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DLN: 93493133004190

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009 D Employer identification number **B** Check if applicable Please Radiology Associates of Children's use IRS Hospital Inc Address change 3-2665855 label or Doing Business As E Telephone number Name change print or type. See Specific (267) 515-6810 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-G Gross receipts \$ 21,255,487 34th CIVIC CENTER BLVD . Termination tions. City or town, state or country, and ZIP + 4 PHILADELPHIA, PA 191044306 Amended return Application pending Name and address of Principal Officer **H(a)** Is this a group return for DIEGO JARAMILLO MD ΓYes **Γ**Nο affiliates? 34th CIVIC CENTER BLVD PHILADELPHIA, PA 19104 H(b) Are all affiliates included? ┌ Yes ┌ No Tax-exempt status (If "No," attach a list See instructions) Group Exemption Number 🕨 Web site: ► WWW CHOP EDU **K** Type of organization

✓ Corporation

trust

association L Year of Formation 1991 M State of legal domicile PA Part I Summary Briefly describe the organization's mission or most significant activities SEE STATEMENT 1 Activities & Governance Check this box 🗂 if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) . Number of independent voting members of the governing body (Part VI, line 1b) . . 0 Total number of employees (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) . 0 Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 0 8 0 Program service revenue (Part VIII, line 2g) . 17,864,487 18,171,000 -1,735,616 121,860 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 17,986,347 16,435,384 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 35,750 268,261 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 Expenses 13,715,109 14,486,263 10) Professional fundraising fees (Part IX, column (A), line 11e) 0 16a b (Total fundraising expenses, Part IX, column (D), line 25 $\frac{0}{2}$ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 4,302,619 3,583,415 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) 18 18,053,478 18,337,939 19 Revenue less expenses Subtract line 18 from line 12 -67,131 -1,902,555 <u>ኞ</u>ኞ **Beginning of Year End of Year** Assets (1 Bafaec 20 Total assets (Part X, line 16) 16,147,104 12,754,151 21 Total liabilities (Part X, line 26) 6,211,636 5,484,948 22 Net assets or fund balances Subtract line 21 from line 20 9,935,468 7,269,203 Part II 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 Please 2010-05-13 Sign Here diego jaramillo md PRESIDENT/DIRECTOR Type or print name and title Check if Preparer's PTIN (See Gen Inst) Preparer's signature empolyed 🕨 「 Preparer's Firm's name (or yours PricewaterhouseCoopers LLP EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 2001 MARKET ST SUITE 1700 Phone no (267) 330-3000 PHILADELPHIA, PA 19103 Yes No

May the IRS discuss this return with the preparer shown above? (See instructions)

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's m				
	To provide radiology and medical im University of Pennsylvania School of	naging services for patients and educa f Medicine	tional, research and administra	ative services to the Childrens I	Hospital of Philadelphia and the
2	Did the organization underta the prior Form 990 or 990-E	ke any significant program serv	vices during the year whi	ch were not listed on	┌ Yes ┌ No
	If "Yes," describe these new	services on Schedule O			
3	Did the organization cease c services?	onducting or make significant o	changes in how it conduc	ts any program • • • • •	┌ Yes ┌ No
	If "Yes," describe these char	nges on Schedule O			
4	Section 501(c)(3) and (4) or	e achievements for each of the rganizations and 4947(a)(1) tru and revenue, if any, for each pro	usts are required to repo		
4a	(Code) (I	Expenses \$ 14,947,644	ıncludıng grants of \$	268,261) (Revenue \$	18,171,000)
		ology, research and teaching services ie medical, research and teaching miss			vice area irrespective of ability to
41.	(Cada) (I		walled war a way to a first) (Payanya d	
4b	(Code) (I	Expenses \$ II	ncluding grants of \$) (Revenue \$)
4c	(Code) (I	Expenses \$	ncluding grants of \$) (Revenue \$)
4d	Other program services (D	escribe in Schedule O)			
	(Expenses \$	including grants of \$)	(Revenue \$)
4e	Total program service expe	enses \$ 14,947,644	Must equal Part IX, Line	e 25, column (B).	

art IV	Checklist of	Required	Schedules
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			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		No
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	Yes	
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	Yes	
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? <i>If "Yes," complete Schedule F, Part II</i>	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? <i>If</i> "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		Νο
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			
а	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			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	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		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		Νo
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	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
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		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	36		Νο
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	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	ce				
					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	10			
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 t	to ven	dors and reportable			
_	gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements filed for the calendar year ending with or within the year covered by this return	2a				
h	If at least one is reported in 2a, did the organization file all required federal employs		av returne?			
ט	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file thi			2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during	ng the	year covered by this			
	return?			3a		N o
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acaccount)?			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 , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sł	nelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	ot Entit	ty Regarding Prohibited			
	Tax Shelter Transaction?			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		N o
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	hat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section $170(c)$.					
а	Did the organization provide goods or services in exchange for any quid pro quo cormore?	ntrıbut	ion of \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope		-			
	file Form 8282?	1		7c		N o
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 pa	v prem	niums on a personal			
	benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
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 to	file a F	orm 1098-C as			
_	required?			7h		
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the			8		
9	year?				_ <u></u>	
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			70		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	I			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facilities		I			
11	Section 501(c)(12) organizations Enter		_			
а	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	n lieu d	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Section A. Governing Body and Management

