



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  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 2008
	The organization may have to use a copy of this return to satisfy state reporting requirements	Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009		D Employer identification number 22-2785804	
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 CHILDREN'S HEALTH CARE ASSOCIATES INC	
		Doing Business As	
		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite
		City or town, state or country, and ZIP + 4 PHILADELPHIA, PA 191031443	
		E Telephone number (215) 977-9779	
		G Gross receipts \$ 171,859,256	
F Name and address of Principal Officer Dr ALAN COHEN 100 N 20TH STREET STE 301 PHILADELPHIA, PA 19103		H(a) Is this a group return for affiliates? ☐ Yes ☒ No	
I Tax-exempt status ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527		H(b) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list See instructions)	
J Web site: N/A		H(c) Group Exemption Number	
K Type of organization ☒ Corporation ☐ trust ☐ association ☐ other		L Year of Formation 1986 M State of legal domicile PA	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities To provide medical and specialty care for patients and educational, research and administrative services to the Childrens Hospital of Philadelphia and the University of Pennsylvania School of Medicine		
	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	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5	Total number of employees (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	100,469	100,399
	9	Program service revenue (Part VIII, line 2g)	159,345,169	169,575,095
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,160,110	-4,180,585
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	178,473	72,400
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	164,784,221	165,567,309
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,489,757
14		Benefits paid to or for members (Part IX, column (A), line 4)		0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	118,296,809	133,103,933
16a		Professional fundraising fees (Part IX, column (A), line 11e)		0
b		(Total fundraising expenses, Part IX, column (D), line 25 ⁰)		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	39,594,560	33,656,974
18		Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	164,381,126	167,274,735
19		Revenue less expenses Subtract line 18 from line 12	403,095	-1,707,426
Net Assets or Fund Balances			Beginning of Year	End of Year
	20	Total assets (Part X, line 16)	62,554,312	47,014,569
	21	Total liabilities (Part X, line 26)	30,765,537	24,596,082
	22	Net assets or fund balances Subtract line 21 from line 20	31,788,775	22,418,487

Part II Signature Block

Please Sign Here	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.				
	Signature of officer			2010-05-10 Date	
	michael corbo treasurer Type or print name and title				
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed ☒	Preparer's PTIN (See Gen Inst)
	Firm's name (or yours if self-employed), address, and ZIP + 4 PricewaterhouseCoopers LLP 2001 MARKET ST SUITE 1700 PHILADELPHIA, PA 19103			EIN Phone no (267) 330-3000	

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

Part IIIS

Statement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization’s mission
To provide medical and specialty care for patients and educational, research and administrative services to the Childrens Hospital of Philadelphia and the University of Pennsylvania School of Medicine

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

YesNo

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?

YesNo

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 (4) organizations and 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 \$ 146,544,137 including grants of \$ 513,828) (Revenue \$ 169,647,495)

TO PROVIDE PEDIATRIC MEDICAL, HEALTH CARE, RESEARCH AND TEACHING SERVICES THE ORGANIZATION PROVIDES MEDICAL CARE TO PATIENTS IN ITS SERVICE AREA IRRESPECTIVE OF ABILITY TO PAY THE ORGANIZATION SUPPORTS THE MEDICAL RESEARCH AND TEACHING MISSIONS OF CHILDREN'S HOSPITAL OF PHILADELPHIA

4b

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

4c

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

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses \$ 146,544,137

Must equal Part IX, Line 25, column (B).

Form 990 (2008)

Part IV

Checklist of Required Schedules

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

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		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		No
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	Yes	
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		No
36	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		No
37	Did the organization conduct more than 5 percent 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		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a33		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a0		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	<i>Organizations that may receive deductible contributions under section 170(c).</i>			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
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		No
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		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		No
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	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>			
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	<i>Section 501(c)(7) organizations.</i> 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	<i>Section 501(c)(12) organizations.</i> 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	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> 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

For each "Yes" response to lines 2-7 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

7

1b

Enter the number of voting members that are independent

1b

0

2

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

2

No

3

Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?

3

No

4

Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?

4

No

5

Did the organization become aware during the year of a material diversion of the organization's assets?

5

No

6

Does the organization have members or stockholders?

6

Yes

7a

Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

7a

Yes

7b

Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

7b

No

8

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

8a

the governing body?

8a

Yes

8b

each committee with authority to act on behalf of the governing body?

