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Form 990-EZ

Department of the Treasury
Internal Revenue Service**Short Form**
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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2008Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization

CHILD HEALTH ASSOCIATION OF
SEWICKLEY, INC.

Number and street (or P.O. box, if mail is not delivered to street address)

1108 OHIO RIVER BLVD

City or town, state or country, and ZIP + 4

SEWICKLEY, PA 15143

D Employer identification number

25-6061722

E Telephone number

412-741-3221

F Group Exemption

Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☒ Cash ☐ Accrual
Other (specify)

I Website: WWW.CHILDHEALTHASSOCIATION.ORG

J Organization type (check only one) ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ \$ 83,066.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	55,313.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	8,040.
	4	Investment income	4	25,110.
	5a	Gross amount from sale of assets other than inventory Stmt 5	5a	8,788.
	b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	8,788.
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including reported on line 1) of contributions	6a	154,205.
b	Less: direct expenses other than fundraising expenses	6b	105,138.	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	49,067.	
7a	Gross sales of inventory, less returns and allowances Stmt 8	7a	13,018.	
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	13,018.	
8	Other revenue (describe) See Statement 4)	8	-181,408.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	-22,072.	
Expenses	10	Grants and similar amounts paid (attach schedule) Stmt 7	10	82,640.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	5,918.
	14	Occupancy, rent, utilities, and maintenance See Statement 6	14	5,232.
	15	Printing, publications, postage, and shipping	15	1,484.
	16	Other expenses (describe) See Statement 1)	16	18,778.
	17	Total expenses. Add lines 10 through 16	17	114,052.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-136,124.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	953,968.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	817,844.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

(A) Beginning of year

(B) End of year

22	Cash, savings, and investments	111,372.	22	116,320.
23	Land and buildings	22,505.	23	20,533.
24	Other assets (describe) See Statement 2)	831,897.	24	684,850.
25	Total assets	965,774.	25	821,703.
26	Total liabilities (describe) See Statement 3)	11,806.	26	3,859.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	953,968.	27	817,844.

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12-17-08

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form 990-EZ (2008)

Expenses
(Required for 501(c)(3)
and (4) organizations and
4947(a)(1) trusts; optional
for others.)

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28a	31,412.
-----	---------

29a	
-----	--

30a

31a	
-----	--

32	31,412.
----	---------

(Instructions for Part IV)

Contributions	
---------------	--

Employee	(e) Expense
ft. plane 2	account and

Profit plans & other allowances

[illegible]

**CHILD HEALTH ASSOCIATION OF
SEWICKLEY, INC.**

25-6061722

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0.		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d	Enter amount of tax on line 40c reimbursed by the organization 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. PA		
42a	The books are in care of TREASURER Telephone no. (412) 741-3221 Located at 1108 OHIO RIVER BLVD, SEWICKLEY, PA ZIP + 4 15143		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
	If "Yes," enter the name of the foreign country: _____		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country: _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here [] and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Form 990-EZ (2008)

CHILD HEALTH ASSOCIATION OF
SEWICKLEY, INC.

25-6061722

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization(s) a section 527 organization?
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		X
47		X
48		X
49a		X
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000		

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

Sign Here: *Elisa F. DiTommaso* Signature of officer Date: 4-10-10

ELISA F. DiTommaso Type or print name and title

Paid Preparer's Use Only: Preparer's signature: *Carson* Date: 04/02/10 Check if self-employed: ☒ Preparer's Identifying Number (See instr.):

Firm's name (or yours if self-employed), address, and ZIP + 4: CARSON & CO, LLC
1006 VILLAGE COMMONS
SEWICKLEY, PA 15143

EIN: Phone no. 412-741-8588

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

Department of the Treasury
Internal Revenue Service

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 CHILD HEALTH ASSOCIATION OF
SEWICKLEY, INC.

Employer identification number
25-6061722

Part I	Reason for Public Charity Status (All organizations must complete this part.) (see instructions)
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The organization is not a private foundation because it is: (Please check only one organization.)

- 1 ☐ A church, convention, 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 the 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 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.

[illegible]

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 lines 1 - 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
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 section 501(c)(3) organization, check this box and stop here ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2008

CHILD HEALTH ASSOCIATION OF

Schedule A (Form 990 or 990-EZ) 2008 SEWICKLEY, INC.