No

Yes

11

Νo

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

Fo	h "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumsta	ances,
pr	ses, or changes ın Schedule O. See ınstructions.	
_		

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

	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 5			
b	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		Νo
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	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b		Νo
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo
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		
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	

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	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
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 PA
- 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
- 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
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization JOANNE MASON

100 NORTH 20TH STREET philadelphia, PA 19104 (267) 515-6810

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) and key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did no	t compens	ate any	office	r, dı	rect	or, tru	stee	or key employee		
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	on a Institutional Trustee	pply)	Highest compensated employee	Former	(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
DIEGO JARAMILLO MD , PRESIDENT/DIRECTOR	55 0	Х		Х				766,744	0	42,567
RICHARD MARKOWITZ MD , ASST SECRETARY/DIRECTOR	55 0	Х		х				403,522	0	43,540
JAMES MEYER MD , VICE PRESIDENT/DIRECTOR	55 0	Х		Х				432,723	0	42,261
ROBERT ZIMMERMAN MD , ASST VICE PRESIDENT/DIRECTOR	55 0	х		х				487,080	0	42,472
MARK KELLER MD , ASST TREASURER/DIRECTOR	55 0	Х		Х				418,903	0	20,129
Brian McKee , PRACTICE ADMINISTRATOR	45 0				Х			0	156,288	23,866
RICHARD BELLAH MD , ASSOCIATE PROFESSOR	55 0						Х	408,834	0	44,654
LARISSA BILANIUK MD , PROFESSOR	55 0						Х	442,578	0	37,986
SOROOSH MAHBOUBI MD , PROFESSOR	55 0						Х	421,629	0	43,627
ERIN SIMON SCHWARTZ MD , ASSISTANT PROFESSOR	55 0						х	376,776	0	43,941

Part VII Continued

		(C) Position (check all that apply)							(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Former Highest compensated employee Key employee		Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
1b Total							•	4,158,789	156,288	385,043

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►9

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>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? If "Yes," complete Schedule J for such individual	4	Yes	
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	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) Name and business address	(B) Description of services	(C) Compensation
TRUSTEES OF THE UNIVERSITY OF PENN 3541 WALNUT STREET PHILADELPHIA, PA 19104	SALARIES	10,356,159
CHILDREN'S HOSPITAL OF PHILADELPHIA 34TH CIVIC CENTER BLVD PHILADELPHIA, PA 19104	salaries	3,916,525
CHILDREN'S HEALTH CARE ASSOCOCIATES 100 NORTH 20TH STREET PHILADELPHIA, PA 19103	CARDIAC MRI coverage	294,004
2 Total number of independent contractors (including those in 1) who received more than \$	100,000 in compensation	2

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

Statement of Revenue

					(A) Total Revenue	(B) Related or	(C) Unrelated	(D) Revenue
						Exempt Function	Business Revenue	Excluded from Tax under IRC
	1a	Fodorated can	mpaigns 1a			Revenue		512, 513, or 514
इ इ	b	Membership d						
grai	c		1b vents					
Contributions, gifts, grants and other similar amounts	_		1c					
કુ <u>લ</u> ⊒ <u>જે</u>	d e		izations1d nts (contributions) 1e					
fion Figure	f	All other contribu	tions, gifts, grants, and	0				
of the			not included above					
nd it	g		ributions included in					
O a	h		es 1a-1f)		0			
				Business Code				
Program Serwce Revenue	2a b	NET PATIENT REV		900,099	15,220,000			
Ę	c	PROGRAM SUPPO		900,099				
r M C (d				_,,	_,,		
38	e							
(jran	f	All other prog	ram service revenue					
Ŗ	g	Total. Add line ► \$ 18,171,00	es 2a-2f					
	3	Investment in	icome (including divi	·				
			amounts)	▶	298,000			298,000
	4	Income from inve	estment of tax-exempt b	ond proceeds	0			
	5	Royalties .	· · · · · ·	1	0			
	6a	Gross Rents	(ı) Real	(II) Personal				
	b	Less rental expenses						
	С	Rental income or (loss)						
	d	Net rental inc	ome or (loss)					
		Cross amount	(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	2,786,487					
	b	Less cost or other basis and sales expenses	4,820,103					
	С	Gain or (loss)	-2,033,616					
	d	Net gain or (lo	oss) 	. ▶	-2,033,616			-2,033,616
	8a	events (not ın						
ше			ns reported on line					
₹		1c) See Part <i>Attach Schedul</i>	IV , line 18 <i>le G if total exceeds</i>					
Ģ.			a					
Other Revenue	b c		xpensesb (loss) from fundrais	Ing events	0			
0	9a	Gross income		<u> </u>				
			e part IV, line 19					
		exceeds \$15,00	00 a					
	b	Less directe	xpensesb					
	с		(loss) from gaming	activities •	0			
	10a	Gross sales o returns and al	finventory, less lowances					
	ь	less cost of	a goods sold b					
	c		· (loss) from sales of	inventory	0			
		Miscellaneou	ıs Revenue	Business Code				
	11a b							
	c							
	d	All other reve	nue					
	e		es 11a-11d	·				
	12	Total Revenue	e. Add lines 1h, 2g, 3	0 3, 4, 5, 6d, 7d,	16,435,384	18,171,000		-1,735,616
		8c,	, _ 5/ 9					

