See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 7/1/2008 , and ending 6/30/2009

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: CHMC Anesthesia Foundation, Inc

Doing Business As:

Number and street (or P O box if mail is not delivered to street address): 300 Longwood Avenue — Room/suite: Bader 3

City or town, state or country, and ZIP + 4: Boston MA 02115

D Employer identification number: 04-2702169

E Telephone number: (617) 355-7267

G Gross receipts $: 105,324,401

F Name and address of principal officer: Paul R. Hickey 300 Longwood Avenue, Bader 3, Boston, MA 02115

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

H(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶ N/A

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

J Website: ▶ N/A

K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1980

M State of legal domicile: MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: The Foundation provides medical research and educational services to the Children's Hospital in Boston and the Harvard Medical School. The Foundation also provides care for patients in Massachusetts regardless of their ability to pay, as well as providing and subsidizing hospital and community based services that are either unavailable or limited elsewhere in the community.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	1
5	Total number of employees (Part V, line 2a)	5	87
6	Total number of volunteers (estimate if necessary)	6	NONE
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	517,862
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-3,251

RECEIVED 491 SEP 20 2010 OGDEN, UT OSC

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	582,953	819,987
9	Program service revenue (Part VIII, line 2g)	61,639,632	69,413,392
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,221,913	-1,581,617
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	441,413	520,146
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	65,885,911	69,171,908
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	56,738
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	50,221,024	56,140,430
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	10,604,122	5,081,974
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	60,825,146	61,279,142
19	Revenue less expenses. Subtract line 18 from line 12	5,060,765	7,892,766

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	88,246,970	85,988,260
21	Total liabilities (Part X, line 26)	62,279,379	58,495,285
22	Net assets or fund balances. Subtract line 21 from line 20	25,967,591	27,492,975

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: Paul R Hickey MD — Date: 9/2/10

Type or print name and title: Paul R Hickey MD President — Date: 9/2/10

Paid Preparer's Use Only

Preparer's signature — Date: 8/31/2010 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions): P00633980

Firm's name (or yours if self-employed), address, and ZIP + 4: Thomas J. Hart, 77 Pond ave., Brookline, MA 02445 — EIN ▶ 04-3266103 — Phone no ▶ 617-919-4078

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2008)

(HTA)

SCANNED OCT 12 2010

GLC

16

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
The Foundation operates the department of anesthesia at Children's Hospital in Boston, and in communities throughout greater Boston. The physicians of the Foundation provide anesthesia services to patients at the hospital, perform anesthesia research activities as well as lecture and publish related articles. The Foundation also provides care for patients located in Massachusetts in need of anesthesiology services regardless of their ability to pay.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 52,791,937 including grants of $ 56,738) (Revenue $ 65,380,405)
The CHMC Anesthesia Foundation, Inc. (Foundation) provides anesthesia and intensive care services to the patients of Children's Hospital in Boston; and other health care providers at satellite locations. The Foundation was organized exclusively for charitable, scientific and educational purposes. The Foundation may charge for patient care, other medical services and related products, provided that any net income is used exclusively for the charitable, scientific and educational purposes for which the Foundation was created. The Foundation also provides care for patients located in Massachusetts in need of anesthesia and intensive care services, regardless of their ability to pay, as well as providing and subsidizing hospital and community based services that are either unavailable or limited elsewhere in the community.

4b (Code:) (Expenses $ 4,488,518 including grants of $ 0) (Revenue $ 3,129,639)
The physicians employed by the Foundation perform medical research activities, teaching services and have pioneered many of the developments in the field, as well as lecture and publish related educational articles. All of these activities play a critical role in the treatment and recovery of patients at Children's Hospital, and makes possible surgical advances for which the hospital is renowned.

4c (Code) (Expenses $ 927,845 including grants of $ 0) (Revenue $ 903,348)
The Foundation receives revenue from Children's Hospital in Boston for providing administration, supervision and teaching services.

4d Other program services (Describe in Schedule O.)
(Expenses $ 0 including grants of $) (Revenue $)

4e **Total program service expenses** ► $ 58,208,300 *(Must equal Part IX, Line 25, column (B).)*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26	X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	98		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	87		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶ ---------- See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O See instructions.			
1a	Enter the number of voting members of the governing body	1a 10		
b	Enter the number of voting members that are independent	1b 1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		X
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision.			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O. (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► MA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Pamela Seibert 617-734-5748
300 Longwood Avenue, Boston, MA 02115

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Paul R. Hickey, MD President\Treasurer	40.	X		X				1,365,238	0	280,419
Mark Rockoff, MD Clerk	40	X		X				896,192	0	190,109
John Arnold, MD Director	40.	X						496,215	0	146,930
Lynne Ferrari, MD Director	40.	X						391,191	0	189,016
Babu Koka, MBBS Director	40.	X						728,838	0	207,893
Charles Nargozian, MD Director	40.	X						580,215	0	235,221
Kirsten Odegard, MD Director	40.	X						390,770	0	125,795
Sulpicio Soriano, MD Director	40.	X						622,979	0	179,967
Steven E. Zgleszewski, MD Director	40.	X						289,764	0	87,606
Physicians' Organization at Children's Hospital Institutional Trustee	2.		X					0	0	0
Robert Truog, MD Physician	40.					X		645,346	0	150,824
Michael McManus, MD Physician	40.					X		581,967	0	153,871
Charles Berde, MD Physician	40					X		533,176	0	201,779
Thomas Mancuso, MD Physician	40					X		534,171	0	161,070
Robert Brustowicz, MD Physician	40.					X		509,001	0	180,730
Navil Sethna, MD Physician	40						X	467,681	0	208,662
Peter Kovatsis, MD Physician	40.						X	466,264	0	126,361

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0							0	0	0
	0.							0	0	0
	0.							0	0	0
	0							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0							0	0	0
	0.							0	0	0
1b Total ▶								9,499,008	0	2,826,253

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 16

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address		(B) Description of services	(C) Compensation
Mary Ellen Raux	251 Heath Street Boston MA 02130	Physician Services	337,111
Susan Sager	32 Draper Road Dover MA 02030	Physician Services	251,256
Jonathan Griswold	75 Denton Road Wellesley MA 02482	Physician Services	238,830
DCF Associates	311 Albermarle Road Newton MA 02460	CRNA Services	231,820
Lynda Means	131 Neal Street Portland MA 04102	Physician Services	207,031

