</b>	2,621,452
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	133,571,001	<b>15</b>	205,114,601
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,422,952,377	<b>16</b>	1,672,516,693	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	113,005,202	<b>17</b>	130,356,984
	<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 . . . . .	202,337,504	<b>20</b>	197,237,688
	<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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	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>	72,703,988
	<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	184,884,307	<b>25</b>	208,470,524
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	500,227,013	<b>26</b>	608,769,184
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	842,128,087	<b>27</b>	967,982,846
	<b>28</b> Net assets with donor restrictions . . . . .	80,597,277	<b>28</b>	95,764,663
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	922,725,364	<b>32</b>	1,063,747,509	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	1,422,952,377	<b>33</b>	1,672,516,693	

**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>	1,014,517,498
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	907,476,554
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	107,040,944
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	922,725,364
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	38,002,223
<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>	-4,021,022
<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>	1,063,747,509

**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 (2019)

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

Program Achievement #1 - Medical and Surgical Subspecialty Services 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. Some of these areas include: Heart Center, Neurosurgery, Maternal Fetal Medicine, Ophthalmology, Care Center, Gastroenterology, Urology, General Surgery, Sports Medicine, Rehabilitation Services, ENT, Neurology, Nephrology, Endocrinology, Adolescent Medicine, Infectious Diseases, Pulmonary Medicine, Palliative Care Program, Rheumatology, Psychiatric Services, Allergy, Genetics, Dentistry, Orthopedics and Urgent Cares. 2019 Highlights from some of these areas include the following: CHMCA started offering cardiac care in 2019 to patients in Marietta on the Marietta Memorial Hospital campus, in addition to its pediatric and adult congenital cardiology services at 15 clinics throughout northern Ohio. As part of our commitment to offering the latest advances in pediatric and maternal care, CHMCA has expanded collaborations with hospitals in both Canton and Akron. CHMCA now operates a Maternal Fetal Medicine practice at Aultman Hospital and added Maternal Fetal Medicine services at Summa Health. 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. As the opioid crisis grew into a national epidemic, the nine pediatric orthopedic surgeons at CHMCA began analyzing their own pain medication prescribing practices in relation to that of their peers. This led to a standardized protocol that has significantly reduced the amount of prescribed narcotics following orthopedic surgery. Following the lead of the orthopedics team, other surgical teams also worked toward standardizing pain management for their patients as well. As part of CHMCA's regional initiative to bring services closer to where families live, we opened three health centers in Mansfield, North Canton and Boston Heights during 2019. Services at these health centers include Akron Children's Pediatrics, urgent care, pediatric specialty care, rehabilitation services, radiology and laboratory medicine.

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

Program Achievement #2 - Hospital Based Services 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, Behavioral Health, Regional Burn Center, and Trauma Services. 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, St. Elizabeth Boardman Hospital, as well as special care nurseries at our Beeghly campus location, St. Joseph Warren Hospital, Aultman Hospital and Wooster Community Hospital. Total NICU patient days were 81,404 and 78,510 for 2019 and 2018, respectively. The Division of Pediatric Critical Care is responsible for overseeing and delivering care in the Pediatric Intensive Care Unit (PICU). The PICU again received the Beacon Award for Excellence from the American Association of Critical-Care Nurses (AACN). In 2016, we were first-time recipients of this three-year award at the silver level. During 2019, our PICU achieved gold level status, the highest level of recognition. Only two PICU's in Ohio have received Beacon Awards, and CHMCA is the only unit in Ohio, and one of just 13 nationwide, with gold level status. Total patient days were 5,707 and 5,967 in 2019 and 2018, 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. 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 2,492 and 2,623 for 2019 and 2018, 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 1,212,882 visits during 2019. CHMCA is verified as a Level II 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. CHMCA's inpatient rehabilitation program has received three-year accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF). This is the highest level of accreditation that can be awarded to an organization by CARF and demonstrates CHMCA's conformance to CARF standards and successful completion of a rigorous peer-review process. CHMCA's inpatient rehabilitation program treats children, teens and young adults who have experienced traumatic and life-changing illness or injury. Thanks to the generosity of our donors, The Lois and John Orr Family Behavioral Health Center opened in October 2019 on the Akron campus. This new resource is making it easier for children, teens and their families to access mental health services. CHMCA also expanded behavioral health services in the Mahoning Valley on our Beeghly campus in Boardman in December 2019. This expansion allows us to double the number of patient visits in the Youngstown area within the first year. The building features nine individual therapy rooms, an assessment room and group therapy spaces. In addition to individual mental health therapy and psychiatry services, the new site will house a Partial Hospitalization Program for teens in need of more intense outpatient treatment. Another hospital based service is our Hematology and Oncology Center. CHMCA's cancer program has again received three-year accreditation with commendation from the Commission on Cancer, a quality program of the American College of Surgeons. As an accredited facility, the Showers Family Center maintains a cancer registry and contributes data to the National Cancer Database, a joint program of the Commission on Cancer and the American Cancer Society. This nationwide oncology outcomes database is the largest clinical disease registry in the world. Data on all types of cancer are tracked and analyzed to explore trends in cancer care.

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

Program Achievement #3 - Professional and Support Services Some of the key departments of these services include: Pharmacy, Centralized Core Lab, Microbiology/Virology labs, Cytogenetics, Radiology Diagnostic Imaging, Radiology MRI, Radiology CT, Radiology Ultrasound, and Radiology Nuclear Medicine. The Centralized Core Lab (CCL) includes the Chemistry, Hematology, Coagulation, Urinalysis, Special Chemistry and Blood Bank laboratories. 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.

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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			
GRACE WAKULCHIK ..... PRESIDENT & CEO	50.0 ..... 3.0	X		X				1,218,636	0	497,337
WILLIAM CONSIDINE ..... CEO EMERITUS	40.0 ..... 0.0					X		1,589,082	0	114,906
ANTON MILO ..... DIVISION OF ENT DIRECTOR	40.0 ..... 0.0					X		1,347,706	0	45,899
SHAWN LYDEN ..... CHIEF STRATEGY OFFICER	41.0 ..... 2.0				X			963,927	0	140,788
JOHN CROW MD ..... CHAIRMAN, PEDIATRIC SURGERY	48.0 ..... 2.0	X						1,071,008	0	30,422
ROBERT PARRY ..... PEDIATRIC GENL SURG, DIRECTOR	40.0 ..... 0.0					X		980,099	0	45,561
ROBERT STEWART ..... CHIEF CARDIOTHORACIC SURGERY	40.0 ..... 0.0					X		974,793	0	31,962
TSULEE CHEN ..... PEDIATRIC NEUROSURGEON, DIR	41.0 ..... 0.0					X		887,357	0	25,227
LISA AURILIO ..... CHIEF OPERATING OFFICER	40.0 ..... 3.0				X			678,185	0	225,345
ROBERT MCGREGOR MD ..... CHIEF MEDICAL OFFICER	52.0 ..... 1.0	X						670,594	0	114,495