8b

Yes

9a

Does the organization have local chapters, branches, or affiliates?

9a

No

9b

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

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

Yes

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

No

Section B. Policies

12a

Does the organization have a written conflict of interest policy? If "No", go to line 13

12a

Yes

12b

Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

12b

Yes

12c

Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

12c

Yes

13

Does the organization have a written whistleblower policy?

13

Yes

14

Does the organization have a written document retention and destruction policy?

14

Yes

15

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision

15a

The organization's CEO, Executive Director, or top management official?

15a

Yes

15b

Other officers or key employees of the organization?

15b

No

Describe the process in Schedule O

16a

Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

16a

No

16b

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

PA

18

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you 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. See Additional Data Table.

20

State the name, physical address, and telephone number of the person who possesses the books and records of the organization.
MARLENA FERGUSON
100 N 20TH STREET STE 301
PHILADELPHIA, PA 19103
(215) 977-9779

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

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

[illegible]

Part VII 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			
1b Total								5,048,458	990,579	558,341

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **13**

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

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)	(B)	(C)
Name and business address	Description of services	Compensation
UNIVERSITY OF PENNSYLVANIA 737 FRANKLIN BLDG 3451 WALNUT STRE PHILADELPHIA, PA 19104	SALARIES	82,895,406
CHILDREN'S HOSPITAL OF PHILADELPHIA 100 PENN SQUARE EAST SUITE 600 PHILADELPHIA, PA 19107	SALARIES	56,312,097
TRANSCRIPTION RX PO BOX 35049 PHILADELPHIA, PA 19128	MED TRANSCRIPTION	560,550
ARTWEN ASSOCIATES 615 CHESTNUT STREET SUITE 120 PHILADELPHIA, PA 19106	RENT	273,743
OFFICE TEAM 12400 COLLECTINOS CENTER DRIVE CHICAGO, IL 60693	STAFFING	244,013
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 IRC 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a					
	b	Membership dues						
			1b					
	c	Fundraising events						
			1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	100,399					
			1f					
g	Noncash contributions included in lines 1a-1f \$							
h	Total (Add lines 1a-1f)	100,399						
Program Service Revenue	2a	PATIENT SRVC REV	Business Code 900,099	116,024,222	116,024,222			
	b	SALARY SUPPORT	900,099	46,758,927	46,758,927			
	c	PROGRAM SUPPORT	900,099	6,710,140	6,710,140			
	d	EXPENSE REIMBURSEMENT	900,099	81,806	81,806			
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
		\$ 169,575,095						
Other Revenue	3	Investment income (including dividends, interest other similar amounts)		1,665,384		1,665,384		
	4	Income from investment of tax-exempt bond proceeds		0				
	5	Royalties		0				
	6a	Gross Rents	(i) Real	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			445,978					
			6,291,947					
			-5,845,969					
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)	-5,845,969			-5,845,969		
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000	a					
			b	Less direct expenses				
			c	Net income or (loss) from fundraising events	0			
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000	a					
			b	Less direct expenses				
			c	Net income or (loss) from gaming activities	0			
10a	Gross sales of inventory, less returns and allowances	a						
		b	Less cost of goods sold					
		c	Net income or (loss) from sales of inventory	0				
	Miscellaneous Revenue	Business Code						
11a	MISCELLANEOUS		72,400	72,400				
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d	\$ 72,400						
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		165,567,309	169,647,495		-4,180,585		