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 5

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 0				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 0				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 819,987				
	g	Noncash contributions included in lines 1a-1f. $ 0					
	h	**Total.** Add lines 1a–1f ▶		819,987			
			Business Code				
Program Service Revenue	2a	Net Patient service revenue	621300	65,380,405	65,380,405		
	b	Admin, supervision & teaching	611710	903,348	903,348		
	c	Contract & miscellaneous	900099	3,129,639	3,129,639		
	d			0			
	e			0			
	f	All other program service revenue		0			
	g	**Total.** Add lines 2a–2f ▶		69,413,392			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		1,192,628		-2,284	1,194,912
	4	Income from investment of tax-exempt bond proceeds ▶		0			
	5	Royalties ▶		0			
			(i) Real / (ii) Personal				
	6a	Gross Rents					
	b	Less: rental expenses					
	c	Rental income or (loss)	0 / 0				
	d	Net rental income or (loss) ▶		0			
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	33,378,248 / 0				
	b	Less: cost or other basis and sales expenses	36,152,493 / 0				
	c	Gain or (loss)	-2,774,245 / 0				
	d	Net gain or (loss) ▶		-2,774,245			-2,774,245
	8a	Gross income from fundraising events (not including $ 0 of contributions reported on line 1c). See Part IV, line 18 a	0				
	b	Less: direct expenses b	0				
	c	Net income or (loss) from fundraising events ▶		0			
	9a	Gross income from gaming activities. See Part IV, line 19 a	0				
	b	Less: direct expenses b	0				
	c	Net income or (loss) from gaming activities ▶		0			
	10a	Gross sales of inventory, less returns and allowances a	0				
	b	Less: cost of goods sold b	0				
	c	Net income or (loss) from sales of inventory ▶		0			
		Miscellaneous Revenue	**Business Code**				
	11a	Billing revenue	541200	479,036		479,036	
	b	CMS - Administration	541200	41,110		41,110	
	c			0			
	d	All other revenue		0			
	e	**Total.** Add lines 11a–11d ▶		520,146			
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		69,171,908	69,413,392	517,862	-1,579,333

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S See Part IV, line 21	56,738	56,738		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	6,188,438	6,188,438		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	27,544,368	26,002,532	1,541,836	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,246,376	9,938,985	307,391	
9 Other employee benefits	11,113,678	10,633,717	479,961	
10 Payroll taxes	1,047,570	994,588	52,982	
11 Fees for services (non-employees):				
a Management	151,666	71,743	79,923	
b Legal	155,346		155,346	
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	341,768		341,768	
g Other	0			
12 Advertising and promotion	0			
13 Office expenses	459,177	391,289	67,888	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	240,270	240,270		
17 Travel	4,418		4,418	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	267,585	267,585		
20 Interest	0			
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	349,240	349,240	0	0
23 Insurance	770,083	764,683	5,400	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Bad debt expenses	692,137	692,137		
b Research and education	689,815	689,815		
c Professional relations	262,202	250,102	12,100	
d Managed care	517,461	517,461		
e Recruitment and moving expense	66,079	66,079		
f All other expenses	114,727	92,898	21,829	
25 **Total functional expenses.** Add lines 1 through 24f	61,279,142	58,208,300	3,070,842	0
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		4,390,426	1	5,173,269
	2	Savings and temporary cash investments		8,867,154	2	16,373,313
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		6,962,339	4	7,375,815
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		9,239	6	11,151
	7	Notes and loans receivable, net		898,743	7	1,215,437
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		634,758	9	2,197,642
	10a	Land, buildings, and equipment: cost basis	10a 4,150,824			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 3,477,648	812,728	10c	673,176
	11	Investments–publicly traded securities		48,107,226	11	39,615,682
	12	Investments–other securities. See Part IV, line 11		13,563,224	12	10,949,019
	13	Investments–program-related. See Part IV, line 11		0	13	0
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		4,001,133	15	2,403,756
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		88,246,970	16	85,988,260
Liabilities	17	Accounts payable and accrued expenses		3,360,256	17	3,456,571
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable		0	24	0
	25	Other liabilities. Complete Part X of Schedule D		58,919,123	25	55,038,714
	26	**Total liabilities.** Add lines 17 through 25		62,279,379	26	58,495,285
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		25,033,957	27	26,569,452
	28	Temporarily restricted net assets		933,634	28	923,523
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		25,967,591	33	27,492,975
	34	Total liabilities and net assets/fund balances		88,246,970	34	85,988,260

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a			X
b	Were the organization's financial statements audited by an independent accountant?	2b		X	
c	If "Yes" to lines 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?	2c		X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a			X
b	If "Yes," did the organization undergo the required audit or audits?	3b			

m12

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
CHMC Anesthesia Foundation, Inc.	04-2702169

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: (Please check only **one** organization.)

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.)

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

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

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

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

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

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

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

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

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

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

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

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

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

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h *Provide the following information about the organizations the organization supports.*

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col.(i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
Total									0

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0			0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
4 **Total** Add lines 1-3	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0			0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0			0
11 **Total support.** Add lines 7 through 10						0
12 Gross receipts from related activities, etc. (see instructions.)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15	Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	0.00%

16a **33 1/3% support test–2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33 1/3% support test–2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances-test–2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► ☐

b **10%-facts-and-circumstances test–2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a ,or 17b, check this box and see instructions ► ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	440,444	614,453	1,157,304	582,953	819,986	3,615,140
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	34,227,781	47,047,655	54,232,884	61,639,632	69,413,393	266,561,345
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 **Total.** Add lines 1-5	34,668,225	47,662,108	55,390,188	62,222,585	70,233,379	270,176,485
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public support** (Subtract line 7c from line 6.)						270,176,485

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	34,668,225	47,662,108	55,390,188	62,222,585	70,233,379	270,176,485
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	720,774	1,786,636	2,487,496	2,614,901	1,192,628	8,802,435
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	514,106	672,402	593,394	441,413	517,862	2,739,177
c Add lines 10a and 10b	1,234,880	2,459,038	3,080,890	3,056,314	1,710,490	11,541,612
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						281,718,097

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

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	95.90%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	96.17%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	4.10%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	3.10%

19a **33 1/3% support tests–2008.** 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–2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information (see instructions)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

CHMC Anesthesia Foundation, Inc

Employer identification number

04-2702169

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

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

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

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

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

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

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

☐ Protection of natural habitat ☐ Preservation of certified historic structure

☐ Preservation of open space

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

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

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

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

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

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

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

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	0

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0				

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

a Board designated or quasi-endowment ▶ ____ %
b Permanent endowment ▶ ____ %
c Term endowment ▶ ____ %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	110,799	47,842	62,957
d Equipment	0	3,494,320	3,001,342	492,978
e Other	0	545,705	428,464	117,241
Total. Add lines 1a–1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				673,176