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			
NORMAN CHRISTOPHER MD ..... CHAIRMAN, DEPT OF PEDS	46.0 ..... 0.0	X						503,957	0	214,112
MICHAEL TRAINER ..... CFO/TREASURER (RET 7/26/2019)	40.0 ..... 4.0	X		X				607,301	0	11,633
HARUN RASHID ..... CHIEF INFORMATION OFFICER	40.0 ..... 0.0				X			452,594	0	92,599
MICHAEL FORBES MD ..... PRESIDENT, MEDICAL STAFF	48.0 ..... 0.0	X						394,363	0	139,747
MICHAEL BIGHAM ..... CHIEF QUALITY OFFICER	42.0 ..... 0.0				X			469,913	0	41,069
ANTHEA DANIELS ..... CHIEF LEGAL OFFICER	44.0 ..... 2.0				X			457,290	0	19,505
RHONDA LARIMORE ..... CHIEF OF HUMAN RESOURCES	40.0 ..... 0.0				X			381,784	0	82,504
CHRISTINE YOUNG ..... CHIEF OF HOSP BASED SVC/CNO	41.0 ..... 0.0				X			381,801	0	72,599
SHARON HRINA ..... VP MAHONING VALLEY	42.0 ..... 0.0				X			342,647	0	101,147
SPENCER KOWAL ..... CFO/TREAS (BEG 7/15/2019)	42.0 ..... 4.0	X		X				400,335	0	10,371

**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			
CRAIG MCGHEE ..... CHIEF OF NON HOSP BASED SVCS	40.0 ..... 2.0				X			332,497	0	72,245
SHANA EARLE ..... VP, PROF AND SUPPORT SERVICES	40.0 ..... 0.0				X			169,786	0	35,097
JOHN ORR ..... CHAIRMAN	22.0 ..... 1.0	X		X				0	0	0
STEPHEN MYERS ..... VICE CHAIRMAN FOR FINANCE	8.0 ..... 0.0	X		X				0	0	0
KRISTEN KING ..... SECRETARY	15.0 ..... 0.0	X		X				0	0	0
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
TIMOTHY BURKE ..... DIRECTOR	1.0 ..... 0.0	X						0	0	0
PAUL CATANIA ..... DIRECTOR	2.0 ..... 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			
PATRICK COVEY ..... DIRECTOR	1.0 ..... 0.0	X						0	0	0
VIRGINIA DROSOS ..... DIRECTOR	1.0 ..... 0.0	X						0	0	0
PAUL DUTTON ..... DIRECTOR	3.0 ..... 0.0	X						0	0	0
TAMMY GERSMAN ..... DIRECTOR	18.0 ..... 0.0	X						0	0	0
WILLIAM HOPKINS ..... DIRECTOR	9.0 ..... 0.0	X						0	0	0
DUANE ISHAM ..... DIRECTOR	4.0 ..... 0.0	X						0	0	0
WILLIAM KELLEHER ..... DIRECTOR	4.0 ..... 0.0	X						0	0	0
DALE KOBLENZER ..... DIRECTOR	6.0 ..... 0.0	X						0	0	0
KARA LEWIS ..... DIRECTOR	4.0 ..... 0.0	X						0	0	0
PHILIP MAYNARD ..... DIRECTOR	4.0 ..... 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			
GREG MCDERMOTT ..... DIRECTOR	11.0 ..... 0.0	X						0	0	0
ELAINE RUSSELL REOLFI ..... DIRECTOR	1.0 ..... 0.0	X						0	0	0
RICHARD ROGERS ..... DIRECTOR	4.0 ..... 0.0	X						0	0	0
SARAH ROSSI ..... DIRECTOR	14.0 ..... 0.0	X						0	0	0
MARGARET STALTER ..... DIRECTOR	2.0 ..... 0.0	X						0	0	0
GLEN STEPHENS ..... DIRECTOR	2.0 ..... 0.0	X						0	0	0
ELINORE MARSH STORMER ..... DIRECTOR	5.0 ..... 1.0	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

**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 instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**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) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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>	
<b>13</b>	<b>First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a</b>	<b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a</b>	<b>10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18</b>	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<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)? <i>If "Yes," explain in Part VI 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.</i>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, 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).</i>		
<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>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<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? <i>If "Yes," provide detail in Part VI.</i>		
<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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<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))? <i>If "Yes," provide detail in Part VI.</i>		
<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? <i>If "Yes," provide detail in Part VI.</i>		
<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? <i>If "Yes," provide detail in Part VI.</i>		
<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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		



**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**

- 1**  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 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## 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  
  
**2019**  
**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
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**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-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		96,194
<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		60,150
<b>j</b> Total. Add lines 1c through 1i .....			156,344
<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>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>3</b>	
<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 \$449,444 TO OTHER ORGANIZATIONS THAT HAVE LOBBYING ACTIVITIES. OF THAT AMOUNT, \$293,100 PERTAINED TO DUES, \$96,194 RELATED TO VARIOUS LOBBYING EXPENSES AND \$60,150 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 * PARTICIPATED IN MEETINGS WITH LEGISLATORS TO DISCUSS STATE OPERATING BUDGET PRIORITIES AND CHMCA CAPITAL BUDGET REQUESTS * IDENTIFIED CONCERN AND SUPPORT REGARDING VARIOUS LEGISLATIVE AND PROGRAMMATIC INITIATIVES AND SHARED THOSE CONCERNS WITH CONGRESSIONAL DELEGATION * COMMUNICATED WITH MEMBERS REQUESTING SUPPORT FOR CHILDREN'S HOSPITAL GRADUATE MEDICAL EDUCATION (CHGME) * PARTICIPATED IN CONGRESSIONAL MEETINGS RELATED TO THE CHILDREN'S HOSPITAL ASSOCIATION FAMILY ADVOCACY DAY THE FOLLOWING ARE 2019 LOBBYING EXPENSES: \$ 43,977 NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS 10,954 AMERICAN HOSPITAL ASSOCIATION 40,485 OHIO CHILDREN'S HOSPITAL ASSOCIATION 778 OHIO HOSPITAL ASSOCIATION \$ 96,194 SUBTOTAL 60,150 LOBBYIST - CAPITAL CONSULTING GROUP \$ 156,344 TOTAL 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

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

▶ **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 instructions and the latest information.**

**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
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year . . . . .		

