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Form

990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

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

C Name of organization
Children's Hospital Pediatric Associates Inc
Doing Business As
Number and street (or P O box if mail is not delivered to street address)
20 Overland Street
Room/suite
City or town, state or country, and ZIP + 4
Boston, MA 02215

D Employer identification number
43-1987409

E Telephone number
(617) 919-2822

G Gross receipts \$ 267,832,607

F Name and address of Principal Officer
GARY R FLEISHER
20 OVERLAND STREET
BOSTON,MA 022153309

H(a) Is this a group return for affiliates?
☐ Yes ☒ No
H(b) Are all affiliates included?
☐ Yes ☐ No
(If "No," attach a list See instructions)
H(c) Group Exemption Number

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

J Web site: n/a

K Type of organization ☒ Corporation ☐ trust ☐ association ☐ other

L Year of Formation 2002

M State of legal domicile MA

Part I Summary

Activities & Governance
1 Briefly describe the organization's mission or most significant activities
The Foundation provides medical, health care services and educational services to The Children's Hospital of Boston and Harvard Medical School
2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets
3 Number of voting members of the governing body (Part VI, line 1a) 3 18
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 3
5 Total number of employees (Part V, line 2a) 5 285
6 Total number of volunteers (estimate if necessary) 6 0
7a Total gross unrelated business revenue from Part VIII, line 12, column (C) . . . 7a -6,282
7b Net unrelated business taxable income from Form 990-T, line 34 . . . 7b

Revenue
8 Contributions and grants (Part VIII, line 1h)
9 Program service revenue (Part VIII, line 2g)
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)
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)
Prior Year Current Year
5,449,762 11,081,677
152,826,834 176,149,278
2,254,503 -10,103,713
0 0
160,531,099 177,127,242

Expenses
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)
14 Benefits paid to or for members (Part IX, column (A), line 4)
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)
16a Professional fundraising fees (Part IX, column (A), line 11e)
b (Total fundraising expenses, Part IX, column (D), line 25 0)
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)
18 Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))
19 Revenue less expenses Subtract line 18 from line 12
0 0
60,688,131 119,052,731
0 0
67,285,573 17,189,591
127,973,704 137,878,558
32,557,395 39,248,684

Net Assets or Fund Balances
20 Total assets (Part X, line 16)
21 Total liabilities (Part X, line 26)
22 Net assets or fund balances Subtract line 21 from line 20
Beginning of Year End of Year
170,211,208 234,149,463
17,542,015 28,752,718
152,669,193 205,396,745

Part II Signature Block

Please Sign Here
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge
Signature of officer Date 2010-07-28
WILLIAM TARVANEN CFO
Type or print name and title

Paid Preparer's Use Only
Preparer's signature Date Check if self-employed
Firm's name (or yours if self-employed), address, and ZIP + 4 EIN
NEW YORK, NY 10036 Phone no (212) 773-3000

Part IIISTatement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization’s mission
See Additional Data Table

2

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

Yes

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting or make significant changes in how it conducts any program services?

Yes

No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 102,764,877 including grants of \$ 1,636,236) (Revenue \$ 143,283,447)

THE FOUNDATION WAS ORGANIZED EXLUSIVELY FOR CHARITABLE, SCIENTIFIC, AND EDUCATIONAL PURPOSES, THE FOUNDATION PROVIDES MEDICAL AND HEALTH SERVICES PRIMARILY TO PATIENTS AT CHILDREN'S HOSPITAL IN BOSTON, AND OTHER HEALTH CARE PROVIDERS AT SATELLITE LOCATIONS THE FOUNDATION MAY CHARGE FOR PATIENT CARE, OTHER MEDICAL SERVICES, AND RELATED PRODUCTS, PROVIDED THAT ANY NET INCOME BE USED FOR THE CHARITABLE, SCIENTIFIC, AND EDUCATIONAL PURPOSES FOR WHICH THE FOUNDATION WAS CREATED THE FOUNDATION ALSO PROVIDES CARE FOR PATIENTS IN MASSACHUSETTS REGARDLESS OF THEIR ABILITY TO PAY, AS WELL AS PROVIDING AND SUBSIDIZING HOSPITAL AND COMMUNITY BASED SERVICE THAT ARE EITHER UNAVAILABLE OR LIMITED ELESEWHERE IN THE COMMUNITIY

4b

(Code) (Expenses \$ 8,160,200 including grants of \$ 0) (Revenue \$ 11,377,639)