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products	0	
Closely-held equity interests	0	
Other PO Pooled Investment Fund LP	10,949,019	F
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	10,949,019	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	0	

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

(a) Description	(b) Book value
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15)* ▶	0

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

(a) Description of liability	(b) Amount
Federal income taxes	0
Patient Deposits	141,530
Due to Children's Hospital	610,200
Accrued severance benefit plan obligation	7,900,195
Accrued education plan obligation	20,217,514
Deferred compensation obligation	4,280
Accrued longer service bonus & tuition loan plan	6,100,382
Accrued SERP obligation	11,204,561
Defined benefit plan liability	8,168,632
Promises to give - Children's Hospital	60,000
Due to affiliates	631,420
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	55,038,714

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	69,171,908
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	61,279,142
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	7,892,766
4	Net unrealized gains (losses) on investments	4	-1,609,977
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-4,757,405
9	Total adjustments (net). Add lines 4–8	9	-6,367,382
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	1,525,384

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

1	Total revenue, gains, and other support per audited financial statements			1	65,415,724
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-1,609,977		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-2,146,207		
e	Add lines **2a** through **2d**			2e	-3,756,184
3	Subtract line **2e** from line **1**			3	69,171,908
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue. Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12.)			5	69,171,908

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

1	Total expenses and losses per audited financial statements			1	59,135,942
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	-2,143,200		
e	Add lines **2a** through **2d**			2e	-2,143,200
3	Subtract line **2e** from line **1**			3	61,279,142
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	61,279,142

Part XIV Supplemental Information

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

See Page 5

Part XIV Supplemental Information *(continued)*

PART X, FIN 48

In June 2006, the FASB issued Interpretation No. 48, Accounting for Uncertainty in Income Taxes (FIN 48), which provides guidance to all enterprises, including pass-through entities, for how uncertain tax provisions should be recognized, measured, presented and disclosed in the financial statements. On Dececember 30, 2008 the FASB issued Financial Statement Position (FSP) FIN 48-3, Effective Date of FASB Interpretation No. 48 for Certain Nonpublic Enterprises, which defers the effective date of the Interpretation for certain nonpublic enterprises to annual financial statements for fiscal years beginning after December 15, 2008, and is to be applied to all open tax years as of the effective date. The Foundation is a nonpublic enterprise to which this deferral applies, and FIN 48 will be first effective for the Foundation's financial statements for fiscal year ending June 30, 2010. Management continues to evaluate the implications of the Interpretation, and any impact to the future financial position and results of the operations of the Foundation has not yet been determined.

PART XI, Line 8 Unrealized changes in limited liability partnership interest ($2,614,205)

PART XI, Line 8 Pension related change other than net periodic cost ($2,143,200)

PART XII, Line 2D Unrealized changes in limited liability partnership interest ($2,614,205)

PART XII, Line 2D Net assets released from restrictions $467,998

PART XIII, Line 2D Pension related change other than net periodic pension cost ($2,143,200)

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

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

▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

CHMC Anesthesia Foundation, Inc.

Employer identification number

04-2702169

Part I General Information on Grants and Assistance

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

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Children's Hospital 300 Longwood Ave Boston, MA	04-2774441	501(c) (3)	38,151	0	N/A	N/A	General Support
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 11

3 Enter total number of other organizations . . . . . ▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		

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

During the year ended June 30, 2009 the Foundation only provided grant donations to other 501(c) (3) organizations.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: CHMC Anesthesia Foundation, Inc.

Employer identification number: 04-2702169

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If line 1a is 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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
	☒ Compensation committee	☒ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
a	Receive a severance payment or change of control payment?	4a	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5–8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X

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

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

Note. The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Paul R Hickey, MD	(i)	650,104	750	714,384	245,648	34,771	1,645,657	682,619
	(ii)	0	0	0	0	0	0	0
Mark Rockoff, MD	(i)	542,682	51,156	302,354	158,943	31,166	1,086,301	448,096
	(ii)	0	0	0	0	0	0	0
John Arnold, MD	(i)	307,164	46,094	142,957	117,357	29,573	643,145	248,108
	(ii)	0	0	0	0	0	0	0
Lynne Ferrari, MD	(i)	317,750	53,938	19,503	156,930	32,086	580,207	195,596
	(ii)	0	0	0	0	0	0	0
Babu Koka, MBBS	(i)	334,800	51,163	342,875	180,946	26,947	936,731	364,419
	(ii)	0	0	0	0	0	0	0
Charles Nargozian, MD	(i)	270,600	46,906	262,709	204,897	30,324	815,436	290,108
	(ii)	0	0	0	0	0	0	0
Kirsten Odegard, MD	(i)	235,750	50,275	104,745	95,565	30,230	516,565	195,385
	(ii)	0	0	0	0	0	0	0
Sulpicio Soriano, MD	(i)	281,875	50,781	290,323	150,615	29,352	802,946	311,490
	(ii)	0	0	0	0	0	0	0
Steven E. Zgleszewski, MD	(i)	225,500	26,594	37,670	75,189	12,417	377,370	144,882
	(ii)	0	0	0	0	0	0	0
Robert Truog, MD	(i)	333,301	40,750	271,295	118,710	32,114	796,170	322,673
	(ii)	0	0	0	0	0	0	0
Michael McManus, MD	(i)	327,664	49,625	204,678	123,647	30,224	735,838	290,984
	(ii)	0	0	0	0	0	0	0
Charles Berde, MD	(i)	328,000	47,413	157,763	167,000	34,779	734,955	266,588
	(ii)	0	0	0	0	0	0	0
Thomas Mancuso, MD	(i)	301,014	56,375	176,782	128,998	32,072	695,241	267,086
	(ii)	0	0	0	0	0	0	0
Robert Brustowicz, MD	(i)	263,425	49,063	196,513	146,514	34,216	689,731	254,500
	(ii)	0	0	0	0	0	0	0
Navil Sethna, MD	(i)	287,000	57,713	122,968	176,323	32,339	676,343	233,841
	(ii)	0	0	0	0	0	0	0
Peter Kovatsis, MD	(i)	235,750	56,313	174,201	94,568	31,793	592,625	233,132
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

PART I, LINE 4A & 4B

The Foundation established the CHMC Anesthesia Foundation, Inc Severance Benefit Plan, effective as of July 1, 1994, to reward licensed physician employees based on service. The accrued and vested benefits under this plan were frozen as of December 31, 2004 due to changes In the Internal Revenue Code.

The liability owed to those participants listed on Part VII are.