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? . . . . .  Yes  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
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

- 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:
- c** Beginning balance . . . . .
  - d** Additions during the year . . . . .
  - e** Distributions during the year . . . . .
  - f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 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 . . . . .	75,792,308	75,724,721	70,020,604	69,532,079	84,300,290
<b>b</b> Contributions . . . . .	9,438,289	12,403,356	7,952,552	6,320,223	8,366,805
<b>c</b> Net investment earnings, gains, and losses	9,811,347	-6,526,046	4,840,850	1,475,972	-2,702,700
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	3,679,227	5,809,723	7,089,285	7,307,670	20,432,316
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	91,362,717	75,792,308	75,724,721	70,020,604	69,532,079

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 3.940 %
  - b** Permanent endowment ▶ 20.310 %
  - c** Temporarily restricted endowment ▶ 75.750 %
- 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:

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		No
<b>3a(ii)</b>	Yes	
<b>3b</b>	Yes	

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

- 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 . . . . .		17,056,491		17,056,491
<b>b</b> Buildings . . . . .		742,063,738	319,161,669	422,902,069
<b>c</b> Leasehold improvements		37,801,579	11,229,956	26,571,623
<b>d</b> Equipment . . . . .		392,139,656	294,995,784	97,143,872
<b>e</b> Other . . . . .		26,305,198	3,782,510	22,522,688
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				586,196,743

**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	162,228,080
(2) UNAMORT HEALTHCARE SERVICE	42,097,517
(3) OTHER ASSETS	789,004
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	205,114,601

**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. (1) Federal income taxes	0
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	208,470,524

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 <b>1</b> :			
<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 <b>1</b> :			
<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

**2019**

**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" on 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the 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" on 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 noncash assistance	(h) Description of noncash 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" on 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 noncash assistance	<b>(g)</b> Description of noncash 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

**2019**

**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 10 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.

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	<u>TREE FESTIVAL</u> (event type)	<u>CHARITY BALL</u> (event type)	<u>5</u> (total number)	(add col. (a) through col. (c))
<b>1</b> Gross receipts . . . . .	519,692	192,340	257,631	969,663
<b>2</b> Less: Contributions . . . . .		144,255	223,663	367,918
<b>3</b> Gross income (line 1 minus line 2) . . . . .	519,692	48,085	33,968	601,745
<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 . . . . .	202,560	172,151	66,964	441,675
<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				441,675
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				160,070

**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.

Revenue	(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>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  
**2019**  
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 . . . . .	Yes	
<b>1b</b> If "Yes," was it a written policy? . . . . .	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 _____ %	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 _____ %	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"? . . . . .	Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	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? . . . . .		No
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . . . .	Yes	
<b>b</b> If "Yes," did the organization make it available to the public? . . . . .	Yes	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

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

<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a) Number of activities or programs (optional)</b>	<b>(b) Persons served (optional)</b>	<b>(c) Total community benefit expense</b>	<b>(d) Direct offsetting revenue</b>	<b>(e) Net community benefit expense</b>	<b>(f) Percent of total expense</b>
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .			4,006,186	0	4,006,186	0.440 %
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .			453,101,601	368,024,132	85,077,469	9.380 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .			1,354,625	0	1,354,625	0.150 %
<b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .			458,462,412	368,024,132	90,438,280	9.970 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4). . . . .			5,698,097	7,550	5,690,547	0.630 %
<b>f</b> Health professions education (from Worksheet 5) . . . . .			24,739,008	15,751,103	8,987,905	0.990 %
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .			1,277,722	0	1,277,722	0.140 %
<b>h</b> Research (from Worksheet 7) . . . . .			7,712,076	476,604	7,235,472	0.800 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			366,840	0	366,840	0.040 %
<b>j Total.</b> Other Benefits . . . . .			39,793,743	16,235,257	23,558,486	2.600 %
<b>k Total.</b> Add lines 7d and 7j . . . . .			498,256,155	384,259,389	113,996,766	12.570 %

**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			0	0	0	
2 Economic development			51,190	0	51,190	0.010 %
3 Community support			81,510	0	81,510	0.010 %
4 Environmental improvements			0	0	0	
5 Leadership development and training for community members			27,198	0	27,198	0.010 %
6 Coalition building			106,739	0	106,739	0.010 %
7 Community health improvement advocacy			504,023	0	504,023	0.060 %
8 Workforce development			88,560	0	88,560	0.010 %
9 Other						
<b>10 Total</b>			859,220	0	859,220	0.110 %

**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? . . . . .	1	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. . . . .	2	11,540,148
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. . . . .	3	
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	5,509,014
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6	7,247,805
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7	-1,738,791
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**

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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>19</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 of 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>6a</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>6b</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>20</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>10b</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 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 checked="" 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? . . . . . 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)	19	No
<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 (if not, describe in Section C) <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) <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: <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)	21	Yes
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**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: 20 <u>19</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 of 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>6a</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>6b</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: 20 <u>20</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>10b</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 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 checked="" 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: <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)	19	No
<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 (if not, describe in Section C) <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) <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: <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)	21	Yes
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**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, 20a, 20b, 20c, 20d, 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? 60

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 (54.5%) 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	<p>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. Athletic Trainers help children deal with sports related injuries and are available for high school sporting events in case of a sports related injury. 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.</p>

## 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: 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; Coalitions and partnerships, in which CHMCA is strongly represented in committees and task forces assigned to address specific health indicators and conditions, in addition to certain divergent populations 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 career trajectories; General community support, under which we provide financial and staff support for various community based initiatives targeting infant mortality, mental health and others generally related to the healthy development of young people and their families in the service area; Community health improvement advocacy, under which we support multi-agency and governmental initiatives to improve health and quality of life; 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-schoolers career-focused pathways in healthcare operations, early childhood education, biomedical science and allied health. Through the Academy, we also assist teachers in tailoring their curricula to health care applications</p>



**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 10 &amp; 11 to the footnotes to CHMCA's Audited Financial Statements that describe Charity Care and Implicit Price Concessions (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 (54.5%) as reported on our internal payor mix report. In regards to Medicare, CHMCA respectfully submits that included is its unreimbursed inpatient costs incurred in excess of the 1982 Tax Equity and Fiscal Responsibility Act(TEFRA) per discharge limit was \$317,035, unreimbursed outpatient costs incurred in treating patients qualifying for Medicare End Stage Renal disease(ESRD), composite reimbursement was \$279,026, unreimbursed costs of providing care to Medicare Advantage Plan enrollees was \$1,444,759. 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. Since these programs are government mean tested programs that typically reimburse CHMCA less then it costs to provide that care, we believe that it qualifies as community benefit in the same regard as Medicaid.</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	<p>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 most recent community health needs assessment conducted in 2019, CHMCA conducted a community health needs assessment in 2016 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 2016 and the reports were made available to the community through our organization's website. Along with CHNAs, we regularly perform strategic planning as an ongoing process with annual updates. As part of the annual update, we review population and demographic changes in our larger service area, focusing particularly on children and families. We give attention to the provision of health care services throughout our region, looking at our own and those provided by other health care organizations, using statewide data including all pediatric hospital discharges by zip code of patient residence. We also carefully track the demand for and supply of physicians, nurses and allied health providers, and 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 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, and charitable and advocacy groups. We make an effort to listen to our staff, seeking and receiving feedback from our 6,600+ staff and thousands of volunteers and physicians, who collectively provide a rich source of information regarding community needs and opportunities. Finally, we actively solicit input from our patients and their parents from our Parent Advisory Committee, and gather feedback through patient survey results and via multiple written and electronic (web-based) tools.</p>