THE FOUNDATION RECEIVES INCOME FROM THE CHILDREN'S HOSPITAL IN BOSTON FOR PROVIDING ADMINISTRATION, SUPERVISION, AND TEACHING SERVICES THE FOUNDATION CARRIES ON AND PROMOTES BASIC AND APPLIED MEDICAL RESEARCH AND EDUCATION IN THE FIELD OF PEDIATRIC CARE BY TEACHING STUDENTS AND OTHER MEDICAL AMD SCIENTIFIC PERSONNEL, BY PROVIDING OR SUPPLEMENTING INCOME TO RESEARCH PERSONNEL THROUGH FELLOWSHIPS, RESEARCH GRANTS AND STIPENDS, AND BY GIVING LECTURES AND PUBLISHING INFORMATION CONCERNING PROBLEMS AND RESEARCH RESULTS IN THE FIELD OF PEDIATRIC CARE IN ORDER TO EDUCATE THE GENERAL PUBLIC AND THE MEDICAL PROFESSION

4c

(Code) (Expenses \$ 15,411,629 including grants of \$ 0) (Revenue \$ 21,488,192)

THE FOUNDATION RECEIVES REIMBURSEMENT OF CERTAIN SALARY AND FRINGE COSTS FROM GRANTS FROM THE HOSPITAL

4d

Other program services (Describe in Schedule O)

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




















4e

Total program service expenses \$ 126,336,706









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

Form 990 (2008)

Part IV Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i> 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 	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? <i>If "Yes," complete Schedule D, Part IV</i> 	9		No
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> 	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? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> 	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? <i>If "Yes," complete Schedule F, Part I</i> 	14b		No
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	Yes	
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 "Yes," complete Schedule F, Part III</i> 	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> 	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> 	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> 	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> 	26	Yes	
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? <i>If "Yes," complete Schedule L, Part III</i> 	27		No

Part IV Checklist of Required Schedules *(Continued)*

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a140		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a285		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

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

		Yes	No
For each "Yes" response to lines 2-7 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	18
b	Enter the number of voting members that are independent	1b	3
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	Yes
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	No
6	Does the organization have members or stockholders?	6	Yes
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes
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		
a	the governing body?	8a	Yes
b	each committee with authority to act on behalf of the governing body?	8b	Yes
9a	Does the organization have local chapters, branches, or affiliates?	9a	No
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
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	No

Section B. Policies

		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	No
14	Does the organization have a written document retention and destruction policy?	14	No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
a	The organization's CEO, Executive Director, or top management official?	15a	Yes
b	Other officers or key employees of the organization?	15b	Yes
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 <u>MA</u>
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> own website <input type="checkbox"/> another's website <input checked="" type="checkbox"/> upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. WILLIAM TARVANIEN 20 OVERLAND STREET BOSTON, MA 02115 (617) 919-2822

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

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

[illegible]

[illegible]

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

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
MARCAM ASSOCIATES 396 HIGH STREET SOMERSWORTH, NH 03878	BILLING/COLLECTIONS	543,487
DANA FARBER CANCER INST 44 BINNEY STREET BOSTON, MA 02115	ONCOLOGY SERVICES	409,308
BOSTON PRIVATE BANK TEN POST OFFICE SQUARE BOSTON, MA 02109	INVESTMENT FEES	226,902
BANK OF NEW YORK ONE BOSTON PLACE BOSTON, MA 02108	INVESTMENT FEES	166,776
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization		4