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
	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	268,261	268,261		<u> </u>
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	2,862,356	2,862,356	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	9,785,852	8,119,998		0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	1,770,327	1,384,116	386,211	0
10	Payroll taxes	67,728		67,728	
11	Fees for services (non-employees)				
а	Management	18,325	0	18,325	
b	Legal	3,009	0	3,009	
c	Accounting	38,000	0	38,000	
d	Lobbying	0	0	0	
е	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	45,631	0	45,631	
g	Other	801,310	127,829	673,481	
12	Advertising and promotion	0			
13	Office expenses	54,083	0	54,083	
14	Information technology	30,242	4,572	25,670	
15	Royalties	0			
16	Occupancy	99,739	0	99,739	
17	Travel	256,008	236,546	19,462	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	30,906	11,841	19,065	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	32,015	0	32,015	
23 24	Insurance	708,831	616,904	91,927	
	total expenses shown on line 25 below)				
а	BAD DEBT	629,088	629,088	0	
b	RESEARCH EXPENSE	548,667	548,667	0	
c	DUES, SUBSCRIPTIONS, LICESNING	108,293	98,447	9,846	
d		61,480	0	61,480	
e	PRINTING AND DUPLICATING	60,528	0	60,528	
f	All other expenses	57,260	39,019	18,241	
25	Total functional expenses. Add lines 1 through 24f	18,337,939	14,947,644	3,390,295	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) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			1,131,046	1	1,381,728
	2	Savings and temporary cash investments			1,243,321	2	419,302
	- 3	Pledges and grants receivable, net		-,,	3	,	
	4	Accounts receivable, net			1,815,038	4	1,508,829
	5	Receivables from current and former officers, directors, trustees other related parties Complete Part II of Schedule L		loyees or		5	
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of	ection 495			6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
ø	9	Prepaid expenses and deferred charges				9	
Assets	10a	Land, buildings, and equipment cost basis	1 1				
⋖			10a	144,558			
	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10ь	66,487	95,064	100	78,071
	11	Investments—publicly traded securities	100		11,503,368		9.008.936
	12	Investments—other securities See Part IV, line 11 Complete P Schedule D	•	11,000,000	12	0,000,000	
	13	Investments—program-related See Part IV, line 11 Complete F of Schedule D .	Part VIII			13	
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule		359,267		357,285	
		D			15	,	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			16,147,104	16	12,754,151
	17	Accounts payable and accrued expenses .			1,924,013	17	1,929,564
	18	Grants payable		4,287,623	18	3,555,384	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			20		
<u>ē</u> ,	21	Escrow account liability Complete Part IV of Schedule D			21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ä		persons Complete Part II of Schedule L			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable			24		
	25	Other liabilities			25		
	26	Total liabilities. Add lines 17 through 25			6,211,636	26	5,484,948
У		Organizations that follow SFAS 117, check here ► ✓ and comp through 29, and lines 33 and 34.	olete lines 2	27			
ů.	27	Unrestricted net assets			9,935,468	27	7,269,203
Balance	28	Temporarily restricted net assets				28	
Þ	29	Permanently restricted net assets			29		
r Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ ar lines 30 through 34.	2				
s or	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31		
Ą	32	Retained earnings, endowment, accumulated income, or other fu			32		
Net	33	Total net assets or fund balances			9,935,468	33	7,269,203
2	34	Total liabilities and net assets/fund balances			16,147,104	34	12,754,151
	•						
Pa	rt XI	Financial Statements and Reporting					

ParitXI	Financial	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	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		No
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		Νο
ь	If "Yes," did the organization undergo the required audit or audits?	3b		

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As Filed Data -

DLN: 93493133004190

Employer identification number

OMB No 1545-0047

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

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.