**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. Ashland County There are approximately 53,484 people living in Ashland County, which is a 0.6% increase since 2010. It has 1 city, 8 villages, and 15 townships, with the largest being the city of Ashland. Compared to the State of Ohio, Ashland County has a slightly larger proportion of children (under 18 years old) and a larger proportion of older adults (65 years and older). 3.3% of the population is non-White, compared to 18.3% in the state. Educational attainment is lower than the State of Ohio, with 88.6% having a high school diploma (compared to 90.1%) and 21.1% having a bachelor's degree or higher (compared to 27.8%). Annual per capita income is lower than the state average by about \$2,000 per year, and the percentage of Ashland County residents living in poverty is 3.5% lower than that of the State. Medina County There are approximately 179,746 people living in Medina County, which is an increase of 4.3% since 2010. It has 3 cities, 6 villages, and 17 townships, 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 and older adults. 4.4% of the population is non-White, compared to 18.3% in the state. Educational attainment is higher than the State of Ohio, with 94.9% having a high school diploma or higher and 33.3% 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 that of the State, although Lodi meets Medically Underserved Population (MUP) designation criteria for low income residents. Portage County There are approximately 162,466 people living in Portage County. This number has increased by 0.6% since 2010. Portage County is comprised of 29 cities, villages, and townships, 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 and older adults. In Portage County, 9.2% of the population is non-White, compared to 18.3% in the State. Educational attainment is slightly higher in Portage County than Ohio, with 92.1% having a high school diploma or higher and 28.7% having a bachelor's degree or higher. Annual per capita income in Portage County is slightly higher, and the percentage of residents living in poverty is 2.6% lower than that of the State. East Kent City has a MUP (low income) designation. Richland County There are approximately 121,154 people living in Richland County, which is a 2.7% decrease from 2010. There are 29 cities, villages, and townships in Richland County, with the largest being Mansfield. Compared to the State of Ohio, Richland County has a smaller proportion of children and a larger proportion of older adults. In Richland County, 13% of the population is non-White, compared to 18.3% 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 0.5% higher than Ohio. The City of Mansfield has a MUP (low income) designation. Stark County There are approximately 370,606 people living in Stark County, which is a 1.3% decrease from 2010. 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 larger proportion of children and older adults. In Stark County, 12% of the population is non-White, compared to 18.3% 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 is lower and percentage of residents living in poverty in Stark County is 0.5% higher than the State. There are two federally designated Medically Underserved Areas (MUAs) in Stark County: Massillon and East Canton. In addition, Northeast Alliance was designated in 2016 as a MUP, meeting the Medicaid Eligibility criterion. Summit County There are approximately 541,013 people living in Summit County. Since 2010, the population has decreased slightly, by less than a percent. 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 and a slightly larger proportion of older adults. In Summit County, 21.8% percent of the population is non-White, compared to 18.3% in the State. Educational attainment is slightly higher in Summit County than in the State of Ohio, with 91.6% having a high school diploma or higher and 32.1% having a bachelor's degree or higher.</p>

Form and Line Reference	Explanation
Part VI, Line 4 - Community Information - Group A	<p>aving 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 1.9% 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 115,710 people living in Wayne County, which is an increase of 1.0% since 2010. 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 and older adults. In Wayne County, 4.8% of the population is non-White, compared to 18.3% in the State. Educational attainment is lower in Wayne County compared to the State of Ohio, with 86.0% having a high school diploma or higher and 21.9% having a bachelor's degree or higher. The annual per capita income in Wayne County is 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 uninsured because they do not participate in traditional health insurance programs.</p>

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 our community. Within our doors, this means treating all children as if they were our own, turning no child or family away based on their ability to pay. CHMCA's governing Board of Directors is comprised of members of the community that makes up the hospital's primary service area. They are neither employees nor independent contractors of the organization, nor family members thereof. 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 children. 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 annually. In addition, we engage in community building activities, as depicted in Part II of this schedule. Annually, the Akron campus saw the following patient encounters in 2019: 9,543 inpatient admissions, 19,002 surgeries, 104,630 emergency room visits, and 345,461 specialist visits. 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. The Rebecca D. Conisidine 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. Adult Congenital Heart Service provides ongoing monitoring and specialized care for adults with congenital heart disease. As children with congenital heart disease (CHD) become adults, they can access lifetime care through our center. The Cystic Fibrosis Center provides diagnosis and treatment to children and adults with cystic fibrosis (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. 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. Our Maternal Fetal Treatment Center provides Genetic Counseling and Obstetric/delivery services to high risk pregnant women in the region. CHMCA's Center for Gender Affirming Medicine, opened as of 2019, provides services to children and adolescents who identify as transgender. This vulnerable population is at greater risk for suicide and homelessness. Our clinicians in the Center provide compassionate, coordinated care that includes pubertal suppression, gender affirming hormones, mental health treatment, well checks, education, and supportive services for LGBTQ+ youth and their families. 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 our 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.</p>