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	513,828	513,828		
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	4,732,707	1,870,366	2,862,341	0
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	103,607,517	93,814,858		0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	19,371,401	16,770,468	2,600,933	0
10	Payroll taxes	5,392,308	4,773,598	618,710	0
11	Fees for services (non-employees)				
a	Management	5,367	0	5,367	0
b	Legal	79,696	0	79,696	0
c	Accounting	0	0	0	
d	Lobbying	0	0	0	
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	65,387	0	65,387	0
g	Other	3,500,335	336,013	3,164,322	0
12	Advertising and promotion	0			
13	Office expenses	2,061,530	1,815,662	245,868	0
14	Information technology	216,779	190,925	25,854	0
15	Royalties	0			
16	Occupancy	2,065,218	1,662,798	402,420	0
17	Travel	921,551	811,642	109,909	0
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	467,735	411,951	55,784	0
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	177,778	156,575	21,203	
23	Insurance	5,178,621	5,163,070	15,551	
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	AFFILIATED PROGRAM EXPENSES	10,750,570	10,750,570	0	
b	BAD DEBT	3,652,808	3,652,808	0	
c	RESEARCH EXPENSES	1,974,138	1,974,138	0	
d	MEDICAL AND LAB SUPPLIES	773,070	773,070	0	
e	DUES AND SUBSCRIPTIONS	589,851	519,502	70,349	
f	All other expenses	1,176,540	582,295	594,245	
25	Total functional expenses. Add lines 1 through 24f	167,274,735	146,544,137	20,730,598	0
26	Joint Costs. Check ☐ 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)		(B)
			Beginning of year		End of year
Assets	1	Cash—non-interest-bearing	3,920	1	3,830
	2	Savings and temporary cash investments	3,466,816	2	6,897,452
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	11,899,418	4	10,904,363
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	51,542	9	109,519
	10a	Land, buildings, and equipment cost basis			
		10a 4,991,754			
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>			
		10b 4,566,952	495,326	10c	424,802
	11	Investments—publicly traded securities	42,813,296	11	24,542,645
	12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>		12	
	13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13	
14	Intangible assets		14		
15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	3,823,994	15	4,131,958	
16	Total assets. Add lines 1 through 15 (must equal line 34)	62,554,312	16	47,014,569	
Liabilities	17	Accounts payable and accrued expenses	3,408,383	17	3,465,316
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability <i>Complete Part IV of Schedule D</i>		21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities <i>Complete Part X of Schedule D</i>	27,357,154	25	21,130,766
	26	Total liabilities. Add lines 17 through 25	30,765,537	26	24,596,082
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	31,788,775	27	22,418,487
	28	Temporarily restricted net assets		28	
	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	31,788,775	33	22,418,487
	34	Total liabilities and net assets/fund balances	62,554,312	34	47,014,569

Part XI **Financial Statements and Reporting**

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

SCHEDULE A

(Form 990 or 990EZ)

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 CHILDREN'S HEALTH CARE ASSOCIATES INC		Employer identification number 22-2785804
---	--	--

Part I Reason for Public Charity Status (to be completed by all organizations) (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? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above?
h	☐	Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

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 ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						
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 501(c)(3) organization, check this box and stop here						☐

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% 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% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		☐
17a 10% Facts and Circumstances Test - 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 the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		☐

Part IIISupport Schedule for Organizations Described in IRC 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 ")	100,150	100,298	100,148	100,469	100,399	501,464
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	196,629,583	221,298,618	144,187,884	159,345,169	169,647,495	891,108,749
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total Add lines 1-5	196,729,733	221,398,916	144,288,032	159,445,638	169,747,894	891,610,213
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						891,610,213

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	196,729,733	221,398,916	144,288,032	159,445,638	169,747,894	891,610,213
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,782,214	2,135,320	2,189,450	2,570,344	1,665,384	10,342,712
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b	1,782,214	2,135,320	2,189,450	2,570,344	1,665,384	10,342,712
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	27,433	0	0	178,473	0	205,906
13 Total Support (Add lines 9, 10c, 11 and 12)						902,158,831
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	☐					

Computation of Public Support Percentage		
15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	98 831 %
16 Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	98 854 %

Computation of Investment Income Percentage		
17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	1 146 %
18 Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	1 134 %
19a 33 1/3% 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% 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 information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

SCHEDULE D
(Form 990)

Supplemental Financial Statements

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CHILDREN'S HEALTH CARE ASSOCIATES INC

Employer identification number
22-2785804

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 importantly 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☐ No

b

If "Yes," explain why in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
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					

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

(i)

unrelated organizations

(ii)

related organizations

	Yes	No
3a(i)		
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				
b Buildings				
c Leasehold improvements	0	108,983	35,235	73,748
d Equipment	0	4,882,771	4,531,717	351,054
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				424,802

(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		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶		

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

(a) Description	(b) Book value
DUE FROM CHOP	2,497,985
OTHER RECEIVABLES	1,468,115
DUE FROM CAA	105,626
DUE FROM STOKES	0
DUE FROM RACH	44,649
INTERCOMPANY ACTIVITY	15,583
ACCRUED INTEREST RECEIVABLE	0
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	4,131,958