Open to Public Inspection

Radiol Hospit	<i>-</i> .	sociates of Child	dren's					23	-266585	5		
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıc					
The	organiz	zation is not	a private found	ation because it is (Please	check on	ly one org	anızatıon)		-		
1	Γ	A church, c	onvention of ch	nurches, or association of ch	nurches de	escribed i	n Section :	170(b)(1)	(A)(i).			
2	Γ	A school de	escribed in Sec t	tion 170(b)(1)(A)(ii). (Atta	ch Schedu	ule E)						
3	Γ	A hospital	or a cooperativ	e hospital service organizati	ıon descrı	bed in Sec	tion 170(b)(1)(A)(i	i ii). (A ttac	h Schedu	le H)	
4	Γ	A medical i	research organi	zatıon operated ın conjunctı	on with a	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter th	е
		hospital's r	name, city, and	state								
5	\sqcap	An organiza	atıon operated 1	for the benefit of a college or	r universit	y owned c	roperated	by a gove	ernmental	unıt desc	rıbed ır	1
		Section 170(b)(1)(A)(iv). (Complete Part II)										
6	\vdash	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).										
7	Γ	An organiza	ation that norm	ally receives a substantial p	art of its :	support fr	om a gove	rnmental u	ınıt or fror	n the gene	eral pub	olic
		described i	n Sect ion 170(l	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ty trust describ	oed in Section 170(b)(1)(A)	(vi) (Con	nplete Par	tII)					
9	<u>~</u>	An organiza	ation that norm	ally receives (1) more than	3 3 1/3% 0	of its supp	ort from c	ontributior	ns, membe	rship fees	s, and g	ıross
		receipts fro	m activities re	lated to its exempt functions	s—subject	t to certai	n exceptio	ns, and (2) no more	than 331,	/3% of	
		ıts support	from gross inv	estment income and unrelate	ed busine:	ss taxable	income (less sectio	on 511 ta:	x) from bu	siness	es
		acquired by	the organizati	on after June 30, 1975 See	Section 5	509(a)(2).	(Complet	e Part III)			
10		-	-	and operated exclusively to			•				•	
11	Г			and operated exclusively fo								
		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										
		а Г Т					nally Integ		d	Гтуре	iII - C	Other
e	\sqcap	By checkin	g this box, I ce	rtıfy that the organizatıon ıs	not contr	olled direc	tly or indi	rectly by	one or moi	re disqual	ified pe	rsons
				agers and other than one or	more pub	licly supp	orted orga	nızatıons	described	ın sectior	n 509(a	a)(1) or
f		section 50		d a written determination fro	m tha ID	S that it is	a Type I	Tuna II a	r Tuna III	cupportu		nization
•		check this		a a written determination no	om the IK.	3 tilat it is	a Type I,	Type II o	i iype iii	supportin	ig orga	
g				as the organization accepte	d any gıft	or contrib	utıon from	any of the	:			ŗ
		following pe										
			•	r indirectly controls, either		-	tn persons	s describe	a in (ii)	[44	/:\ Ye	
			· -	ng body of the the supported	-	ition				11g	_	No No
			•	erson described in (i) above						11g(No No
				ty of a person described in (11g(N o
h		Provide the	tollowing infor	mation about the organizatio	ons the org	ganization	supports					
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) 1	Is the	(v) Did)	ou notify	(vi) I	s the	(vii)	A mount of
		orted		(described on lines 1 - 9		ation in		nızatıon		ation in .	su	pport?
	O rgan	ıızatıon		above or IRC section (See Instructions))		listed in overning		i) of your port?		rganized US?		
document?						3 up,	5011.	"" ""	0 3 .			
	Yes No Yes No											
-												
					ı —	1	1	I	I -	1	т —	

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.)

Pι	ıblic Support		, ,	,				
Cale	endar 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 The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	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							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	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 instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

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

(Complete only	if vou	checked	the box	on	line 9	of Part I.
----------------	--------	---------	---------	----	--------	------------

	(Complete only if you check	<u>ced the box or</u>	n line 9 of Part	: I.)				
Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's taxexempt purpose	16,546,165	16,155,152	16,304,660	17,864,487	18	3,171,000	85,041,464
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	16,546,165	16,155,152	16,304,660	17,864,487	18	3,171,000	85,041,464
	A mounts included on lines 1, 2, and 3 received from disqualified persons A mounts 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 (Substract line 7c from line 6)							85,041,464
To	tal Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2	2008	(f) Total
9	A mounts from line 6	16,546,165	16,155,152	16,304,660	17,864,487	18	3,171,000	85,041,464
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	338,674	659,484	996,833	1,056,932		298,000	3,349,923
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975							
C	Add lines 10a and 10b	338,674	659,484	996,833	1,056,932		298,000	3,349,923
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)							
13	Total Support (Add lines 9, 10c, 11 and 12)							88,391,387
14	First Five Years If the Form 990 is for the o check this box and stop here		st, second, third	, fourth, or fifth	tax year as a 50	01(c)(3) organıza	ation, ►
	mputation of Public Support Perce					1		
15	Public Support Percentage for 2008 (line 8	column (f) divid	led by line 13 co	olumn (f))		15		96 21 %
16	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, line 27g			16		96 796 %
Co	mputation of Investment Income	Percentage						
17	Investment Income Percentage for 2008 (II		(f) divided by lin	e 13 column (f))	ı	17		3 79 %
18	Investment Income Percentage from 2007					18		3 204 %
19a	33 1/3% Tests - 2008. If the organization d	ıd not check the	box on line 14,	and line 15 is m	nore than 33 1/3		line	
	17 is not more than 33 1/3%, check this bo							· ►✓