Form and Line Reference	Explanation
Part VI, Line 5 - Promotion of Community Health - Groups A & B	<p>ICU at our Akron campus. We also own and operate newborn special care nurseries at Akron General Medical Center and Summa Health's Akron City Hospital in Akron; CHMCA's Beeghly campus in Boardman; and St. Elizabeth Boardman Health Center. 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. 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 resources 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. CHMCA is a Level II pediatric trauma center, and participates in several research and quality/performance improvement efforts to better understand and address the needs 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 aimed at standardizing data sharing for improved patient care among critical care units. CHMCA's External Affairs department offers a variety of community health education and outreach programs to children and families throughout the service area. These include injury prevention programs on child passenger safety, and Reach Out and Read, a program that promotes early childhood literacy by distributing books to CHMCA primary care offices to provide children during well visits. We also coordinate outreach events and outreach kit distributions in our communities based on identified needs and alignment with strategic priorities. Our Population Health Initiatives department provides case management and care coordination services throughout the hospital's service area, working with patients on a "high risk" registry to improve health outcomes and enhance 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. 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 staff 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 lets schools focus on educating students, while we manage their district's medical needs. In addition, as part of a pilot program in 2019, CHMCA implemented a school-based health center model in the Kenmore-Garfield Cluster of Akron Public Schools. Services include well-child exams (in person) and evaluation for illness (by telehealth technology) with a nurse practitioner; as well as various screenings, wellness advice and sports physicals. Parents and members of CHMCA's Family-Centered Care committee established the Parent Advisory Council in 1995. 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 work with hospital liaisons to represent the voice of families as we work together to enhance the delivery of family-centered care.</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), but 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 designations are indicated within the descriptions below. Trumbull County There are approximately 197,974 people living in Trumbull County, which is a decrease of 5.9% since 2010. 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, 8.6% of the population is Black or African-American and 1.9% is Hispanic or Latino, compared to 13.1% and 4.0%, 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 18.5% 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 residents living in poverty is higher than that of the State. In addition, Trumbull County is federally designated as a Medically Underserved Area (MUA). Mahoning County There are approximately 228,683 people living in Mahoning County, which is a decrease of 4.2% since 2010. 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 and a larger proportion of older adults. Approximately 16.1% of the population in Mahoning County is Black or African-American and 6.5% is Hispanic or Latino, compared to 13.1% and 4.0%, 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 residents living in poverty is higher than the State average. There are three federally designated MUAs within Mahoning County, both rural and non-rural. Columbiana County There are approximately 101,883 people living in Columbiana County, which is a decrease of 5.5% since 2010. 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 and a larger proportion of older adults. Approximately 2.5% percent of the population in Columbiana County is Black or African-American and 1.9% is Hispanic or Latino, compared to 13.1% and 4.0%, 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 (14.8% versus 28.8%). The annual per capita income in Columbiana County is lower than the State of Ohio and the percentage of Columbiana County residents living in poverty is higher than the State average. Columbiana is designated as an MUA (Medicaid Eligible Population) through a Governor's Exception.</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 1 &amp; 2: No Ohio License # Line 3e: The significant health needs of the community identified in the CHNA are prioritized within the CHNA Line 5: In addition to examining county-level epidemiologic data, interviews were conducted with community leaders representing the broad interests of a seven-county area from March - May 2019 to gain insight on what they thought were significant health needs of children in their communities, the factors that impact 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). Leaders from the following community organizations were interviewed: 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.. They are organized by county. Ashland: Ashland County Job and Family Services Ashland Parenting Plus Mental Health and Recovery Board of Ashland County Medina: Alternative Paths Board of Development Disabilities Medina County Alcohol and Drug Addiction and Mental Health (ADAMH) Board Medina County Children Services Medina County Health District Medina County Juvenile Court United Way of Medina County Portage: Kent State University Lesbian, Gay, Bisexual, Transgender, Queer and Questioning Plus (LGBTQ+) Center Portage County Health Department Portage County Mental Health and Recovery Board Richland: Richland County Children Services Richland County Health Department Richland County Mental Health and Recovery Services Stark: Canton City Health Department Massillon Health Department Stark County Health Department Stark County Job and Family Services Stark Mental Health &amp; Addiction Recovery (StarkMHAR) Summit: Akron Chapter, National Association for the Advancement of Colored People (NAACP) Akron Fire Department, Public Education Akron Metropolitan Housing Authority Akron YMCA AxxessP ointe Federally Qualified Health Center City of Akron/Full Term First Birthday Greater Akron Initiative Community Legal Aid Services - Akron GAR Foundation International Institute of Akron Ohio House of Representatives - State Rep. Tavia Galonski Summa Health System Summit County Executive Summit County Alcohol, Drug and Mental Health (ADM) Board Summit County Children Services Summit County Court of Common Pleas Summit County Public Health Summit Education Initiative Wayne: United Way of Wayne County Wayne County Combined General Health District Wayne County Family and Children First Council Community Resident Focus Groups: In addition to input from c</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>ommunity leaders, focus groups were conducted with 118 community residents in the same sev en-county area from February - April 2019. A questionnaire was distributed to the focus gr oup participants to gather demographic information and basic perceptions of community heal th. Due to the observed information gap in the epidemiologic data on child and youth menta l health issues, health behaviors, as well as family dynamics, social determinants of heal th and trauma, questions were asked to probe more deeply on these issues. The facilitation guide and questionnaire were developed in partnership with the Center for Community Solut ions, who conducted CHNA research and analyses. Community residents were recruited to part icipate in the focus groups through relationships with community agencies and individuals representing those agencies. We conducted focus groups in sites with community recognition /familiarity and ease of access, including a local parish, public library, Community Actio n agency, homeless shelter, United Way office, neighborhood development corporation, two f amily resource centers (including one for foster families), community learning center and CHMCA health center. 57.6% of participants were from Summit County, as sessions were plann ed with non-English speaking (Nepali and Karen) immigrants as well as housing insecure pop ulations in this community. The additional county breakdown was as follows: 10.2% from Ash land County, 8.5% from Richland County, 8.5% from Stark County, 5.9% from Medina County, 5 % from Wayne County and 4.2% from Portage County Line 6b: Yes The Center for Community Sol utions 1501 Euclid Ave #310 Cleveland, OH 44115 Line 7(a) and 10 - Yes: <a href="https://www.akronchildrens.org/pages/Community-Mission.html">https://www.akronchildrens.org/pages/Community-Mission.html</a> Line 11 - The measured indicators in the 2019 CH NA have been addressed for many years through CHMCA's clinical and programmatic efforts. O ur highly-qualified medical staff and professionals provide world-class patient centered c are to address each of these indicators through our Center for Orthopedics and Sports Medi cine, Center for Diabetes and Endocrinology, Robert T. Stone, MD, Respiratory Center, Hear t Center, Division of Pediatric Psychiatry and Psychology, and the Showers Family Center f or Childhood Cancer and Blood Disorders. The 2019 CHNA identified and prioritized several community health needs. Our Board of Directors approved comprehensive implementation strat egies that focused on addressing conditions related to behavioral health with a focus on a dverse childhood experiences, asthma, and infant mortality. The remaining identified needs from the CHNA, including conditions related to child lifestyle factors, crime and violenc e, access to health care and environmental factors, were not formally selected as priorit ies, but will be addressed as relevant through strategies associated with the three priorit ies named above. We will continue to look to CHNA data, as well as other data sources, on these conditions to guide our</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>efforts and advance our mission of improving the health of the communities we serve. Specific Needs Not Addressed Although all of the community health needs identified by the CHNA are important, hospital teams deliberated and prioritized three 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 requiring more resources than what was available: - Access to Health Care - Oral Health - Child Well Being and Behavior - Food Access &amp; Nutrition - Obesity &amp; Screen Time - Unintentional Injuries - Other Social and Environmental Factors - Affordable Housing &amp; Eviction - Transportation CHMCA 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, our efforts to impact birth outcomes such as prematurity and low birth weight will be carried out in relation to coalition work with community agencies and local birthing hospitals. These include activities such as education and marketing of appropriate birth spacing and long acting reversible contraception (LARC) promotion. 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, St. Elizabeth Hospital in Youngstown and Aultman Hospital in Canton, and the special care nursery at our Mahoning Valley Campus in Boardman. Data Limitations and Gaps Due to limited resources and time constraints, complete data were not available for every vulnerable population, such as the homeless or refugee populations. Where available, the most current data were used to determine the health needs of the community. Although the data available are rich with information, not surprisingly, data gaps and limitations existed that impacted the ability to conduct a more thorough and rigorous assessment. These include: 1. Lag time for data to be reported by the state and some local sources. 2 Pediatric data related to substance abuse, sexual behaviors, and other lifestyle factors such as diet and exercise, were not consistent across counties in our primary service area. In addition, these data are limited and under sampled, not adequately representing the communities or specific populations. 3. Only two complete years of hospital encounter data were available due to a transition in Q4 of 2015 from ICD-9 to ICD-10 diagnosis codes. 4. County and statewide chronic disease data are not available for children. Asthma, diabetes and other chronic disease</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 - May 2019 to gain insight on what they thought were significant health needs of children and families 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 CHMCA can do to address the significant health needs identified in the community health needs assessment (hereafter CHNA). Leaders from the following community organizations were interviewed, and are organized by those serving the tri-county region and individual counties within. Mahoning Valley (tri-county region) Community Foundation of the Mahoning Valley United Way of Youngstown and the Mahoning Valley Columbiana Columbiana County Educational Service Center Columbiana County Health Department Columbiana County Family and Children First Co uncil Salem Regional Medical Center Mahoning City of Youngstown Mahoning County Children S ervices Mahoning County Juvenile Court Division Mahoning County Mental Health &amp; Recovery Board Mercy Health - Youngstown Region Youngstown City Health District Youngstown Neighborhood Development Corporation Trumbull City of Warren Trumbull County Board of Developmental Disabilities (Fairhaven) Trumbull County Children Services Trumbull County Health Department Trumbull County Mental Health &amp; Recovery Board Community Resident Focus Groups In addition to input from community leaders, focus groups were conducted with 23 community residents in the same three-county area from March - April 2019. 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 child and youth mental health issues, health behaviors, as well as family dynamics , social determinants of health and trauma, questions were asked to probe more deeply on t hese issues. The facilitation guide and questionnaire were developed in partnership with t he Center for Community Solutions, who conducted CHNA research and analyses. Community residents were recruited to participate in the focus groups through relationships with community agencies and individuals representing those agencies. We conducted focus groups in sites with community recognition and ease of access, including a WIC office, public library and Job &amp; Family Services community room. 52.2% of participants were from Mahoning County, 26.1% from Columbiana County, and 21.7% from Trumbull County. Line 6(b) The Center for Community Solutions 1501 Euclid A</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>ve #310 Cleveland, OH 44115 Line 7(a) and 10 - Yes: <a href="https://www.akronchildrens.org/pages/Community-Mission.html">https://www.akronchildrens.org/pages/Community-Mission.html</a> Line 11: The measured indicators in the 2019 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 2019 CHNA identified and prioritized several community health needs. Our Board of Directors approved comprehensive implementation strategies that focused on addressing the conditions of asthma, behavioral health and adverse childhood experiences (ACEs), and infant mortality. The remaining identified needs from the CHNA, including conditions related to child lifestyle factors, health access, and environmental factors, were not formally addressed through implementation strategies. Reasons for this vary. In some cases, other community agencies were determined to be better positioned to address these conditions; or there were insufficient hospital resources (including budget, staff and/or partnerships) in place. Overall, alignment with hospital strategic priorities and involvement with existing community initiatives placed some issues above others in terms of feasibility to make a measurable impact. We will continue to look to CHNA and other data on health conditions and social determinants of health to guide our efforts and advance our mission of improving the health of the communities we serve. Specific Needs Not Addressed Although all of the community health needs identified by the CHNA are important, an ad hoc committee of hospital staff deliberated and prioritized three high-priority areas based on the hospital's current activities, available resources and potential for community impact. 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 requiring more resources than what was available. These included: - Access to Health Care - Oral Health - Child Well Being and Behavior - Food Access &amp; Nutrition - Obesity &amp; Screen Time - Unintentional Injuries - Other Social and Environmental Factors - Affordable Housing &amp; Eviction - Transportation 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, our efforts to impact birth outcomes such as prematurity and low birth weight wi</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>It be carried out in relation to collaborations with community agencies and birthing hospitals. These include activities such as education and marketing of appropriate birth spacing and long acting reversible contraception (LARC) promotion, and smoking cessation support . 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. Data Limitations and Gaps Due to limited resources and time constraints, complete data were not available for every vulnerable population, such as the homeless or refugee populations. Where available, the most current data were used to determine the health needs of the community. Although the data available are rich with information, not surprisingly, data gaps and limitations existed that impacted the ability to conduct a more thorough and rigorous assessment. These include: 1. Lag time for data to be reported by the state and some local sources. 2. Pediatric data related to substance abuse, sexual behaviors, and other lifestyle factors such as diet and exercise, were not consistent across counties in our primary service area. In addition, these data are limited and under sampled, not adequately representing the communities or specific populations. 3. Only two complete years of hospital encounter data were available due to a transition in Q4 of 2015 from ICD-9 to ICD-10 diagnosis codes. 4. County and statewide chronic disease data are not available for children. Asthma, diabetes and other chronic disease data reported in the CHNA were gleaned from Ohio Hospital Association (OHA) hospital encounter data. These data are reported by the primary diagnosis code for the encounter and by product group (an item that is tied to billing). Because diagnosis codes do not always reflect underlying conditions, these data almost certainly underrepresent the true burden of chronic disease in the pediatric population. 13 (h) - Patients or Families who may not qualify for Financial Assistance based on residence and income may still qualify for Financial Assistance based upon documented extenuating circumstances where pursuit of payment would cause undue hardship on the Patient/Family. Extenuating circumstances may be brought to the Director, Revenue Cycle. Line 15e - Financial Counselors are employed at the Hospital to discuss the availability and application for Financial Assistance for all Patients. Line 16a, 16b &amp; 16c. - Yes <a href="https://www.akronchildrens.org/pages/Financial-Services.html">https://www.akronchildrens.org/pages/Financial-Services.html</a> Line 20(e)- Yes - Third-Party Collection Agencies will explain the availability for Free Care and Charity Care and the Financial Assistance application. These community leaders represent the broad interest of the communities served by the hospital facilities including the medically un</p>