25-6061722 Page 3

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

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	57,268.	53,121.	55,252.	48,138.	63,303.	277,082.
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	180,972.	110,382.	192,263.	124,588.	167,223.	775,428.
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	238,240.	163,503.	247,515.	172,726.	230,526.	1052510.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	34,000.	25,000.	20,000.	15,000.	27,294.	121,294.
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 Add lines 7a and 7b	34,000.	25,000.	20,000.	15,000.	27,294.	121,294.
8 Public support (Subtract line 7c from line 6)						931,216.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	238,240.	163,503.	247,515.	172,726.	230,526.	1052510.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21,470.	25,066.	26,596.	28,566.	33,898.	135,596.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	21,470.	25,066.	26,596.	28,566.	33,898.	135,596.
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)						1188106.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	78.38 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	80.74 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	11.41 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	9.94 %

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☒

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

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

Schedule A (Form 990 or 990-EZ) 2008

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2008

Open To Public Inspection

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization **CHILD HEALTH ASSOCIATION OF
SEWICKLEY, INC.**

Employer identification number
25-6061722

Part I	Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
---------------	---

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table

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

Total

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

CHILD HEALTH ASSOCIATION OF

Schedule G (Form 990 or 990-EZ) 2008

SEWICKLEY, INC.

25-6061722 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
	ANTIQUE SHOW (event type)	BALL (event type)	1 (total number)	
Revenue				
1 Gross receipts	53,903.	72,032.	63,546.	189,481.
2 Less: Charitable contributions	11,315.	15,823.	9,743.	36,881.
3 Gross revenue (line 1 minus line 2)	42,588.	56,209.	53,803.	152,600.
Direct Expenses				
4 Cash prizes				
5 Non-cash prizes				
6 Rent/facility costs	8,709.			8,709.
7 Other direct expenses	25,844.	39,024.	31,529.	96,397.
8 Direct expense summary. Add lines 4 through 7 in column (d)				(105,106.)
9 Net income summary. Combine lines 3 and 8 in column (d)				47,494.

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain.

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

Schedule G (Form 990 or 990-EZ) 2008

13 Indicate the percentage of gaming activity operated in.

a The organization's facility

13a %

b An outside facility

13b %

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

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Form 990-EZ	Other Expenses	Statement	1
Description		Amount	
INSURANCE		5,043.	
CONTRACT LABOR		2,610.	
TELECOM EXPENSES		718.	
UTILITIES		2,514.	
IN HONOR CAMPAIGN		0.	
BANK CHARGES & LATE FEES		1,263.	
LICENSE & FEES		116.	
REPAIRS & MAINTENANCE		709.	
Supplies		1,642.	
OFFICE FURNITURE		1,730.	
MISCELLANEOUS		2,258.	
TAXES		175.	
Total to Form 990-EZ, line 16		18,778.	

Form 990-EZ	Other Assets	Statement	2
Description	Beg. of Year	End of Year	
MUTUAL FUNDS-ENDOWMENT	831,897.	683,124.	
PREPAID EXPENSES	0.	1,726.	
Total to Form 990-EZ, line 24	831,897.	684,850.	

Form 990-EZ	Other Liabilities	Statement	3
Description	Beg. of Year	End of Year	
Accounts Payable and Accrued Expenses	1,806.	3,859.	
Deferred Revenue	10,000.	0.	
Total to Form 990-EZ, line 26	11,806.	3,859.	

Form 990-EZ	Other Revenue	Statement	4
Description		Amount	
UNREALIZED LOSS ON MARKETABLE SECURITIES		-181,408.	
Total to Form 990-EZ, line 8		-181,408.	

Form 990-EZ	Gain (Loss) From Publicly Traded Securities			Statement 5
Description	Gross Sales Price	Cost or Other Basis	Expense of Sale	Net Gain or (Loss)
MUTUAL FUND CAPITAL GAINS	8,788.	0.	0.	8,788.
To Form 990-EZ, line 5	8,788.	0.	0.	8,788.

Form 990-EZ	Occupancy, Rent, Utilities and Maintenance	Statement	6
Description		Amount	
Depreciation		1,972.	
Other Expenses		3,260.	
Total to Form 990-EZ, line 14		5,232.	