17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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 A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization Radiology Associates of Children's Hospital Inc 23-2665855 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 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 Preservation of certified historic structure Protection of natural habitat Preservation of open space 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 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? 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. 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 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

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 relating to these items

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

► \$

Part	Organizations Maintaining Co	<u>llections of Art, H</u>	listo	ric	al Treasur	es, or Othe	r Similar Asse	ts (co	ntınued)
3	Using the organization's accession and other items (check all that apply)	r records, check any of	f the fo	ollo	wing that are	a sıgnıfıcant ı	ıse of its collectior	ı	
а	Public exhibition	c	d [_	Loan or exch	ange programs	;		
b	Scholarly research	•	e 「	-	O ther				
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain h	how th	ney	further the or	ganızatıon's e	xempt purpose in		
5	During the year, did the organization solicit cassets to be sold to raise funds rather than t						nılar	Yes	Г No
Par	Part IV, line 9, or reported an am	Arrangements. Co	mple	ete	ıf the orgar		ered "Yes" to Fo	rm 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermedia	ary for	- со	ntributions oi	other assets		Yes	☐ No
b	If "Yes," explain why in Part XIV and comple	te the following table							
							A mou	nt	
C	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	17				Γ	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV								
Pa	t V Endowment Funds. Complete							- v	
4_	Designing of week holeses	(a)Current Year	(b) Prio	or Ye	ear (c)Iwo	Years Back (d	Three Years Back (e	Four Ye	ears Back
1a L	Beginning of year balance								
b	Contributions								
C ~	Investment earnings or losses								
d	Other expenditures for facilities								
е	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year	r end balance held as							
а	Board designated or quasi-endowment								
ь	Permanent endowment								
С	Term endowment ▶								
3a	Are there endowment funds not in the posses organization by	ssion of the organization	on tha	t aı	re held and ad	mınıstered for	the	Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
b	If "Yes" to 3a(II), are the related organization						3b		
4	Describe in Part XIV the intended uses of the								
Par	t VI Investments—Land, Buildings	s, and Equipment.				•			
	Description of investment				Cost or other is (investment)	(b)Cost or othe basis (other)	(c) Depreciation	(d) Bo	ook value
1a	and						_		
b	Buildings								
	easehold improvements							I	
	Leasenoid iniprovenients		_ ⊢						
c	Equipment				0	144,55	3 66,487		78,071
c d e	Equipment					,	66,487		78,071

Part VII Investments—Other Securities. Se	ee Form 990, Part X, line	12.	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation · year market value
Financial derivatives and other financial products			
Closely-held equity interests			
O ther			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	F		
Part VIII Investments—Program Related. S	See Form 990, Part X, lin	e 13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X (a) Desc.			(b) Book value
OTHER RECEIVABLES	cription		357,285
			337,233
Total. (Column (b) should equal Form 990, Part X, col.(B) lir	ne 15.)		
Part X Other Liabilities. See Form 990, Par	T'		
(a) Description of Liability	(b) A mount	\dashv	
Federal Income Taxes		_	
		_	
		\dashv	
		4	
		\dashv	
Total (Column (h) chould equal Form 000, Part V col (P) In- 25 \		\dashv	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	P		