**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>1</b> CHMCA at St Elizabeth - #1 8401 Market Street Boardman, OH 445126725	NICU Nursery
<b>1</b> CHMCA at Summa - #2 525 E Market St Akron, OH 443041619	NICU Nursery
<b>2</b> Aultman Hospital - #3 2600 6th St SW Canton, OH 447101702	NICU and Pediatric Unit
<b>3</b> Warren Health Center - #4 5000 E Market St Warren, OH 444842259	Pediatric Outpatient Services
<b>4</b> CHMCA at CCAG - #5 1 Akron General Ave Akron, OH 443072432	NICU Nursery
<b>5</b> North Canton Health Center I - #6 6076 WHIPPLE AVE NORTH CANTON, OH 44720	Pediatric Outpatient Services
<b>6</b> Medina Health Center - #7 3443 Medina Rd Medina, OH 442565965	Pediatric Outpatient Services
<b>7</b> Green Health Center - #8 1622 East Turkeyfoot Lake Rd Suit Akron, OH 443125277	Pediatric Outpatient Services
<b>8</b> Mansfield Health Center - #9 1029 South Trimble Road Mansfield, OH 44906	Pediatric Outpatient Services
<b>9</b> Fairlawn Health Center - #10 701 White Pond Dr Suite 100 Akron, OH 443201193	Pediatric Outpatient Services
<b>10</b> CHMCA at St Joseph's - #11 667 Eastland Ave SE Warren, OH 444844503	Pediatric Inpatient Services
<b>11</b> New Philadelphia Health Center - #12 1045 W High Ave New Philadelphia, OH 446632071	Pediatric Outpatient Services
<b>12</b> Mansfield Health Center - #13 770 Balgreen Dr Suite 101 Mansfield, OH 449064106	Pediatric Outpatient Services
<b>13</b> Hudson Health Center - #14 1365 Corporate Dr Suite A Hudson, OH 442364432	Pediatric Outpatient Services
<b>14</b> Hudson Urgent Care & Specialty - #15 5655 Hudson Drive Hudson, OH 442364451	Urgent Care & Pediatric OP