Paul R. Hickey	$973,268	Mark Rockoff	$819,220	John Arnold	$256,969
Charles Nargozian	$438,077	Sulpicio Soriano	$239,980	Robert Truog	$341,323
Michael Mcmanus	$285,985	Charles Berde	$381,799	Babu Koka	$581,672
Navil Sethna	$371,611	Peter Kovatsis	$179,852	Lynne Ferrari	$33,053
Robert Brustowicz	$433,762				

The Foundation established the CHMC Anesthesia Foundation, Inc. 2005 Supplemental Executive Retirement Plan (SERP), effective as of January 1, 2005 to reward licensed physician employees with a benefit based on service. The SERP's sources of contributions are from employer discretionary amounts (if any), severance benefit and elective deferrals. The amounts are vested after five years, attainment of normal retirement date, death, disability of change in control

During 12/31/08 Babu Koka received a distribution for $110,567 from the SERP The liability owed to those participants listed on Part VII are:

Paul R. Hickey	$762,829	Mark Rockoff	$500,848	John Arnold	$194,945
Charles Nargozian	$335,446	Kirsten Odegard	$239,087	Sulpicio Soriano	$240,881
Robert Truog	$311,365	Michael Mcmanus	$218,227	Charles Berde	$260,939
Babu Koka	$175,710	Navil Sethna	$228,118	Peter Kovatsis	$238,628
Lynne Ferrari	$277,289	Steven Zgleszewski	$127,054	Thomas Mancuso	$280,793
Robert Brustowicz	$202,805				

Part III Supplemental Information

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

PART I, LINE 4B

The Foundation established the CHMC Anesthesia Foundation, Inc. Deferred Compensation Plan in 2001 for the purpose of providing deferred compensation to physician anesthesiologist-employees. The plan is a non-qualified plan set up in a rabbi trust under IRC Sec. 457(F) and during the period the compensation is deferred, it is subject to substantial risk of forfeiture. Trust fund assets are held in the name of the Foundation and are available for payment to creditors. Under the terms of the plan, each participant is eligible for benefits upon completion of seven years of service with the Foundation.

The following employees listed on Part VII made the following contributions to 457(f) plan:

Robert Truog, MD $122,003

Navil Sethna, MD $57,487

Kirsten Odegard, MD $30,403

PART I, LINE 7

The Foundation established the CHMC Anesthesia Foundation, Inc. Longer Service Bonus in 2002 a plan to reward long-service physician anesthesiologist-employees with an annual bonus of $15,000 per year. The Board of Directors of the Foundation approved an increase in the annual bonus amount in June 2006 to $20,000. Participants have an annual option to be paid in cash, contribute to the tax sheltered annuity under 403(B), the TIAA 457(B) program, the deferred compensation plan -Rabbi 457(F) or leave in the Plan. Also, the Foundation paid an additional bonus to their anesthesiologist-employees, the amounts were determined by the Chief of the Foundation The amounts were discretionary based on the financial performance of the Foundation.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

► Attach to Form 990 or Form 990-EZ.
► To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization

CHMC Anesthesia Foundation, Inc.

Employer identification number

04-2702169

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ► $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ► $

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
Paul R. Hickey, MD Basic Loan		X	9,000	6,525		X	X		X	
Charles Nargozian, MD Basic Loan		X	30,000	4,626		X	X		X	
			0	0						
			0	0						
			0	0						
			0	0						
Total . . . . . ► $				11,151						

Part III Grants or Assistance Benefitting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27

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

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that 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	(e) Sharing of organization's revenues? No
		0			
		0			
		0			
		0			
		0			
		0			

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

CHMC Anesthesia Foundation, Inc.

Employer identification number

04-2702169

PART V, QUESTION 3B

The CHMC Anesthesia Foundation, Inc. (Foundation) will file Form 990T along with Form 990 by May 15, 2010.

PART VI, QUESTION 1A & 1B

A majority of the CHMC Anesthesia Foundation, Inc. (Foundation) board members are physicians who are not independent from the Foundation. However, the Foundation is part of an integrated delivery system with the Children's Hospital of Boston (Hospital) which does have a community board. The Foundation was organized in 1980. At that time the board was composed entirely of physicians, a board structure that was approved by the Internal Revenue Service. The Foundation has since adjusted the board structure to make it more responsive to the Hospital by adding the Physician's Organization (PO) as a member. See Schedule O, Part VI, Question 12 for more detailed of the PO's rights.

PART VI, QUESTION 3

The Physicians' Organization at Children's Hospital Boston (PO) is a Class "C" member of CHMC Anesthesia Foundation, Inc. (Foundation). The PO is responsible for all 3rd party contracting for the Foundation. The PO has the power to select the independent auditor and legal counsel of the Foundation from an approved list of firms mutually agreed to by the PO and the Foundation. The PO also has the right to review, but not to approve, the annual operating budget and all capital budgets of the Foundation. Lastly, the PO has the right to review for compliance with applicable law, the general terms of and any modification to physician compensation and benefit plan for all physician employees of the Foundation. The PO is considered the compensation committee of the Foundation

PART VI, QUESTION 6

The Physicians' Organization at Children's Hospital Boston is a Class "C" member of CHMC Anesthesia Foundation, Inc.

Name of the organization	Employer identification number
CHMC Anesthesia Foundation, Inc	04-2702169

PART VI, QUESTION 12 C

The Physicians' Organization (PO) at Children's Hospital Boston administers an annual conflict of interest disclosure process to all of its member Foundations, which asks physicians (officers, top management, and highly compensated employees) and selected Foundation staff to disclose potential conflicts. A disclosure statement will be circulated annually to members of the PO The PO audit committee shall determine those individuals (including medical staff members) who shall be required to complete the disclosure statement The PO audit committee, at the discretion, may either 1) refer any or all disclosure statements to the board of directors, 2) appoint an AD HOC committee to review and resolve any conflicts of interest issues, or 3) review and resolve any conflict of interest issues personally or through a designee(s). Any person not receiving a disclosure statement nevertheless has an affirmative obligation to disclose to the PO President, PO General Counsel, or his/her supervisor whenever he/she believes he/she has or may have a conflict of interest. Similarly, each person completing a disclosure statement has an affirmative obligation to update the statement any time circumstances change and/or he/she believes that a conflict of interest may exist. In the event a conflict of interest is found to exist, the Foundation prohibits the member from voting on any matter to which the conflict relates or otherwise influence the voting on such matter

PART VI, QUESTION 13 AND 14

Currently, the Foundation does not have a whistleblower policy or a written document and destruction policy, however the board committee has plans to develop these policies in the next year

Name of the organization	Employer identification number
CHMC Anesthesia Foundation, Inc.	04-2702169

PART VI QUESTION 15A AND 15B

All the physicians (top managment, officers, and highly compensated individuals) fall under compensation guidelines determined by Harvard University, with limitations established for certain positions/ranks within the medical school. Annually, compensation is reviewed and reported to the Hospital's board of trustees to ensure total direct and indirect compensation does not exceed the pre-determined guidelines of Harvard University. Any new indirect benefit plan requires approval by the Foundation's board of directors, which then must be reviewed and permitted by the Hospital. Major procedures of the approval process involve: comparing compensation data of physicians within the comparable field of medicine; indirect compensation currently being offered; and the financial stability of the Foundation. This process was followed for year ended 6/30/2009.