Par	XI Reconciliation of Cl	nange in Net Assets from Fori	n 99	0 to F	inan	cial Sta	ateme	nts		
1	Total revenue (Form 990, Part	VIII, column (A), line 12)						1		16,435,384
2	Total expenses (Form 990, Par	t IX, column (A), line 25)						2		18,337,939
3	Excess or (deficit) for the year	Subtract line 2 from line 1						3		-1,902,555
4	Net unrealized gains (losses) oi	n investments						4		-763,710
5	Donated services and use of fac	cilities						5		
6	Investment expenses							6		
7	Prior period adjustments							7		
8	Other (Describe in Part XIV)							8		
9	Total adjustments (net) Add Irr	nes 4 - 8						9		-763,710
10	, ,	per financial statements. Combine line	c 3 ar	nd Q				10		-2,666,265
		evenue per Audited Financial			ts Wi	th Rev	enue i		eturn	
1	Total revenue, gains, and othe									15,671,674
	statements							1		
2	A mounts included on line 1 bu	t not on Form 990, Part VIII, line 12								
а	Net unrealized gains on invest	ments	-	2a		-7	63,710			
b	Donated services and use of fa	icilities	-	2b						
С	Recoveries of prior year grants		-	2c						
d	Other (Describe in Part XIV)		- [2d						
e	Add lines 2a through 2d .							2e		-763,710
3	Subtract line 2e from line 1 .		•					3		16,435,384
4		D, Part VIII, line 12, but not on line 1								
а	Investment expenses not inclu	ided on Form 990, Part VIII, line 7b		4a						
b	Other (Describe in Part XIV)			4b						
С	Add lines 4a and 4b		•					4c		
5		d 4c. (This should equal Form 990, Par						5		16,435,384
		kpenses per Audited Financia			nts W	ith Ex	penses		Return	
1		audited financial statements			•			1		18,337,939
2	Donated services and use of fa	t not on Form 990, Part IX, line 25		22	l					
a			• •	2a						
b	Prior year adjustments		•	2b				-		
C	Losses reported on Form 990,		•	. 2c				1		
d	Add lines 2a through 2d		•	2d				3-		
e n	, and the second		• •					2e		10 227 020
3 4	Subtract line 2e from line 1 .	O, Part IX, line 25, but not on line 1:	•					3		18,337,939
		ided on Form 990, Part VIII, line 7b		40						
a	•	·		4a 4b				-		
b			•	40				4-		
_ C	Add lines 4a and 4b	nd 4c. (This should equal Form 990, Pa	• • T I:					4c 5		10 227 020
5 Par	t XIV Supplemental Inf	<u> </u>	111, 11	ille 10 ,	, .	· · ·	• •			18,337,939
Com	plete this part to provide the des	criptions required for Part II, lines 3, 9 Part XII, lines 2d and 4b, and Part XI					and 4, P	art XIV	, lines 1	b and 2b,
	Ident if ier	Return Reference				E	xplanat	ion		
							-			
			_		_			_		

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DLN: 93493133004190

OMB No 1545-0047

2008

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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

Statement of Activities Outside the United States

Open to Public **Inspection**

	ne of the organization					Employer ide	ntification number
	iology Associates of Child	ren's				22 266505	-
	pital Inc		-1::1: 0	ide the United Clate	- Cl-t	23-266585	
Pa	General Infor "Yes" to Form 9			ide the United States	s. Complete	e ir the orgar	lization answered
1				ecords to substantiate	the amount	of the grant	s or
	assistance, the grante	ees' eligibility fo	or the grants o	assistance, and the se	lection crite	rıa used to a	ward
	the grants or assistan	ce					┌ Yes ┌ No
2	For grant makers. Descri United States	be in Part IV the	e organization's p	ocedures for monitoring tl	ne use of gra	nt funds outsıd	e the
3	Activites per Region (U	se Schedule F-1	(Form 990) ıf ad	ditional 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)	is a progr describe si	ty listed in (d) ram service, pecific type of s) in region	(f) Total expenditures in region
	ope (Including Iceland and enland)		6	Program Services	CONFEREN MEETINGS		26,941
Nort	th America		6	Program Services	CONFEREN MEETINGS	CES &	17,084
East	t Asıa and the Pacıfic		3	Program Services	CONFEREN MEETINGS	CES &	9,770
Mide	dle East and North Africa		1	Program Services	CONFEREN MEETINGS	CES &	7,779
Sout	th America		4	Program Services	CONFEREN MEETINGS	CES &	3,608
Sout	th Asia		1	Program Services	CONFEREN MEETINGS	CES &	1,978

Totals.

67,160

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

	F-1 (Form 990) if a			ted States. Complete	ii ule organization a	iliswered tes to form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2008

Complete this part t	o provide the information required	ın Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation

Software ID:

Software Version:

EIN: 23-2665855

Name: Radiology Associates of Children's

Hospital 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) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraisal, other)
--------------------------	---	------------	-------------------------	------------------------------	------------------------------------	---	--	--

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Grants and Other Assistance to Organizations,

OMB No 1545-0047

DLN: 93493133004190

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

Governments and Individuals in the U.S.

Open to Public **Inspection**

Name of the organization						Employer identi	fication number
Radiology Associates of Childre Hospital Inc	n's					23-2665855	
Part I General Inform	nation on Gran	ts and Assistance				•	
	to award the grant ganization's proced er Assistance V, line 21 for an	ts or assistance? dures for monitoring the to Governments a y recipient that rece		e United States in the United Stat		rganızatıon answere	d "Yes" on
Part IV and Sche needed						. ▶ □	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHILDREN'S HOSPITAL foundation34TH STREET CIVIC CENTER BOULEVAR PHILADELPHIA,PA 19104	23-2237932	501(C)(3)	267,761				CAPITAL CAMPAIGN PLEDGE
2 Enter total number of sect	lon 501(c)(3) and	government					
organizations 3 Enter total number of othe							•
For Paperwork Reduction Act Notic	ce, see the Instructi	ons for Form 990.		Cat No 50055P)	Sc	hedule I (Form 990) 2008

		ce to Individua ıf addıtıonal spac		tates. Complete if the	organization answered "Ye	s" on Form 990, Part IV, line 22.
(a)Type of grant or as	(a)Type of grant or assistance (b)Number of recipients		(c) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
rt IV Suppleme	ntal Informati	on. Complete thi	s part to provide the	e information required i	n Part I, line 2, and any ot	her additional information.
t if ier	Return Reference	E	Explanation			
+						