Part VIII

Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514			
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a						
	b	Membership dues							
			1b						
	c	Fundraising events							
			1c						
	d	Related organizations	1d	11,081,677					
	e	Government grants (contributions)	1e						
	f	All other contributions, gifts, grants, and similar amounts not included above							
			1f						
g	Noncash contributions included in lines 1a-1f \$								
h	Total (Add lines 1a-1f)		11,081,677						
Program Service Revenue			Business Code						
	2a	NET PATIENT SERVICE REVENUE	621,300	133,347,780	133,347,780				
	b	TEACHING, ADMIN & SUPERVISION REVENUE	611,710	2,494,047	2,494,047				
	c	REIMBURSED REVENUE	900,099	21,488,192	21,488,192				
	d	CONTRACT REVENUE	900,099	9,935,667	9,935,667				
	e	SERVICE, RESEARCH & OTHER MISC REVENUE	611,710	8,883,592	8,883,592				
	f	All other program service revenue							
	g	Total. Add lines 2a-2f \$ 176,149,278							
Other Revenue	3	Investment income (including dividends, interest other similar amounts)		3,861,758		-6,282	3,868,040		
	4	Income from investment of tax-exempt bond proceeds		0					
	5	Royalties		0					
	6a	Gross Rents	(i) Real	(ii) Personal					
	b	Less rental expenses							
	c	Rental income or (loss)							
	d	Net rental income or (loss)							
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			76,739,894						
			b	Less cost or other basis and sales expenses	90,705,365				
			c	Gain or (loss)	-13,965,471				
	d	Net gain or (loss)		-13,965,471			-13,965,471		
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000							
	b	Less direct expenses							
	c	Net income or (loss) from fundraising events		0					
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000							
	b	Less direct expenses							
	c	Net income or (loss) from gaming activities		0					
10a	Gross sales of inventory, less returns and allowances								
b	Less cost of goods sold								
c	Net income or (loss) from sales of inventory		0						
	Miscellaneous Revenue	Business Code							
11a									
b									
c									
d	All other revenue								
e	Total. Add lines 11a-11d \$ 0								
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		177,127,242	176,149,278	-6,282	-10,097,431			

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,629,511	1,629,511		
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	6,725	6,725		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	6,453,783	6,082,399	371,384	
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	99,360,275	92,405,056		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,549,032	5,271,580	277,452	
9	Other employee benefits	4,790,682	4,072,080	718,602	
10	Payroll taxes	2,898,959	2,464,115	434,844	
11	Fees for services (non-employees)				
a	Management	694,979		694,979	
b	Legal	51,342		51,342	
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	393,677		393,677	
g	Other	77,854		77,854	
12	Advertising and promotion	241,219	241,219		
13	Office expenses	869,300	565,045	304,255	
14	Information technology	84,982		84,982	
15	Royalties	0			
16	Occupancy	1,779,153	1,779,153		
17	Travel	400,699	300,524	100,175	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	240,753	240,753		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	20,616	20,616		
23	Insurance	2,070,060	2,070,060		
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	RESEARCH EXPENSES	4,129,234	4,129,234		
b	BAD DEBT EXPENSES	2,681,943	2,681,943		
c	PHYSICIANS' ORG DUES	1,325,582	1,325,582		
d	PATIENT STAFF RELATIONS	729,241		729,241	
e	BILLING AND COLLECTIONS	544,696	544,696		
f	All other expenses	854,261	506,415	347,846	
25	Total functional expenses. Add lines 1 through 24f	137,878,558	126,336,706	11,541,852	0
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X **Balance Sheet**

		(A) Beginning of year		(B) End of year		
Assets	1 Cash—non-interest-bearing	14,957,457	1	11,702,362		
	2 Savings and temporary cash investments	0	2	34,475,077		
	3 Pledges and grants receivable, net		3			
	4 Accounts receivable, net	12,777,013	4	13,793,224		
	5 Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>	1,250,000	5	1,050,550		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6			
	7 Notes and loans receivable, net	2,975,832	7	3,460,757		
	8 Inventories for sale or use		8			
	9 Prepaid expenses and deferred charges	451,766	9	571,416		
	10a Land, buildings, and equipment cost basis	<table><tr><td>10a</td><td>166,999</td></tr></table>	10a	166,999		
	10a	166,999				
	b Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	<table><tr><td>10b</td><td>100,254</td></tr></table>	10b	100,254	41,991	10c 66,745
	10b	100,254				
	11 Investments—publicly traded securities	90,705,365	11	106,754,377		
	12 Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	33,832,490	12	35,359,976		
	13 Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13			
14 Intangible assets		14				
15 Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	13,219,294	15	26,914,979			
16 Total assets. Add lines 1 through 15 (must equal line 34)	170,211,208	16	234,149,463			
Liabilities	17 Accounts payable and accrued expenses	6,973,644	17	6,666,392		
	18 Grants payable		18			
	19 Deferred revenue		19			
	20 Tax-exempt bond liabilities		20			
	21 Escrow account liability <i>Complete Part IV of Schedule D</i>		21			
	22 Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22			
	23 Secured mortgages and notes payable to unrelated third parties		23			
	24 Unsecured notes and loans payable		24			
	25 Other liabilities <i>Complete Part X of Schedule D</i>	10,568,371	25	22,086,326		
	26 Total liabilities. Add lines 17 through 25	17,542,015	26	28,752,718		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27 Unrestricted net assets	150,159,336	27	193,021,745		
	28 Temporarily restricted net assets	2,509,857	28	12,375,000		
	29 Permanently restricted net assets		29			
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30 Capital stock or trust principal, or current funds		30			
	31 Paid-in or capital surplus, or land, building or equipment fund		31			
	32 Retained earnings, endowment, accumulated income, or other funds		32			
	33 Total net assets or fund balances	152,669,193	33	205,396,745		
	34 Total liabilities and net assets/fund balances	170,211,208	34	234,149,463		