PART VI QUESTION 19

The Foundation maintains all financial statements, conflict of interest policy, and governing documents at its main office at 300 Longwood Avenue, Boston, MA 02115 The documents are available upon request.

SCHEDULE L, PART II

The Foundation has provided two loans to two members of the board The loans provided to the members of the board were for personal use, the Foundation throughout its history has made this type of loans to employees in good standing. The Foundation also, provided unsecured, interest bearing, demand loans to other employees. Certain loans bear interest at the applicable federal rate at December 31st for the preceding 12 months. The majority of the loans were made for recruitment purposes. The amounts for the recruitment loans were determined by restricted donations provided by Children's Hospital for use in recruitment. The loans will be forgiven over the terms of the notes, if the recipients remain employed at the Foundation or its affiliates. The amount of the loan forgiveness will be included with accrued interest, if applicable, as compensation in the year forgiven

At June 30, 2009 the balance amounted to $1,226,588 and is included on the statements of financial position with prepaid expenses and other assets.

PAGE 1: Amended Return: The Foundation is submitting an amended return to correct an overstated amounts in Part VII, Section A, 1a and Schedule J, Part II, page 2

Part VII, Section B, Line 1 (990) - Highest Compensated Independent Contractors

	Contractor's Name	Check if Business	Street Address	City	State	Zip Code	Foreign Country
1	Mary Ellen Raux		251 Heath Street	Boston	MA	02130	
2	Susan Sager		32 Draper Road	Dover	MA	02030	
3	Jonathan Griswold		75 Denton Road	Wellesley	MA	02482	
4	DCF Associates	X	311 Albermarle Road	Newton	MA	02460	
5	Lynda Means		131 Neal Street	Portland	MA	04102	
6							
7							
8							
9							
10							

1,266,048

Description of Services	Compensation	Explanation
Physician Services	337,111	
Physician Services	251,256	
Physician Services	238,830	
CRNA Services	231,820	
Physician Services	207,031	

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

		Cash		Non Cash
1	Federated Campaigns		1	
2	Membership dues		2	
3	Fundraising events		3	
4	Related organizations		4	
5	Government grants (contributions)		5	
6	All other contributions, gifts, grants, and similar amounts not included above.			
	Children's Hospital	662,100		
	Harvard University	157,887		
	Other contributions total	819,987	6	0
7	Total	819,987	7	0

Part VIII, Line 7 (990) - Gain/Loss from Sale of Assets Other than Inventory

Totals	Gross sales	Cost, other basis and expenses
Public Securities	33,378,248	36,152,493
Non-Public Securities	0	0
Other sales	0	0

Index	Description	CUSIP #	Check if gain/loss is from sale of public securities	Check if gain/loss is from sale of non public securities	Check if purchaser is a business	Purchaser	Date acquired	Acquisition method	Date sold	Gross sales price	Cost or other basis (Enter one field only) Cost	Donated value	Expense of sale and cost of improvements	Depreciation	Description of Basis Method
1	Equities Securites		X		X	Broker	Various	FIFO	Various	33,378,248	36,152,493				
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															

Part IX, Line 22 (990) - Depreciation, Depletion, etc.

	Description	349,240 (A) Total	349,240 (B) Program services	0 (C) Management and general	0 (D) Fundraising
1	Depreciation Expense	349,240	349,240		
2		0			
3		0			
4		0			
5		0			
6		0			
7		0			
8		0			
9		0			
10		0			
11		0			
12		0			
13		0			
14		0			
15		0			
16		0			
17		0			
18		0			
19		0			
20		0			

Part X, Line 4 (990) - Accounts Receivable

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1 Patient Account Receivables	1	7,723,654	8,763,055		
2 Allowance for uncollectible accounts	2			761,315	1,387,240
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11 Total accounts receivable	11	7,723,654	8,763,055	761,315	1,387,240

Part X, Lines 5 and 6 (990) - Receivables from Officers, Directors, Trustees and Key Employees

				Travel Advances			
				39,000	9,239	11,151	
	Borrower's name	Title	Disqualified Person?	Original amount	Balance due beginning of year	Balance due end of year	Security provided
1	Paul Hickey	President	X	9,000		6,525	Unsecured Loan
2	Charles Nargozian	Director	X	30,000	9,239	4,626	Unsecured Loan
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Date of note	Maturity date	Repayment terms	Interest rate	Purpose of loan	Description	FMV of consideration
9/30/2008	3/31/2014	Annually	2.8000%	Basic Loan	Basic Loan	
4/1/2005	6/1/2010	Annually	2 8000%	Basic Loan	Basic Loan	

Part X, Line 7 (990) - Other Notes

1,510,000 898,743 1,215,437 0

	Check if a business	Check if credit union or 501(c)(3) scholarship loan	Borrower's name	Title	Original amount	Net balance due beginning of year	Balance due end of year	Allowance for doubtful accounts end of year
1			Elena Bafani	Physician	50,000	50,000	50,000	
2			Linda Brauda	Physician	5,000	0	1,750	
3			Roland Brusseau	Physician	50,000	50,000	50,000	
4			David Clendenin	Physician	5,000	5,000	5,000	
5			Jennifer Dearden	Physician	50,000	50,000	33,333	
6			Scott Dingeman	Physician	100,000	60,000	40,000	
7			Douglas Gould	Physician	50,000	45,410	43,687	
8			Christopher Lee	Physician	80,000	80,000	80,000	
9			Alyson Messina	Physician	20,000	20,000	20,000	
10			Tonya Miller	Physician	50,000	30,000	20,000	
11			Mary L. Ossar	Physician	100,000	100,000	80,000	
12			Randy Prescilla	Physician	100,000	45,000	25,000	
13			Mary Ellen Raux	Physician	50,000	50,000	40,000	
14			Bistra Vlassakova	Physician	100,000	100,000	80,000	
15			Peter Weinstock	Physician	150,000	113,333	96,667	
16			Elena Bafani	Physician	50,000	50,000	50,000	
17			Roland Brusseau	Physician	50,000	50,000	50,000	
18			Christopher Lee	Physician	50,000		50,000	
19			J Williams Sparks	Physician	50,000		50,000	
20			J. Williams Sparks	Physician	100,000		100,000	
21			Mark Wesley	Physician	50,000		50,000	
22			Mark Wesley	Physician	100,000		100,000	
23			Dusica Bajic	Physician	100,000		100,000	
24								
25								
26								
27								
28								