Form 990-EZ	Cash Grants and Allocations	Statement	7
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Class of Activity/Donee's Name and Address	Donee's Relationship	Amount
FALL 2008 ALLOCATIONS FAMILY RESOURCES 141 S. HIGHLAND AVENUE PITTSBURGH, PA 15206	None	5,000.
FALL 2008 ALLOCATIONS FOCUS ON RENEWAL 701 CHARTIERS AVENUE MCKEESROCKS, PA 15136	None	5,000.
2008 FALL ALLOCATIONS GLADE RUN FOUNDATION PO BOX 70, BEAVER ROAD ZELIENOPLE, PA 16063	None	5,000.
2008 FALL ALLOCATIONS GWEN'S GIRLS 7230 MCPHERSON BOULEVARD PITTSBURGH, PA 15208	None	7,400.
2008 FALL ALLOCATIONS QUAKER VALLEY MIDGET FOOTBALL 705 TEGA CAY DRIVE SEWICKLEY, PA 15143	None	1,500.
2008 FALL ALLOCATIONS THE LEARNING TREE PLAYGROUND FUND 907 WEST STREET PITTSBURGH, PA 15221	None	7,575.
2008 FALL ALLOCATIONS WESLEY SPECTRUM SERVICES 243 JOHNSTON ROAD PITTSBURGH, PA 15241	None	4,137.
2009 SPRING ALLOCATIONS BIG BROTHERS BIG SISTERS BEAVER COUNTY 426 ADAMS STREET ROCHESTER, PA 15074	None	3,000.
2009 SPRING ALLOCATIONS LIFE STEPS 138 FRIENDSHIP CIRCLE BEAVER, PA 15009	None	2,900.

CHILD HEALTH ASSOCIATION OF SEWICKLEY, I

25-6061722

CULTURAL ENRICHMENT EDGEWORTH ELEMENTARY 1414 BEAVER STREET SEWICKLEY, PA 15143	None	500.
CULTURAL ENRICHMENT MONTESSORI CHILDREN'S COMMUNITY 474 CHADWICK STREET SEWICKLEY, PA 15143	None	500.
CULTURAL ENRICHMENT OSBORNE ELEMENTARY SCHOOL 1414 BEAVER STREET SEWICKLEY, PA 15143	None	500.
CULTURAL ENRICHMENT QUAKER VALLEY HIGH SCHOOL 625 BEAVER STREET SEWICKLEY, PA 15143	None	500.
CULTURAL ENRICHMENT QUAKER VALLEY MIDDLE SCHOOL 201 GRAHAM STREET SEWICKLEY, PA 15143	None	500.
CULTURAL ENRICHMENT SAINT JAMES ELEMENTARY SCHOOL 111 BOULEVARD OF THE ALLIES PITTSBURGH, PA 15222	None	500.
CULTURAL ENRICHMENT SEWICKLEY ACADEMY 315 ACADEMY AVENUE SEWICKLEY, PA 15143	None	500.
2009 SPRING ALLOCATIONS LYNDIAS PLACE 710 FIFTH AVENUE, SUITE 2100 PITTSBURGH, PA 15219	None	3,000.
2009 SPRING ALLOCATIONS MACHESTER CRAFTSMEN'S GUILD 1815 METROPOLITAN STREET PITTSBURGH, PA 15233	None	2,500.
2009 SPRING ALLOCATIONS OSBORNE TRAIL AND PARK ASSOCIATION INC 1315 LINDEN ST SEWICKLEY, PA 15143	None	1,100.