Part XI **Financial Statements and Reporting**

			Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization Children's Hospital Pediatric Associates Inc	Employer identification number 43-1987409
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)
4	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	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	<input type="checkbox"/>	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)
9	<input checked="" type="checkbox"/>	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III)
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)
11	<input type="checkbox"/>	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 <div><div>a</div><div><input type="checkbox"/> Type I</div><div>b</div><div><input type="checkbox"/> Type II</div><div>c</div><div><input type="checkbox"/> Type III - Functionally Integrated</div><div>d</div><div><input type="checkbox"/> Type III - Other</div></div>
e	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <div><div>(i)</div><div>a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?</div><div>(ii)</div><div>a family member of a person described in (i) above?</div><div>(iii)</div><div>a 35% controlled entity of a person described in (i) or (ii) above?</div></div>
h	<input type="checkbox"/>	Provide the following information about the organizations the organization supports

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

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

Part II

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

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

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

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

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	0	3,350,000	2,550,000	5,449,762	11,081,677	22,431,439
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	76,262,516	107,374,971	130,305,603	152,826,834	176,149,278	642,919,202
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	76,262,516	110,724,971	132,855,603	158,276,596	187,230,955	665,350,641
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						665,350,641

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	76,262,516	110,724,971	132,855,603	158,276,596	187,230,955	665,350,641
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	852,600	2,357,229	4,394,481	4,737,274	3,861,758	16,203,342
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b	852,600	2,357,229	4,394,481	4,737,274	3,861,758	16,203,342
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)						681,553,983
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Computation of Public Support Percentage		
15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	97.623 %
16 Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	97.92 %

Computation of Investment Income Percentage		
17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	2.377 %
18 Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	2.08 %
19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	<input type="checkbox"/>	

Part IV

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

Facts and Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Children's Hospital Pediatric Associates Inc

Employer identification number
43-1987409

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate Contributions to (during year)	
3	Aggregate Grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of certified historic structure

☐ Preservation of open space

2

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

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

3

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

4

Number of states where property subject to conservation easement is located

5

Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

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

7

Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements

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

1a

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

b

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

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

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

2

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

a

Revenues included in Form 990, Part VIII, line 1 \$

b

Assets included in Form 990, Part X \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

3a(i)

3a(ii)

b

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

3b

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		166,999	100,254	66,745
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				66,745

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other CH POOLED INVESTMENT	1,484,210	F
Other LLP INTEREST	33,875,766	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	35,359,976	

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

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

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

(a) Description	(b) Book value
DUE FROM CHILDREN'S HOSPITAL	23,099,406
ASSETS LIMITED AS TO USE	3,815,573
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	26,914,979

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO COMMUNITY HOSPITALS	1,445,582
DUE TO FLEXIBLE SPENDING ACCOUNT	172,359
DEFERRED COMPENSATION PLANS	3,815,573
DUE TO CHILDREN'S HOSPITAL	16,652,812
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	22,086,326

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

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1177,127,242
2	Total expenses (Form 990, Part IX, column (A), line 25)	2137,878,558
3	Excess or (deficit) for the year Subtract line 2 from line 1	339,248,684
4	Net unrealized gains (losses) on investments	412,037,290
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	81,441,578
9	Total adjustments (net) Add lines 4 - 8	913,478,868
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	1052,727,552

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1191,822,644
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a12,037,290	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d2,658,112	
e	Add lines 2a through 2d	2e14,695,402
3	Subtract line 2e from line 1	3177,127,242
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5177,127,242

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1137,878,558
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Losses reported on Form 990, Part IX, line 252c	
d	Other (Describe in Part XIV)2d	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3137,878,558
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5137,878,558