(a) Description of Liability	(b) Amount
Federal Income Taxes	
PLEDGES PAYABLE TO CHOP	7,069,839
CPUP	10,163,201
DUE TO STOKES	1,631,552
REFUNDS PAYABLE	2,016,642
DUE TO CSA	249,532
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	21,130,766

Schedule D (Form 990) 2008

Part XI

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

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

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, 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

Identifier	Return Reference	Explanation

SCHEDULE F
(Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
CHILDREN'S HEALTH CARE ASSOCIATES INC

Employer identification number
22-2785804

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance ☐ Yes ☒ No
- 2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States
- 3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Europe (Including Iceland and Greenland)		57	Program Services	teaching & research	176,788
East Asia and the Pacific		38	Program Services	teaching & research	146,009
Central America and the Caribbean		39	Program Services	teaching & research	133,670
Sub-Saharan Africa		6	Program Services	teaching & research	39,274
North America		19	Program Services	teaching & research	28,090
Middle East and North Africa		4	Program Services	teaching & research	20,593
Russia and the Newly Independent States		6	Program Services	teaching & research	19,600
South America		5	Program Services	teaching & research	17,965
South Asia		4	Program Services	teaching & research	17,157
Totals ►		178			599,146

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐ ☐
Use Schedule F-1 if additional space is needed.

[illegible]

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter _____

3 Enter total number of other organizations or entities ►

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

Schedule F (Form 990) 2008

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
CHILDREN'S HEALTH CARE ASSOCIATES INC

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

Employer identification number
22-2785804

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" 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 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 of Philadelphia Foundation34th street civic center blvd PHILADELPHIA, PA 19104	23-2237932	501(C)(3)	422,774				Capital Campaign Pledge
AMERICAN LIVER FOUNDATION111 PRESIDENTIAL BLVD BALA CYNWYD, PA 19004	36-2883000	501(c)(3)	21,000				SPONSOR GALA
AAFSALZBURG WEILL CORNELL SEMINARS150 EAST 42ND STREET 32ND FLOOR NEW YORK, NY 10017	13-3275103	501(c)(3)	12,500				BENEFIT CONCERT
AUXILLIARY OF PA HOSPITALDEVELOPMENT OFFICE 800 SPRUCE STRE PHILADELPHIA, PA 19107	31-1538725	501(c)(3)	7,500				GOLD SPONSOR

- 2

Enter total number of section 501(c)(3) and government organizations

4
- 3

Enter total number of other organizations

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

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.
See Additional Data Table

Identifier	Return Reference	Explanation
schedule i, part i, line 2		All grants are paid to tax-exempt 501(c)(3) organizations. Grants are paid pursuant to Children's Health Care Associate's tax-exempt purpose as well as the tax-exempt purpose of the recipient.

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
CHILDREN'S HEALTH CARE ASSOCIATES INC

Employer identification number
22-2785804

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 ☐ Travel for companions ☒ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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 the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	☒ Compensation committee ☒ Independent compensation consultant ☒ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ 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	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	501(c)(3) and 501(c)(4) organizations only 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	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes
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	No

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

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

Note. The sum of columns (B)(i)-(iii) 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 compensation				
See Additional Data Table	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

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

[illegible]

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CHILDREN'S HEALTH CARE ASSOCIATES INC