CHILD HEALTH ASSOCIATION OF SEWICKLEY, I

25-6061722

2009 SPRING ALLOCATIONS OUTREACH TEEN ADN FAMILY SERVICES INC 566 WASHINGTON ROAD PITTSBURGH, PA 15228	None	2,750.
2009 SPRING ALLOCATIONS STEEL CITY ROWING CLUB 101 ARCH STREET VERONA, PA 15147	None	5,000.
2009 SPRING ALLOCATIONS VERLAND 212 IRIS ROAD SEWICKLEY, PA 15143	None	9,600.
DISCRETIONARY FUNDS SISTERS N SEIZURES FOUNDATION PO BOX 144 ROCHESTER, PA 15074	None	500.
DISCRETIONARY FUNDS THE HOPE RESOURCE NETWORK 255 DOGWOOD CIRCLE BADEN, PA 15005	None	1,000.
DISCRETIONARY FUNDS QUAKER VALLEY MIDDLE SCHOOL 201 GRAHAM STREET SEWICKLEY, PA 15143	None	1,000.
DISCRETIONARY FUNDS QUAKER VALLEY WEIGHT ROOM FUND 203 GRAHAM STREET SEWICKLEY, PA 15143	None	1,000.
DISCRETIONARY FUNDS TOTES PREMIE PROJECT, MICHELE EDWARDS 301 QUAKER ROAD SEWICKLEY, PA 15143	None	178.
BALL PROCEEDS SAMARITAN COUNSELING CENTER 414 GRANT STREET SEWICKLEY, PA 15143	None	10,000.
Total Included on Form 990-EZ, Line 10		82,640.

Form 990-EZ	Income and Cost of Goods Sold Included on Part I, Line 7a	Statement	8
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Income

1. Gross receipts	13,018	
2. Returns and allowances		
3. Line 1 less line 2		13,018
4. Cost of goods sold (line 13)		
5. Gross profit (line 3 less line 4)		13,018

Cost of Goods Sold

6. Inventory at beginning of year	
7. Merchandise purchased	
8. Cost of labor	
9. Materials and supplies	
10. Other costs	
11. Add lines 6 through 10	
12. Inventory at end of year	
13. Cost of goods sold (line 11 less line 12)	

FORM 990-EZ

Information Regarding Transfers
Associated with Personal Benefit Contracts

Statement 9

- A) Did the organization, during the year, receive any funds,
directly or indirectly, to pay premiums on a personal
benefit contract? [] Yes [X] No
- 3) Did the organization, during the year, pay premiums,
directly or indirectly, on a personal benefit contract? . . [] Yes [X] No

TO PROMOTE CHILD WELFARE IN ALLEGHENY COUNTY.

Depreciation and Amortization 990-EZ
 (Including Information on Listed Property)

OMB No 1545-0172

2008
 Attachment
 Sequence No 67

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **CHILD HEALTH ASSOCIATION OF SEWICKLEY, INC.** Business or activity to which this form relates **Form 990-EZ Page 1** Identifying number **25-6061722**

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,972.

Part III MACRS Depreciation (Do not include listed property) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	1,972.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**CHILD HEALTH ASSOCIATION OF
SEWICKLEY, INC.**

Form 4562 (2008)

25-6061722 Page 2

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use.

		%						
		%						
		%						

27 Property used 50% or less in a qualified business use:

		%			S/L -		
		%			S/L -		
		%			S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2008 tax year

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43 Amortization of costs that began before your 2008 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)		
Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization CHILD HEALTH ASSOCIATION OF SEWICKLEY, INC.	Employer identification number 25-6061722
	Number, street, and room or suite no. If a P.O. box, see instructions. Carson & Co LLC	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PO Box 395 Sewickley PA 15143	

Check type of return to be filed (File a separate application for each return):

- ☐ Form 990 ☒ Form 990-EZ ☐ Form 990-T (sec 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

TREASURER

- The books are in the care of **1108 OHIO RIVER BLVD - SEWICKLEY, PA 15143**
 Telephone No. **(412) 741-3221** FAX No. **412-741-3997**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **May 15, 2010**
- 5 For calendar year _____, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**
- 6 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension
Information necessary to complete this return is not available at this time.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization CHILD HEALTH ASSOCIATION OF SEWICKLEY, INC.	Employer identification number 25-6061722
	Number, street, and room or suite no. If a P.O. box, see instructions. Carson & Co LLC	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PO Box 395 Sewickley PA 15143	

Check type of return to be filed (File a separate application for each return):

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☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

TREASURER

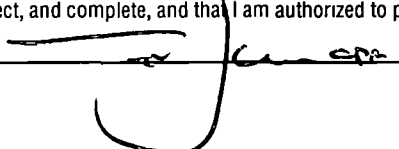
- The books are in the care of **1108 OHIO RIVER BLVD - SEWICKLEY, PA 15143**
 Telephone No. **(412) 741-3221** FAX No. **412-741-3997**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **May 15, 2010**
- 5 For calendar year _____, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**
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8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CPA** Date **2/1/10**

Form 8868 (Rev. 4-2009)