Part XIVSupplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE D, SUPPLEMENTAL INFORMATION		PART X, FIN 48 DISCLOSURE IN JUNE 2006, THE FASB ISSUED FINANCIAL INTERPRETATION NO (FIN) 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH PROVIDES GUIDANCE TO ALL ENTERPRISES, INCLUDING PASS-THROUGH ENTITIES, FOR HOW UNCERTAIN TAX PROVISIONS SHOULD BE RECOGNIZED, MEASURED, PRESENTED, AND DISCLOSED IN THE FINANCIAL STATEMENTS ON DECEMBER 30, 2008, THE FASB ISSUED FINANCIAL STATEMENT POSITION (FSP) FIN 48-3 EFFECTIVE DATE OF FASB INTERPRETATION NO 48 FOR CERTAIN NONPUBLIC ENTERPRISES, WHICH DEFERS THE EFFECTIVE DATE OF THE INTERPRETATION FOR CERTAIN NON-PUBLIC ENTERPRISES TO ANNUAL FINANCIAL STATEMENTS FOR FISCAL YEARS BEGINNING AFTER DECEMBER 15, 2008, AND IS TO BE APPLIED TO ALL OPEN TAX YEARS AS OF THE EFFECTIVE DATE THE FOUNDATION IS A NON-PUBLIC ENTERPRISE TO WHICH THIS DEFERRAL APPLIES, AND FIN 48 WILL BE FIRST EFFECTIVE FOR THE FOUNDATION'S FINANCIAL STATEMENTS FOR FISCAL YEARS ENDING September 30, 2010 MANAGEMENT CONTINUES TO EVALUATE THE IMPLICATIONS OF THE INTERPRETATION, AND ANY IMPACT TO THE FUTURE FINANCIAL POSITION AND RESULTS OF THE OPERATIONS OF THE FOUNDATION HAS NOT YET BEEN DETERMINED PART XI, LINE 8 - UNREALIZED CHANGES IN LIMITED LIABILITY PARTNERSHIP INTEREST \$1,441,578 PART XII, LINE 2D - UNREALIZED CHANGES IN LIMITED PARTNERSHIP INTEREST \$1,441,578 NET ASSETS RELEASED FROM RESTRICTION \$1,216,534 TOTAL \$2,658,112

For Paperwork Reduction Act Notice, see the instructions for Form 990. Cat No 50082W Schedule F (Form 990) 2008

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

[illegible]

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 0

3 Enter total number of other organizations or entities 1

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

Schedule F (Form 990) 2008

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Children's Hospital Pediatric Associates Inc

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

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

OMB No 1545-0047

2008

Open to Public
Inspection

Employer identification number
43-1987409

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL CORPORATION300 LONGWOOD AVENUE BOSTON,MA 02115	04-2774441	501(C)(3)	1,623,711		N/A	N/A	GENERAL SUPPORT
PRES & FELLOWS OF HARVARD COLLEGE75 FRANCIS STREET BOSTON,MA 02115	04-2103580	501(C)(3)	5,200		N/A	N/A	GENERAL SUPPORT

2

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

2

3

Enter total number of other organizations

0

Part III

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

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

Part IV

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

Identifier	Return Reference	Explanation
SCHEDULE I, SUPPLEMENTAL INFORMATION		MONITORING IS PROVIDED BY THE CHILDREN'S HOSPITAL PEDIATRIC ASSOCIATES, INC (FOUNDATION) THROUGH OVERSIGHT OF THE TERMS AND CONDITIONS OF A WRITTEN GRANT AGREEMENT MULTIYEAR AGREEMENTS REQUIRE YEARLY PROGRESS AND FINANCIAL REPORTS FOR CONTINUATION OF FUNDING DURING THE YEAR ENDED SEPTEMBER 30, 2009, THE FOUNDATION ONLY PROVIDED GRANT DONATIONS TO OTHER 501 (C)(3)ORGANIZATIONS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Children's Hospital Pediatric Associates Inc

Employer identification number
43-1987409

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	<div><input type="checkbox"/> First class or charter travel</div> <div><input type="checkbox"/> Travel for companions</div> <div><input type="checkbox"/> Tax idemnification and gross-up payments</div> <div><input type="checkbox"/> Discretionary spending account</div>	<div><input type="checkbox"/> Housing allowance or residence for personal use</div> <div><input type="checkbox"/> Payments for business use of personal residence</div> <div><input type="checkbox"/> Health or social club dues or initiation fees</div> <div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div>		
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	<div><input checked="" type="checkbox"/> Compensation committee</div> <div><input type="checkbox"/> Independent compensation consultant</div> <div><input checked="" type="checkbox"/> Form 990 of other organizations</div>	<div><input checked="" type="checkbox"/> Written employment contract</div> <div><input checked="" type="checkbox"/> Compensation survey or study</div> <div><input type="checkbox"/> Approval by the board or compensation committee</div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a	Yes	
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
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	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

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.