Employer identification number
22-2785804

Identifier	Return Reference	Explanation
FORM 990, PART IV, LINE 12		An audit is performed on an obligated group which includes, the Hospital and certain affiliates. The affiliates are The Children's Hospital of Philadelphia Foundation and First Medical Insurance Company (RRG). An audit is also performed on a consolidated basis which includes obligated group, PGH Development Corporation, Children's Anesthesiology Associates, Ltd, Children's Anesthesiology Associates of NJ, Inc., Children's Health Care Associates, Inc., Children's Health Care Associate of NJ, Children's Surgical Associates Ltd, Children's Surgical Associates of NJ, Inc., Surgical Research and Education Foundation and Radiology Associates of Children's Hospital, Inc. FORM 990, PART VI, LINE 6 DR. COHEN IS A SOLE MEMBER OF CHCA PA, and CHCA NJ. Dr. Cohen surrenders all economic rights to CHOP. FORM 990, PART VI, LINE 7A Dr. Cohen can elect the directors which constitute the Board of directors. The Board of Directors elect the officers. FORM 990, PART VI, LINE 10 A copy of this return was reviewed by the Children's Health Care Associates, Inc. Board of Directors and The Children's Hospital of Philadelphia Board Audit and Compliance Committee. Prior to its being filed, the Form 990 was also made available to the entire governing body of The Children's Hospital of Philadelphia through an accessible shared computer network drive maintained by the Children's Hospital of Philadelphia. Part VI, Section B, Line 12C The organization has adopted the conflicts of interest policy of The Children's Hospital of Philadelphia. The Children's Hospital of Philadelphia maintains a written Conflicts of Interest Policy that applies to, inter alia, all of its Trustees, officers, employees, members of the Medical Staff and researchers of The Children's Hospital of Philadelphia and its affiliates. The Policy requires annual conflicts of interest statements from Trustees and officers of the Hospital and its affiliates, the President and others in Senior Management, administrative personnel serving at the level of manager and above and certain other categories of employees defined in the conflicts of interest policy (such as persons known to place orders with vendors), Department Chairs, division chiefs and other members of the Medical Staff (except that members of the Medical Staff who are not based at the Hospital are only required to submit statements bi-annually), members of the Hospital Research Staff, designated employees of practice plans affiliated with the Hospital, and other persons designated by management. The statement tracks the conflicts of interest policy, requiring each person to disclose information for the reporting period regarding the existence and nature of gifts, outside interests, outside activities and other matters constituting a potential, perceived or actual conflict of interest, and to certify that they have read the policy and answered fully, accurately and to the best of their knowledge. After confirmation that all questions have been answered, the statements are reviewed by the relevant Vice President, Department Chair or other executive (or their designee), tracked by the Office of Compliance and Privacy, and all statements disclosing potential, perceived or actual conflicts are forwarded to the Office of General Counsel for further review and follow-up as needed. The conflicts statements submitted by Trustees of the Hospital and Foundation, and members of Senior Management, are reviewed by the General Counsel and the disclosures are summarized in memoranda distributed to and reviewed by the members of the Audit and Compliance Committee of the Hospital and Foundation Boards. The remaining conflicts statements containing affirmative disclosures are reviewed by staff in the Office of General Counsel. In reviewing annual statements where an actual, perceived or potential conflict is disclosed, where problems are identified that need to be addressed, the goal is to eliminate or manage the conflict going forward and ensure that, as to employees or others on the Medical or Research Staff, the relevant supervisor is aware of the issue. Summary information about compliance with the policy's requirement to submit annual statements and disclosures contained therein is provided in memoranda to the Audit and Compliance Committee of the Boards. In addition, if any matter involving a potential violation of the conflict of interest policy is brought to the attention of management during the course of the year, an investigation is conducted by either the relevant department's management, Office of General Counsel or Office of Compliance and Privacy, as appropriate. FORM 990, PART VI, SECTION B, LINE 15 The compensation of officers or key employees who are physicians/scientists (including the Chairman) is reviewed and approved by an independent compensation committee of the Boards of The Children's Hospital of Philadelphia and The Children's Hospital of Philadelphia Foundation. The Committee reviews and approves in advance the compensation to be provided to all faculty physicians and scientists, including the Chairman. For each such person, this process was last performed in 2009. In making its determinations, the Committee considers the performance of the organization and that of the covered individual as well as related business judgment factors. It also considers market comparison reports prepared by an external compensation consultant with significant experience in performing executive and physician compensation assessments for not-for-profit healthcare organizations. The Committee's process is designed to qualify for the rebuttable presumption of reasonableness for those individuals who are disqualified persons. The peer group for executives generally includes large and complex academic medical centers and health systems. For physicians and scientists, the peer group generally includes academic medical centers. Information from other organizations may also be considered where appropriate for the position. For those individuals who are not physicians or scientists, their compensation is established according to an administrative compensation plan of The Children's Hospital of Philadelphia, which includes consideration of market compensation for similar positions, and that has a potential for incentive compensation based on productivity, performance and other factors for certain positions. Part VI, Section C, Line 19 Form 990 and financial statements are made available upon request. The conflicts of interest policy is available on The Children's Hospital of Philadelphia's website.