**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> Alliance Health Center - #16 1826 S Arch Ave Alliance, OH 446014332	Pediatric Outpatient Services
<b>1</b> Perry Health Center - #17 125 Whipple Ave SW Canton, OH 447101374	Pediatric Outpatient Services
<b>2</b> Wooster Health Center - #18 128 East Milltown Rd 209 Wooster, OH 446911276	Pediatric Outpatient Services
<b>3</b> Twinsburg Health Center - #19 8054 Darrow Rd Suite 3 Twinsburg, OH 440872387	Pediatric Outpatient Services
<b>4</b> CHMCA at Wooster Hospital - #20 1761 Beall Ave Wooster, OH 446912342	NICU Nursery
<b>5</b> Wadsworth Health Center - #21 323 High St Suite A Wadsworth, OH 442811869	Pediatric Outpatient Services
<b>6</b> Akron East Health Center - #22 891 E Exchange St Akron, OH 443061127	Pediatric Outpatient Services
<b>7</b> Ashland Health Center - #23 2212 Mifflin Ave Suite 235 Ashland, OH 448058847	Pediatric Outpatient Services
<b>8</b> Barberton Health Center - #24 566 Robinson Avenue Barberton, OH 442039002	Pediatric Outpatient Services
<b>9</b> Ellet Health Center - #25 1463 Canton Rd Suite A Akron, OH 443124022	Pediatric Outpatient Services
<b>10</b> North Canton Specialty - #26 6100 Whipple Ave NW North Canton, OH 447207618	Pediatric Outpatient Services
<b>11</b> North Canton Health Center II - 27 6046 Whipple Ave NW Bldg B North Canton, OH 447207616	Outpatient Pediatric Services
<b>12</b> Boston Heights Health Center - #28 328 EAST HINES HILL ROAD HUDSON, OH 44236	Pediatric Outpatient Services
<b>13</b> Kent Health Center - #29 1951 State Route 59 Kent, OH 442408128	Pediatric Outpatient Services
<b>14</b> Massillon Health Center - #30 1149 Lincoln Way E Massillon, OH 44646	Pediatric 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> Wadsworth PSA - #31 1225 High St Wadsworth, OH 44281	Pediatric Outpatient Services
<b>1</b> Tallmadge Health Center - #32 143 Northwest Ave Tallmadge, OH 442781806	Pediatric Outpatient Services
<b>2</b> Montrose Urgent Care - #33 4125 Medina Rd Akron, OH 443332483	Urgent Care
<b>3</b> North Canton Rehab - #34 4200 Munson St NW Suite C North Canton, OH 447182663	Outpatient Physical Rehab
<b>4</b> Austintown Health Center - #35 5480 Norquest Blvd Austintown, OH 445151820	Pediatric Outpatient Services
<b>5</b> Lisbon Health Center - #36 400 N Market St Lisbon, OH 444321146	Pediatric Outpatient Services
<b>6</b> Ravenna Health Center - #37 6847 N Chestnut Street Suite 200 Ravenna, OH 442663929	Pediatric Outpatient Services
<b>7</b> Brecksville Health Center - #38 7001 S Edgerton Rd Suite 500 Brecksville, OH 441414206	Pediatric Outpatient Services
<b>8</b> North Canton Rehab II - #39 6200 Whipple Ave NW North Canton, OH 447207618	Pediatric Physical Rehab
<b>9</b> Warren Downtown Health Center - #40 661 Mahoning Ave NW Warren, OH 444834607	Pediatric Outpatient Services
<b>10</b> Streetsboro Health Center - #41 9150 Market Square Suite 203 Streetsboro, OH 442415224	Pediatric Outpatient Services
<b>11</b> Life Center Plus - #42 5133 Darrow Rd Hudson, OH 442364003	Pediatric Outpatient Services
<b>12</b> Wooster Specialty Care - #43 546 Winter St Suite 110 Wooster, OH 446912339	Pediatric Outpatient Services
<b>13</b> Liberty Health Center - #44 4308 Belmont Ave Youngstown, OH 44505	Pediatric Outpatient Services
<b>14</b> Mercy Medical Center - #45 1330 Mercy Dr NW Suite 506 Canton, OH 447082625	Pediatric 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> Beachwood Heart Center - #46 23250 Chagrin Blvd Suite325 Beachwood, OH 441225417	Pediatric Outpatient Services
<b>1</b> Ontario Health Center - #47 2003 W 4th St Ontario, OH 449061787	Pediatric Outpatient Services
<b>2</b> Fisher Titus Medical Center - #48 272 Benedict Ave Norwalk, OH 448572374	Pediatric Outpatient Services
<b>3</b> Norwalk Medical Park II - #49 282 Benedict Ave Norwalk, OH 448572712	Pediatric Outpatient Services
<b>4</b> Medina-MFM - #50 3985 Medina Rd Suite 200 Medina, OH 442565354	Maternal Fetal Medicine OP
<b>5</b> TriPoint Medical Center - #51 7580 Auburn Rd Suite 214 Painesville, OH 440779176	Pediatric Outpatient Services
<b>6</b> UH Portage Medical Center - #52 6693 N Chestnut St Ravenna, OH 44266	Pediatric Outpatient Services
<b>7</b> Child Advocacy Center - #53 213 Market Ave N Suite 200 Canton, OH 447021440	Pediatric Outpatient Services
<b>8</b> St Elizabeth Youngstown Hospital - #54 1044 Belmont Ave Youngstown, OH 44501	NICU Nursery
<b>9</b> Hattie Larlham Foundation - #55 9772 Diagonal Rd Mantua, OH 442559128	Pediatric Outpatient Services
<b>10</b> Marietta Memorial Health Center - #56 401 Matthew Street Marietta, OH 45750	Pediatric Outpatient Services
<b>11</b> Wadsworth Deoras PSA - #57 180 High St Suite D Wadsworth, OH 44281	Pediatric Outpatient Services
<b>12</b> Sharon Heart Center - #58 740 E State St Sharon, OH 16146	Pediatric Outpatient Services
<b>13</b> Millersburg Hemophilia Clinic - #59 1261 Wooster Rd Suite 220 Millersburg, OH 446541570	Pediatric Outpatient Services
<b>14</b> Boardman Medical Pavilion - #60 8423 Market St Bldg C Suite300 Boardman, OH 445126778	Pediatric 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

2019

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 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...
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.

Table with 8 columns: (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, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

**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)	797,512				GENERAL SUPPORT
ROTARY CAMP FOR CHILDREN WITH SPECIAL NEEDS INC 4460 REX LANE DRIVE AKRON, OH 44319	34-6557819	501(c)(3)	10,000				SUPPORT KIDS CAMP WITH SPECIAL NEEDS

**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
UNITED WAY 37 N HIGH STREET AKRON, OH 44308	34-1169257	501(C)(3)	25,000				GENERAL SUPPORT
AKRON AREA YMCA 50 S MAIN ST STE LL100 AKRON, OH 44308	34-0714727	501(C)(3)	15,000				SUPPORT YMCA SAFETY WATER PROGRAM FOR KIDS

**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

**2019**

**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 border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on 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 on 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 border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<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 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	The following individuals had a 2019 country club membership that was used by them for business purposes: Lisa Aurilio William Considine Shawn Lyden Robert McGregor M.D. Grace Wakulchik William Considine also received grossed up payments for his automobile, life and other insurance payments made by CHMCA.
Part I, Line 4 - Severance, Nonqualified, and Equity Based Payments	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. No distributions were made in 2019. 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 2019. Lisa Aurilio Rhonda Larimore Craig McGhee Robert McGregor M.D. Christine Young Grace Wakulchik Shawn Lyden Harun Rashid Michael Bigham M.D. Spencer Kowal
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.