Security provided	Date of note	Maturity date	Repayment terms	Interest rate	Purpose of loan	Description	Fair market value of consideration
Real Estate	2/1/2008	2/1/2011	Annually	%	Physician Recruitment	Primary Residence	
Unsecured Loan	4/1/2007	7/1/2008	Monthly	2.8000%	Basic Loan	Basic Loan	
Real Estate	2/1/2008	2/1/2011	Annually	%	Physician Recruitment	Primary Residence	
Unsecured Loan	7/1/2007	12/1/2010	Annually	2.8000%	Basic Loan	Basic Loan	
Unsecured Loan	4/1/2008	4/1/2011	Annually	2 8000%	Basic Loan	Basic Loan	
Real Estate	2/1/2006	2/1/2011	Annually	%	Physician Recruitment	Primary Residence	
Real Estate	1/2/2007	1/2/2017	Annually	2 8000%	Recruitment	Primary Residence	
Real Estate	5/1/2008	5/1/2011	Annually	%	Physician Recruitment	Primary Residence	
Unsecured Loan	3/1/2008	3/1/2010	Annually	2 8000%	Recruitment	Recruitment	
Real Estate	12/1/2006	12/1/2011	Annually	%	Physician Recruitment	Primary Residence	
Real Estate	3/1/2007	3/1/2012	Annually	%	Physician Recruitment	Primary Residence	
Real Estate	10/1/2005	10/1/2010	Annually	%	Physician Recruitment	Primary Residence	
Real Estate	7/1/2007	7/1/2012	Annually	%	Recruitment	Primary Residence	
Real Estate	2/1/2007	2/1/2012	Annually	%	Physician Recruitment	Primary Residence	
Real Estate	10/1/2005	10/1/2010	Annually	%	Physician Recruitment	Primary Residence	
Real Estate	2/1/2008	2/1/2011	Annually	2.8000%	Physician Recruitment	Primary Residence	
Real Estate	2/1/2008	2/1/2011	Annually	2.8000%	Physician Recruitment	Primary Residence	
Real Estate	5/5/2008	12/31/2011	Annually	%	Physician Recruitment	Primary Residence	
Real Estate	4/13/2009	12/31/2014	Annually	%	Physician Recruitment	Primary Residence	
Real Estate	6/4/2009	12/31/2014	Annually	%	Physician Recruitment	Primary Residence	
Real Estate	5/6/2009	12/31/2019	Annually	%	Physician Recruitment	Primary Residence	
Real Estate	5/6/2009	12/31/2014	Annually	%	Physician Recruitment	Primary Residence	
Real Estate	12/18/2008	12/31/2013	Annually	%	Physician Recruitment	Primary Residence	

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

									4,150,824	3,128,408	3,477,648	0	1,022,416	673,176
	Category or Item	Land	Buildings	Leasehold Improve-ments	Equipment	Other	Check if Investment Asset	Check if Asset Disposed	Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Disposals/ Adjustments	Beginning Balance	Ending Balance
1	Computer Hardware & Software				X				3,167,788	2,571,640	2,820,072		596,148	347,716
2	Furniture & Fixtures					X			545,705	402,439	428,464		143,266	117,241
3	Research Equipment				X				326,532	113,767	181,270		212,765	145,262
4	Leasehold Improvements			X					110,799	40,562	47,842		70,237	62,957
5									0	0			0	0
6									0	0			0	0
7									0	0			0	0
8									0	0			0	0
9									0	0			0	0
10									0	0			0	0
11									0	0			0	0
12									0	0			0	0
13									0	0			0	0
14									0	0			0	0
15									0	0			0	0
16									0	0			0	0
17									0	0			0	0
18									0	0			0	0
19									0	0			0	0
20									0	0			0	0
21									0	0			0	0
22									0	0			0	0
23									0	0			0	0
24									0	0			0	0
25									0	0			0	0
26									0	0			0	0
27									0	0			0	0
28									0	0			0	0
29									0	0			0	0
30									0	0			0	0
31									0	0			0	0
32									0	0			0	0
33									0	0			0	0
34									0	0			0	0
35									0	0			0	0
36									0	0			0	0
37									0	0			0	0
38									0	0			0	0
39									0	0			0	0
40									0	0			0	0
41									0	0			0	0
42									0	0			0	0
43									0	0			0	0
44									0	0			0	0
45									0	0			0	0
46									0	0			0	0
47									0	0			0	0
48									0	0			0	0
49									0	0			0	0
50									0	0			0	0
51									0	0			0	0
52									0	0			0	0
53									0	0			0	0
54									0	0			0	0

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

									4,150,824	3,128,408	3,477,648	0	1,022,416	673,176
	Category or Item	Land	Buildings	Leasehold Improve-ments	Equipment	Other	Check if Investment Asset	Check if Asset Disposed	Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Disposals/ Adjustments	Beginning Balance	Ending Balance
55									0	0			0	0
56									0	0			0	0
57									0	0			0	0
58									0	0			0	0
59									0	0			0	0
60									0	0			0	0
61									0	0			0	0
62									0	0			0	0
63									0	0			0	0
64									0	0			0	0
65									0	0			0	0
66									0	0			0	0
67									0	0			0	0
68									0	0			0	0
69									0	0			0	0
70									0	0			0	0
71									0	0			0	0
72									0	0			0	0
73									0	0			0	0
74									0	0			0	0
75									0	0			0	0
76									0	0			0	0
77									0	0			0	0
78									0	0			0	0
79									0	0			0	0
80									0	0			0	0
81									0	0			0	0
82									0	0			0	0
83									0	0			0	0
84									0	0			0	0
85									0	0			0	0
86									0	0			0	0
87									0	0			0	0
88									0	0			0	0
89									0	0			0	0
90									0	0			0	0
91									0	0			0	0
92									0	0			0	0
93									0	0			0	0
94									0	0			0	0
95									0	0			0	0
96									0	0			0	0
97									0	0			0	0
98									0	0			0	0
99									0	0			0	0
100									0	0			0	0
101									0	0			0	0
102									0	0			0	0
103									0	0			0	0
104									0	0			0	0
105									0	0			0	0
106									0	0			0	0
107									0	0			0	0
108									0	0			0	0