Identifier	Return Reference	Explanation
form 990, part vii		related time disclosure Certain officers and key employees of Children's Health Care Associates Inc also devote significant time each week to other related organizations as follows L Bell - 1 hour to Children's Health Care Associates of NJ, PC - 54 hours to Children's Health Care Associates Inc A Cohen - 1 hour to The Children's Hospital of Philadelphia - 1 hour to CHOP Clinical Associates Inc - 1 hour to the Children's Hospital Foundation - 1 hour to Children's Health Care Associates of NJ, PC - 54 hours to Children's Health Care Associates Inc J Gerdes - 1 hour to Children's Health Care Associates of NJ, PC -54 hours to Children's Health Care Associates Inc D Piccoli - 1 hour to Children's Health Care Associates of NJ, PC -54 hours to Children's Health Care Associates Inc R Shaddy - 1 hour to Children's Health Care Associates of NJ, PC -54 hours to Children's Health Care Associates Inc K Shaw - 1 hour to Children's Health Care Associates of NJ, PC - 54 hours to Children's Health Care Associates Inc G Slap - 1 hour to Children's Health Care Associates of NJ, PC - 54 hours to Children's Health Care Associates Inc M Corbo - 1 hour to Children's Health Care Associates of NJ, PC - 44 hours to Children's Health Care Associates Inc - 10 hours to The Children's Hospital of Philadelphia Practice Plan Association M Ferguson - 1 hour to Children's Health Care Associates of NJ, PC - 44 hours to Children's Health Care Associates Inc E Gallagher - 1 hour to Children's Health Care Associates of NJ, PC - 44 hours to Children's Health Care Associates Inc A Marx - 1 hour to Children's Health Care Associates of NJ, PC - 44 hours to Children's Health Care Associates Inc D McClure - 1 hour to Children's Health Care Associates of NJ, PC - 44 hours to Children's Health Care Associates Inc P Berman - 1 hour to Children's Health Care Associates of NJ, PC - 44 hour to Children's Health Care Associates Inc G Brodeur - 1 hour to Children's Health Care Associates of NJ, PC - 44 hours to Children's Health Care Associates Inc S Douglas - 1 hour to Children's Health Care Associates of NJ, PC - 44 hours to Children's Health Care Associates Inc B Kaplan - 1 hour to Children's Health Care Associates of NJ, PC - 44 hours to Children's Health Care Associates Inc S Ludwig - 1 hour to Children's Health Care Associates of NJ, PC - 44 hours to Children's Health Care Associates Inc C Manno - 1 hour to Children's Health Care Associates of NJ, PC - 44 hours to Children's Health Care Associates Inc FUND BALANCE RECONCILIATION Total Revenue (Form 990, Part VIII, column (A), line 12) 165,567,309 Total Expenses (Form 990, Part IX, Column (A), line 25) 167,274,734 Excess or (deficit) for the year (1,707,426) Net Asset or Fund Balance at the beginning of the year 31,788,775 Net Unrealized gains (losses) on investments (3,538,570) Donated Services and use of facilities - Investment Expenses - Prior period adjustments - Other-Intercompany Transfer (4,124,292) Total Adjustments (7,662,862) Excess of (deficit) for the year per financial statements (9,370,288) Fund Balance per Return 22,418,487 Part X, Line 33 22,418,487

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CHILDREN'S HEALTH CARE ASSOCIATES INC

Employer identification number
22-2785804

Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations					
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
THE Children's Hospital of Philadelphia 34TH STREET AND CIVIC CENTER BOULEV PHILADELPHIA, PA19104 23-1352166	HEALTHCARE	PA	501(c)(3)	3	
The children's hospital of philadelphia 34TH AND CIVIC CENTER BOULEVARD PHILADELPHIA, PA191044306 22-2237932	HEALTHCARE	PA	501(c)(3)	7	
CHILDREN'S HEALTH CARE ASSOCIATES OF NJ 51 HADDONFIELD ROAD CHERRY HILL, NJ08002 23-3036699	HEALTHCARE	NJ	501(C)(3)	3	

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H) Disproporionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V

Transactions with Related Organizations

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

No

No

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

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2008

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

[illegible]

Software ID:

Software Version:

EIN: 22-2785804

Name: CHILDREN'S HEALTH CARE ASSOCIATES INC

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

(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 compensation				
ALAN COHEN	(i) (ii)	544,942 0	227,826 0	369,073 0	20,700 0	22,200 0	1,184,741 0	0 0
MICHAEL CORBO	(i) (ii)	0 224,047	0 40,174	0 0	0 4,600	0 7,304	0 276,125	0 0
ELAINE GALLAGHER	(i) (ii)	0 175,874	0 38,915	0 0	0 4,600	0 16,881	0 236,270	0 0
ALISON MARX	(i) (ii)	0 180,785	0 38,744	0 0	0 4,600	0 6,619	0 230,748	0 0
DAVID PICCOLI MD	(i) (ii)	291,049 0	72,500 0	0 0	20,700 0	18,177 0	402,426 0	0 0
DIANE COOPER	(i) (ii)	0 98,145	0 14,000	0 0	0 1,842	0 13,174	0 127,161	0 0
STEVEN DOUGLAS	(i) (ii)	247,371 0	30,000 0	0 0	20,700 0	16,880 0	314,951 0	0 0
BERNARD KAPLAN MD	(i) (ii)	221,204 0	36,000 0	0 0	20,700 0	7,557 0	285,461 0	0 0
STEPHEN LUDWIG MD	(i) (ii)	307,441 0	31,000 0	0 0	20,700 0	21,312 0	380,453 0	0 0
CATHERINE MANNO	(i) (ii)	241,222 0	67,500 0	0 0	20,700 0	14,595 0	344,017 0	0 0
GARRETT BRODEUR	(i) (ii)	298,893 0	40,000 0	0 0	20,700 0	22,582 0	382,175 0	0 0
GAIL SLAP	(i) (ii)	278,152 0	42,500 0	3,577 0	20,700 0	19,867 0	364,796 0	0 0
Peter Berman	(i) (ii)	134,009 0	12,200 0	0 0	13,591 0	8,815 0	168,615 0	0 0
ROBERT SHADDY	(i) (ii)	398,820 0	60,000 0	18,725 0	20,700 0	14,631 0	512,876 0	0 0
LOUIS BELL	(i) (ii)	275,403 0	48,000 0	0 0	20,700 0	18,593 0	362,696 0	0 0
KATHLEEN SHAW	(i) (ii)	274,229 0	38,000 0	0 0	20,700 0	19,095 0	352,024 0	0 0
JEFFREY GERDES	(i) (ii)	351,895 0	57,250 0	29,677 0	20,700 0	12,618 0	472,140 0	0 0

Software ID:

Software Version:

EIN: 22-2785804

Name: CHILDREN'S HEALTH CARE ASSOCIATES INC

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

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

Additional Data

Software ID:

Software Version:

EIN: 22-2785804

Name: CHILDREN'S HEALTH CARE ASSOCIATES INC

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(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			
ALAN COHEN , Chairman/professor	54 0	X		X				1,141,841	0	42,900
DAVID PICCOLI MD , DIRECTOR/SECRETARY	54 0	X		X				363,549	0	38,877
GAIL SLAP , DIRECTOR	54 0	X						324,229	0	40,567
ROBERT SHADDY , VICE CHAIRMAN	54 0	X						477,545	0	35,331
LOUIS BELL , ASSOCIATE CHAIRMAN	54 0	X						323,403	0	39,293
KATHLEEN SHAW , ASSOCIATE CHAIRMAN	54 0	X						312,229	0	39,795
JEFFREY GERDES , ASSOCIATE CHAIRMAN	54 0	X						438,822	0	33,318
MICHAEL CORBO , TREASURER	44 0			X				0	264,221	11,904
ELAINE GALLAGHER , ASSISTANT TREASURER	44 0			X				0	214,789	21,481
ALISON MARX , ASSISTANT SECRETARY	44 0			X				0	219,529	11,219
MARLENA FERGUSON , ASSISTANT TREASURER	44 0			X				0	118,774	16,805
DEBRA McClURE , ASSISTANT TREASURER	44 0			X				0	61,121	3,003
DIANE COOPER , ASSISTANT TREASURER	44 0						X	0	112,145	15,016
STEVEN DOUGLAS , DIRECTOR	44 0						X	277,371	0	37,580
BERNARD KAPLAN MD , DIRECTOR	44 0						X	257,204	0	28,257
STEPHEN LUDWIG MD , DIRECTOR	44 0						X	338,441	0	42,012
CATHERINE MANNO , DIRECTOR	44 0						X	308,722	0	35,295
GARRETT BRODEUR , DIRECTOR	44 0						X	338,893	0	43,282
Peter Berman , DIRECTOR	44 0						X	146,209	0	22,406