<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				
<b>21</b> ANTHEA DANIELS CHIEF LEGAL OFFICER	(i)	382,323	73,259	1,708	17,723	1,782	476,795	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	0	0	0	0	0	0	0
<b>1</b> MICHAEL BIGHAM CHIEF QUALITY OFFICER	(i)	368,703	100,000	1,210	17,613	23,456	510,982	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	0	0	0	0	0	0	0

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**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

▶ **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 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 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 of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .	X			X	X			
<b>15</b>	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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			

**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.

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

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 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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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.

Table with 5 columns: (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 the organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-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

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (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	118,573	COMPENSATION		No
(2) LAURIE SCHUELER	FAMILY MEMBER OF DUANE ISHAM, BOARD OF DIRECTOR	47,918	COMPENSATION		No

**Part V Supplemental Information**

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

Return Reference	Explanation



**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

**2019**

**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>THE REBECCA D. CONSIDINE RESEARCH INSTITUTE (RDCRI) WAS ESTABLISHED IN 2009 TO EMBODY THE SPIRIT OF DISCOVERY AND INNOVATION WITHIN CHILDREN'S HOSPITAL MEDICAL CENTER OF AKRON (CHMCA). THE MISSION OF THE RDCRI IS TO UNLOCK THE POWER OF RESEARCH TO ADVANCE KNOWLEDGE AND IMPROVE LIVES. THE VISION OF THE RDCRI IS TO DEVELOP AN OUTSTANDING RESEARCH INSTITUTE THAT TRANSFORMS PEDIATRIC CARE, IMPROVES HEALTH AND OUTCOMES, ADVANCES OUR EDUCATIONAL PROGRAMS, AND CULTIVATES AND ATTRACTS EMINENT RESEARCHERS. THE RDCRI FACILITATES INDUSTRY SPONSORED CLINICAL STUDIES AND SUPPORTS INVESTIGATORY INITIATED RESEARCH PROGRAMS ACROSS A BROAD SPECTRUM OF RESEARCH SUBJECTS AND MEDICAL DISCIPLINES. THE RDCRI ALSO OFFERS EDUCATIONAL OPPORTUNITIES FOR FACULTY, FELLOWS AND STUDENTS, AND IS WORKING TO ADVANCE COLLABORATIVE RESEARCH AND EDUCATIONAL PARTNERSHIPS THROUGHOUT THE REGION AND AROUND THE WORLD. AS A TEACHING HOSPITAL AFFILIATED WITH THE NORTHEAST OHIO MEDICAL UNIVERSITY (NEOMED), CHMCA OFFERS OUTSTANDING LEARNING AND RESEARCH OPPORTUNITIES FOR STUDENTS AND RESIDENTS. CHMCA OFFERS A SUMMER PEDIATRIC RESEARCH SCHOLARS PROGRAM FOR COLLEGE STUDENTS WHO SHOW AN INTEREST IN PURSUING HEALTHCARE CAREERS. POPULATION HEALTH IS A WAY TO DESCRIBE THE FOCUS ON DISEASE PREVENTION AND MANAGEMENT OF CHRONIC DISEASES TO PREVENT THE USE OF EMERGENCY OR INPATIENT CARE. IT FOCUSES ON THE PROMOTION OF HEALTHY HABITS, AND ON AN ENVIRONMENT THAT SUPPORTS THE HEALTH AND WELLBEING OF THE POPULATION AT LARGE. RECOGNIZING THAT INDIVIDUAL BEHAVIOR AND SOCIO-ECONOMICS HAVE THE BIGGEST IMPACT ON HEALTH, POPULATION HEALTH ZEROES IN ON THESE FACTORS AND WORKS TO CONNECT PROACTIVELY WITH COMMUNITIES--TO ENGAGE PATIENTS AND FAMILIES TO BECOME MORE ACTIVE PARTNERS IN THE PROMOTION OF THEIR OWN HEALTH. CHMCA'S POPULATION HEALTH DEPARTMENT IS GOAL-DRIVEN, EMPOWERING PATIENTS AND FAMILIES WITH THE TOOLS NEEDED TO IMPROVE THE QUALITY OF LIFE. WE STRIVE TO MEET THE NEEDS OF CHILDREN BY ENHANCING THE CARE-GIVING CAPABILITIES OF FAMILIES BY PROMOTING SELF-CARE SKILLS AND INDEPENDENCE. CHMCA'S GOAL IS TO MAINTAIN OR IMPROVE THE PHYSICAL AND PSYCHOSOCIAL WELL-BEING OF INDIVIDUALS THROUGH COST-EFFECTIVE AND TAILORED HEALTH SOLUTIONS.</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

Return Reference	Explanation
Form 990, Part VI, Line 7a - Election of Members and Their Rights	<p>According to the Bylaws of Children's Hospital Medical Center of Akron (CHMCA), five of the members shall consist of the Women's Board of CHMCA and shall hold such position for a period of two years or until their successors are elected and qualified. The Hospital's Chief Executive Officer and President, Chief Medical Officer, Chairman of the Department of Surgery, and the currently serving Noah Miller Chair for Pediatrics shall each be a member of the Board of Directors. In addition, the elected President of the Medical Staff will 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) Ensure Hospital is meeting the community's health needs and is informed about the Hospital's services (2) Strongly believes 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 (10) Participate in and provide leadership for Hospital fundraising 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	<p>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.</p>

**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 her 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 2019 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	\$ 31,074,909 Investment in Foundation (4,194,584) Change is postretirement obligations (25,325,903) Change in pension plan obligations 287,218 Other changes in net assets (2,092,609) Equity transfer to Children's Home Care Group (3,770,053) Transfer from Akron Children's Hospital Foundation \$ (4,021,022) Total

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**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) . . . . .		
<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) . . . . .		No
<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 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) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CHILDREN'S HOME CARE GROUP	O	4,816,356	ACTUAL PER GL
CHILDREN'S HOME CARE GROUP	Q	3,191,781	ACTUAL PER GL
AKRON CHILDREN'S HOSPITAL FOUNDATION	Q	2,051,845	ACTUAL PER GL
AKRON CHILDREN'S HOSPITAL FOUNDATION	C	8,178,271	ACTUAL PER GL
AKRON CHILDREN'S HOSPITAL FOUNDATION	O	3,036,719	ACTUAL PER GL
AKRON CHILDREN'S HOSPITAL FOUNDATION	B	797,512	ACTUAL PER GL
CHILD DIMENSIONS INSURANCE COMPANY	Q	307,683	ACTUAL PER GL