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

									4,150,824	3,128,408	3,477,648	0	1,022,416	673,176
	Category or Item	Land	Buildings	Leasehold Improve-ments	Equipment	Other	Check if Investment Asset	Check if Asset Disposed	Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Disposals/ Adjustments	Beginning Balance	Ending Balance
109									0	0			0	0
110									0	0			0	0
111									0	0			0	0
112									0	0			0	0
113									0	0			0	0
114									0	0			0	0
115									0	0			0	0
116									0	0			0	0
117									0	0			0	0
118									0	0			0	0
119									0	0			0	0
120									0	0			0	0
121									0	0			0	0
122									0	0			0	0
123									0	0			0	0
124									0	0			0	0
125									0	0			0	0
126									0	0			0	0
127									0	0			0	0
128									0	0			0	0
129									0	0			0	0
130									0	0			0	0
131									0	0			0	0
132									0	0			0	0
133									0	0			0	0
134									0	0			0	0
135									0	0			0	0
136									0	0			0	0
137									0	0			0	0
138									0	0			0	0
139									0	0			0	0
140									0	0			0	0
141									0	0			0	0
142									0	0			0	0
143									0	0			0	0
144									0	0			0	0
145									0	0			0	0
146									0	0			0	0
147									0	0			0	0
148									0	0			0	0
149									0	0			0	0
150									0	0			0	0
151									0	0			0	0
152									0	0			0	0
153									0	0			0	0
154									0	0			0	0
155									0	0			0	0
156									0	0			0	0
157									0	0			0	0
158									0	0			0	0
159									0	0			0	0
160									0	0			0	0
161									0	0			0	0
162									0	0			0	0

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

									4,150,824	3,128,408	3,477,648	0	1,022,416	673,176
	Category or Item	Land	Buildings	Leasehold Improvements	Equipment	Other	Check if Investment Asset	Check if Asset Disposed	Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Disposals/ Adjustments	Beginning Balance	Ending Balance
163									0	0			0	0
164									0	0			0	0
165									0	0			0	0
166									0	0			0	0
167									0	0			0	0
168									0	0			0	0
169									0	0			0	0
170									0	0			0	0
171									0	0			0	0
172									0	0			0	0
173									0	0			0	0
174									0	0			0	0
175									0	0			0	0
176									0	0			0	0
177									0	0			0	0
178									0	0			0	0
179									0	0			0	0
180									0	0			0	0
181									0	0			0	0
182									0	0			0	0
183									0	0			0	0
184									0	0			0	0
185									0	0			0	0
186									0	0			0	0
187									0	0			0	0
188									0	0			0	0
189									0	0			0	0
190									0	0			0	0
191									0	0			0	0
192									0	0			0	0
193									0	0			0	0
194									0	0			0	0
195									0	0			0	0
196									0	0			0	0
197									0	0			0	0
198									0	0			0	0
199									0	0			0	0
200									0	0			0	0
201									0	0			0	0
202									0	0			0	0
203									0	0			0	0
204									0	0			0	0
205									0	0			0	0
206									0	0			0	0
207									0	0			0	0
208									0	0			0	0
209									0	0			0	0
210									0	0			0	0
211									0	0			0	0
212									0	0			0	0
213									0	0			0	0
214									0	0			0	0
215									0	0			0	0
216									0	0			0	0

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

									4,150,824	3,128,408	3,477,648	0	1,022,416	673,176
	Category or Item	Land	Buildings	Leasehold Improve-ments	Equipment	Other	Check if Investment Asset	Check if Asset Disposed	Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Disposals/ Adjustments	Beginning Balance	Ending Balance
217									0	0			0	0
218									0	0			0	0
219									0	0			0	0
220									0	0			0	0
221									0	0			0	0
222									0	0			0	0
223									0	0			0	0
224									0	0			0	0
225									0	0			0	0
226									0	0			0	0
227									0	0			0	0
228									0	0			0	0
229									0	0			0	0
230									0	0			0	0
231									0	0			0	0
232									0	0			0	0
233									0	0			0	0
234									0	0			0	0
235									0	0			0	0
236									0	0			0	0
237									0	0			0	0
238									0	0			0	0
239									0	0			0	0
240									0	0			0	0
241									0	0			0	0
242									0	0			0	0
243									0	0			0	0
244									0	0			0	0
245									0	0			0	0
246									0	0			0	0
247									0	0			0	0
248									0	0			0	0
249									0	0			0	0
250									0	0			0	0
251									0	0			0	0
252									0	0			0	0
253									0	0			0	0
254									0	0			0	0
255									0	0			0	0
256									0	0			0	0
257									0	0			0	0
258									0	0			0	0
259									0	0			0	0
260									0	0			0	0
261									0	0			0	0
262									0	0			0	0
263									0	0			0	0
264									0	0			0	0
265									0	0			0	0
266									0	0			0	0
267									0	0			0	0
268									0	0			0	0
269									0	0			0	0
270									0	0			0	0

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

									4,150,824	3,128,408	3,477,648	0	1,022,416	673,176
	Category or Item	Land	Buildings	Leasehold Improve-ments	Equipment	Other	Check if Investment Asset	Check if Asset Disposed	Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Disposals/ Adjustments	Beginning Balance	Ending Balance
271									0	0			0	0
272									0	0			0	0
273									0	0			0	0
274									0	0			0	0
275									0	0			0	0
276									0	0			0	0
277									0	0			0	0
278									0	0			0	0
279									0	0			0	0
280									0	0			0	0
281									0	0			0	0
282									0	0			0	0
283									0	0			0	0
284									0	0			0	0
285									0	0			0	0
286									0	0			0	0
287									0	0			0	0
288									0	0			0	0
289									0	0			0	0
290									0	0			0	0
291									0	0			0	0
292									0	0			0	0
293									0	0			0	0
294									0	0			0	0
295									0	0			0	0
296									0	0			0	0

Part X, Lines 11 and 12 (990) - Investments - Securities

Check one box below to indicate how securities are reported

[ ] Cost

[X] End of year market value (FMV)