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DLN: 93493133004190

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Compensation Information

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

► Attach to Form 990. To be completed by organizations

Open to Public

Inspection Internal Revenue Service that answered "Yes" to Form 990, Part IV, line 23. Name of the organization **Employer identification number** Radiology Associates of Children's 22 2665055

Part I Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Fo 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these item. First class or charter travel	ırm	Yes	Νο
990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these ite First class or charter travel Travel for companions Payments for business use of personal reside Tax idemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) 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 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? 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 Vindependent compensation consultant Victory Compensation survey or study	ırm	Yes	LNA
990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these its First class or charter travel Travel for companions Payments for business use of personal reside Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 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? 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	ırm		NO
Travel for companions Tax idemnification and gross-up payments Discretionary spending account Tax idemnification and gross-up payments Discretionary spending account Tersonal services (e.g., maid, chauffeur, chef) 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 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? 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 Viritten employment contract Independent compensation consultant Compensation survey or study			
Tax idemnification and gross-up payments Discretionary spending account Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef) 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 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? 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	ıse		
Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 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? 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	nce		
 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 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? 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 			
provision of all the expenses described above? If "No," complete Part III to explain 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? 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			
officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 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 Undependent compensation consultant Compensation survey or study	1b	Yes	
organization's CEO/Executive Director Check all that apply ✓ Compensation committee	2	Yes	
✓ Independent compensation consultant ✓ Compensation survey or study			
✓ Form 990 of other organizations ✓ Approval by the board or compensation comm			
	nittee		
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		Νo
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		Νο
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.			
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		Νο
b Any related organization?	5b		Νο
If "Yes," to line 5a or 5b, describe in Part III			
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		Νο
b Any related organization?	6b		Νο
If "Yes," to line 6a or 6b, describe in Part III			
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 accured 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			T

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

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
DIEGO JARAMILLO MD	(I) (II)		206,525	100,836	20,700	21,867 0	809,311	0
RICHARD MARKO WITZ MD	(I) (II)		84,490 0	33,284	20,700	22,840 0	447,062	0
JAMES MEYER MD	(ı) (ıı)		90,000	0	20,700	21,561 0	474,984	0
ROBERT ZIMMERMAN MD	(ı) (ıı)	397,080 0	90,000	0	20,700	21,772 0	529,552	0
MARK KELLER MD	(ı) (ıı)	317,153 0	68,000 0	33,750 0	0	20,129 0	439,032	0
RICHARD BELLAH MD	(ı) (ıı)	320,834 0	88,000	0	20,700	23,954 0	453,488	0
LARISSA BILANIUK MD	(ı) (ıı)	352,578 0	90,000	0	20,700	17,286 0	480,564	0
SOROOSH MAHBOUBI MD	(ı) (ıı)	333,629 0	88,000 0	0	20,700	22,927 0	465,256	0
ERIN SIMON SCHWARTZ MD	(ı) (ıı)	286,776 0	90,000	0	20,700	23,241 0	420,717	0
Brian McKee	(ı) (ıı)	0 136,580	0 19,708	0		0 20,597	0 180,154	0
	(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

Ident if ier	Ret urn Ref erence	Explanation
Schedule J, Part I, Line 1a		One individual reported on Part VII receives tax gross up payments for amounts received in lieu of being able to participate in a pension plan Schedule J, Part I, Line 4b Some officers, directors, and key employees listed in Part VII participate in SERPs. Any SERP payments are reported in Column (B)(iii) Schedule J, Part I, Line 7 For executives and physicians/scientists, the incentive plan is based on achievement of organization and individual goals typically related to quality, operating and financial performance, as well as other significant clinical, quality and scientific achievements. Payment of incentives is dependent upon achieving a sufficient operating margin to fund the incentives. Schedule J, Part III Radiology Associates of the Children's Hospital of Philadelphia. Our physicians, who are common law employees, are W-2 employees of either the University of Pennsylvania or The Children's Hospital of Philadelphia.
-		

Software ID: Software Version:

EIN: 23-2665855

Name: Radiology Associates of Children's

Hospital Inc

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

(A) Name		(B) Breakdown o	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred		(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
DIEGO JARAMILLO MD	(I) (II)	459,383 0	206,525 0	100,836	20,700 0	21,867 0	809,311 0	0 0
RICHARD MARKO WITZ MD	(I) (II)	285,748	84,490 0	33,284	20,700 0	22,840 0	447,062 0	0 0
JAMES MEYER MD	(I) (II)	342,723	90,000	0	20,700 0	21,561 0	474,984 0	0 0
ROBERT ZIMMERMAN MD	(I) (II)	397,080	90,000	0	20,700 0	21,772 0	529,552 0	0 0
MARK KELLER MD	(I) (II)	317,153) 0	68,000 0	33,750 0	0	20,129 0	439,032 0	0 0
RICHARD BELLAH MD	(I) (II)	320,834	88,000 0	0	20,700 0	23,954 0	453,488 0	0 0
LARISSA BILANIUK MD	(I) (II)	352,578 0	90,000	0	20,700 0	17,286 0	480,564 0	0
SOROOSH MAHBOUBI MD	(I) (II)	333,629	88,000 0	0	20,700 0	22,927 0	465,256 0	0
ERIN SIMON SCHWARTZ MD	(I) (II)	ا ـ ا	90,000	0	20,700 0	23,241 0	420,717 0	0
Brian McKee	(I) (II)	1	0 19,708	0	0 3,269	0 20,597	0 180,154	0

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

▶ 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.

Supplemental Information to Form 990

Name of the organization Radiology Associates of Children's Hospital Inc

Employer identification number

23-2665855

Identifier	Return Reference	Explanation
Form 990		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 consolidate basis with includes obligated group, PRI Development (RRG) An audit is also performed on a consolidate basis with includes obligated group, PRI Development (Corporation, Children's Anesthesology Associates of NJ, Inc., Children's Health Care Associates of NJ, Inc., Children's Health Care Associates of NJ, Inc., Children's Hospital (are Corporative) 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 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 The Children's Hospital of Philadelphia Philadelphia Across the Medical Staff and researchers of The Children's Hospital of Philadelphia and its affiliates. The Policy requires annual conflicts of interest policy of the Children's Hospital of Philadelphia and its affiliates. The Policy requires annual conflicts of interest policy of the Children's Hospital of Philadelphia and its affiliates. The Policy requires annual conflicts of interest policy of the Children's Hospital and the conflicts of interest policy of the West Policy Hospital Philadelphia and its affiliates. The Policy requires annual conflicts of interest policy is a subject to the West Policy

DLN: 93493133004190

2008

OMB No 1545-0047

Open to Public Inspection

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

▶ 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.

Employer identification number Name of the organization Radiology Associates of Children's Hospital Inc 23-2665855 Part I **Identification of Disregarded Entities** (A) Name, address, and EIN of disregarded entity (B) (D) Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Part II Identification of Related Tax-Exempt Organizations Name, address, and EIN of related organization Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling or foreign country) (if section 501(c)(3)) entity THE CHILDREN'S HOSPITAL OF PHILADELPHIA 34TH STREET AND CIVIC CENTER BOULEV **HEALTHCARE** PΑ 501(C)(3) PHILADELPHIA, PA19104 23-2237932 THE CHILDREN'S HOSPITAL of philadelphia 34TH STREET AND CIVIC CENTER BOULEV HEALTHCARE PΑ 501(C)(3) PHILADELPHIA, PA19104 23-2237932

(A) Name, address, and EIN of related organization		(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom inve	(E) ominant e(related, estment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organization		(B) Primary activity		Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

(6)

Part V	Transactions	with Related	Organizations
--------	--------------	--------------	----------------------

Pa	rt V Transactions with Related Organizations								
	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No			
1 D	uring the tax year, did the orgranization engage in any of the following transactio	ons with one or more related organizations listed in Parts II	-IV?						
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled en	ntity		1a		No			
b	Gift, grant, or capital contribution to other organization(s)			1b	Yes				
c	Gift, grant, or capital contribution from other organization(s)			1 c		No			
d	Loans or loan guarantees to or for other organization(s)			1d		No			
e	Loans or loan guarantees by other organization(s)			1e		No			
f	Sale of assets to other organization(s)			1f		No			
g	Purchase of assets from other organization(s)			1g		No			
h	Exchange of assets			1h		No			
i	Lease of facilities, equipment, or other assets to other organization(s)			1i	Yes				
j	Lease of facilities, equipment, or other assets from other organization(s)			1j	Yes				
k	Performance of services or membership or fundraising solicitations for other or	rganization(s)		1k 1l	Yes				
I	l Performance of services or membership or fundraising solicitations by other organization(s)								
m	m Sharing of facilities, equipment, mailing lists, or other assets								
n	Sharing of paid employees			1n	Yes				
0	Reimbursement paid to other organization for expenses			10	Yes				
р	Reimbursement paid by other organization for expenses			1р	Yes				
q	O ther transfer of cash or property to other organization(s)			1q		No			
r	O ther transfer of cash or property from other organization(s)			1r		No			
	If the answer to any of the above is "Yes," see the instructions for information of	on who must complete this line, including covered relations	hips and transaction thresholds						
	(A)	(B) Transaction	(c)						
	Name of other organization(s)	type(a-r)	Amount Involved						
(1)									
(2)									
(3)									
(3)									
(4)									
(5)									

Part VI Unrelated Organizations Taxable as a Partnership

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

									_					
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1		r J
			Yes	No		Yes	No		Yes	No				
			•	•		•		Sabadula	D / Form					