							0	61,670,450	50,564,701
	Securities at end of year	Publicly Traded Securities?	Financial Derivatives	Closely-Held Equity Interests	Number of Shares/ Face Value	Value at Time of Donation		Beginning Balance Book Value FMV	Ending Balance Book Value FMV
1	Marketable Equity securities	X			0 00	0		33,112,460	24,603,637
2	US mortgage agency	X			0 00	0		5,973,323	4,598,643
3	Corporate bonds	X			0 00	0		5,981,410	4,797,536
4	US goverment securities	X			0 00	0		3,040,033	4,928,397
5	Foreign goverment securities	X			0 00	0		0	687,469
6	PO Pooled Investment Fund LP				0 00	0		13,563,224	10,949,019
7					0 00	0		0	
8					0 00	0		0	0
9					0 00	0		0	0
10					0 00	0		0	0
11					0 00	0		0	0
12					0 00	0		0	0
13					0 00	0		0	0
14					0 00	0		0	0
15					0 00	0		0	0
16					0 00	0		0	0
17					0.00	0		0	0
18					0.00	0		0	0
19					0 00	0		0	0
20					0 00	0		0	0

Part X, Line 15 (990) - Other Assets

		4,001,133	2,403,756
	Description	Beginning	End
1	Due from Children's Hospital	101,687	70,148
2	Office Lease Security Deposit	17,050	0
3	FASB 87 Pension Accrual	3,336,351	1,574,223
4	Other Miscellaneous Receivables	546,045	759,385
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Part X, Line 25 (990) - Other Liabilities

		58,919,123	55,038,714
	Description	Beginning	End
1	Patient Deposits	92,433	141,530
2	Due to Children's Hospital	546,704	610,200
3	Accrued severance benefit plan obligation	7,900,195	7,900,195
4	Accrued education plan obligation	19,660,981	20,217,514
5	Deferred compensation obligation	994,139	4,280
6	Accrued longer service bonus & tuition loan plan	5,978,982	6,100,382
7	Accrued SERP obligation	10,099,681	11,204,561
8	Defined benefit plan liability	12,768,011	8,168,632
9	Promises to give - Children's Hospital	877,997	60,000
10	Due to affiliates	0	631,420
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Line 12 (990-T) - Other Income

1	From Form 6478 - Alcohol and Cellulosic Biofuel Fuels Credit	1	0
2	From Form 8864 - Biodiesel and Renewable Diesel Fuels Credit	2	0
3	Bad debt recoveries	3	
4	Proceeds received from employer-owned life insurance contracts issued after August 17, 2006	4	
5	Billing Revenue	5	479,036
6	CMS Administration	6	41,110
7		7	
8		8	
9		9	
10		10	
11		11	
12		12	
13	Total other income	13	520,146

Line 28 (990-T) - Other Deductions

1	Consulting	1	73,701
2	Delivery	2	417
3	Dues & subscriptions	3	646
4	Equipment rental	4	1,752
5	Office supplies	5	25,002
6	Outside services	6	15,461
7	Parking	7	4,772
8	Rent	8	21,752
9	Telephone	9	6,430
10	Travel	10	3,461
11	Professional Relations	11	1,450
12	Quaterly Med. Reimbursement	12	1,097
13	Credit card service fee	13	4,235
14	Utilities expense	14	1,203
15	Postage	15	18,132
16	Total other deductions	16	179,511
17	Total deductions less expenses for offsetting credits	17	179,511

Line 31 (990-T) - Net Operating Loss Carryover

Carryover Period	Beginning Loss Period (M/D/YYYY)	Ending Loss Period (M/D/YYYY)	Amount of Net Operating Loss	Amount Used in Prior Years/ Carrybacks	Adjustment Under Sec. 170(d)(2)(B)	Adjustments	Amount Available This Year	Amount Used This Year	Expiring Losses	Net Operating Loss Available for Carryover	Cumulative Unused Net Operating Loss
15th Preceding Period			0	0	0		0	0	0	0	0
14th Preceding Period			0	0	0		0	0	0	0	0
13th Preceding Period			0	0	0		0	0	0	0	0
12th Preceding Period			0	0	0		0	0	0	0	0
11th Preceding Period			0	0	0		0	0	0	0	0
10th Preceding Period			0	0	0		0	0	0	0	0
9th Preceding Period			0	0	0		0	0	0	0	0
8th Preceding Period			0	0	0		0	0	0	0	0
7th Preceding Period			0	0	0		0	0	0	0	0
6th Preceding Period			0	0	0		0	0	0	0	0
5th Preceding Period			0	0	0		0	0	0	0	0
4th Preceding Period			0	0	0		0	0	0	0	0
3rd Preceding Period			0	0	0		0	0	0	0	0
2nd Preceding Period			0	0	0		0	0	0	0	0
1st Preceding Period			301		0		301	0	0	301	301
Current Period	7/1/2008	6/30/2009	3,251				3,251			3,251	3,552

Taxable Income Before Net Operating Loss: 0 **Total Net Operating Loss Used This Year:** 0

Part VII (Sch D (990)) - Investments Other Securities 10,949,019

	Description	Book Value	Method of Valuation
1	Financial derivatives and other financial products	0	
2	Closely-held equity interests	0	
3	PO Pooled Investment Fund LP	10,949,019	F
4		0	
5		0	
6		0	
7		0	
8		0	
9		0	
10		0	
11		0	
12		0	
13		0	
14		0	
15		0	
16		0	
17		0	
18		0	
19		0	
20		0	

Part X (Sch D (990)) - Other Liabilities

55,038,714

	Description	Amount
1	Federal Income Taxes	
2	Patient Deposits	141,530
3	Due to Children's Hospital	610,200
4	Accrued severance benefit plan obligation	7,900,195
5	Accrued education plan obligation	20,217,514
6	Deferred compensation obligation	4,280
7	Accrued longer service bonus & tuition loan plan	6,100,382
8	Accrued SERP obligation	11,204,561
9	Defined benefit plan liability	8,168,632
10	Promises to give - Children's Hospital	60,000
11	Due to affiliates	631,420
12		0
13		0
14		0
15		0
16		0
17		0
18		0
19		0
20		0
21		0

Continuation for Line 28 (Sch E page 2 (1040)) - Income or Loss from Partners and S-Corps

	(a) Name	(b) P/S	(c) Check if foreign p'ship	(d) Employer ID number	(e) Check if some not at risk	(f) Passive loss allowed	(g) Passive income Sch K-1	(h) Nonpassive loss Sch K-1	(i) Sec. 179 deduction Form 4562	(j) Nonpassive income Sch K-1
1	P.O. Pooled Investment Fund	P		04-2702169		0	0	0	0	0
	Filer Totals					0	0	0	0	0
	Spouse Totals					0	0	0	0	0
	Totals					0	0	0	0	0