Schedule J (Form 990) 2008

Software ID:
Software Version:
EIN: 43-1987409
Name: Children's Hospital Pediatric Associates Inc

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
GARY R FLEISHER MD	(i) (ii)	463,546 0	750 0	13,988 0	64,596 0	22,871 0	565,751 0	358,995 0
WILLIAM E HARMON MD	(i) (ii)	246,000 0	52,090 0	7,532 0	64,596 0	22,244 0	392,462 0	188,649 0
S JEAN EMANS MD	(i) (ii)	246,000 0	17,718 0	4,832 0	64,596 0	21,645 0	354,791 0	186,937 0
RAIF S GEHA MD	(i) (ii)	199,658 0	37,224 0	451 0	59,529 0	21,512 0	318,374 0	143,214 0
CRAIG GERARD MD	(i) (ii)	213,102 0	13,118 0	1,633 0	49,774 0	21,042 0	298,669 0	157,576 0
STELLA KOUREMBANAS MD	(i) (ii)	304,848 0	48,969 0	14,150 0	52,596 0	22,414 0	442,977 0	241,140 0
ALAN LEICHTNER MD	(i) (ii)	301,823 0	40,166 0	7,061 0	53,596 0	21,806 0	424,452 0	226,421 0
WAYNE LENCER MD	(i) (ii)	266,049 0	41,809 0	16,008 0	51,596 0	22,302 0	397,764 0	212,841 0
JOSEPH MAJZOUN MD	(i) (ii)	219,721 0	7,141 0	35,175 0	30,879 0	21,450 0	314,366 0	196,154 0
LEONARD RAPPAPORT MD	(i) (ii)	281,875 0	23,373 0	1,888 0	47,596 0	22,348 0	377,080 0	210,558 0
MARK SCHUSTER MD	(i) (ii)	307,345 0	103,708 0	7,412 0	47,596 0	21,701 0	487,762 0	231,778 0
MICHAEL SHANNON MD	(i) (ii)	274,792 0	32,925 0	43,388 0	32,596 0	3,873 0	387,574 0	252,833 0
WILLIAM TARVANEN	(i) (ii)	230,625 0	20,750 0	29,931 0	55,596 0	20,940 0	357,842 0	203,003 0
MICHAEL WESSELS MD	(i) (ii)	246,000 0	23,692 0	21,274 0	53,596 0	22,244 0	366,806 0	201,786 0
DAVID WILLIAMS MD	(i) (ii)	388,542 0	57,504 0	99,562 0	47,596 0	22,655 0	615,859 0	385,509 0
MICHAEL AGUS MD	(i) (ii)	256,250 0	55,752 0	23,416 0	38,596 0	22,274 0	396,288 0	216,116 0
VINCENT CHIANG MD	(i) (ii)	209,062 0	41,411 0	60,399 0	34,288 0	22,125 0	367,285 0	187,037 0
STEPHEN GELLIS MD	(i) (ii)	268,321 0	66,296 0	11,080 0	32,596 0	21,710 0	400,003 0	209,790 0
ISAAC KOHANE MD	(i) (ii)	311,100 0	2,364 0	140 0	32,596 0	22,422 0	368,622 0	228,744 0
KENNETH MANDL MD	(i) (ii)	232,813 0	152,750 0	0 0	32,596 0	22,233 0	440,392 0	303,358 0
SAMUEL LUX MD	(i) (ii)	177,682 0	4,750 0	6,862 0	23,859 0	10,613 0	223,766 0	125,669 0
JUDITH PALFREY MD	(i) (ii)	64,779 0	10,304 0	3,447 0	7,126 0	2,116 0	87,772 0	0 0

Schedule L
(Form 990 or 990-EZ)

OMB No 1545-0047

2008

Open to Public Inspection

Transactions with Interested Persons

Department of the Treasury
Internal Revenue Service

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

Name of the organization Children's Hospital Pediatric Associates Inc	Employer identification number 43-1987409
--	--

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

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

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

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons

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

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
CHRISTOPHER WALSH PHYSICIAN RECRUITMT		X	400,000	100,000		No	Yes		Yes	
MARK SCHUSTER PHYSICIAN RECRUITMT		X	400,000	320,000		No	Yes		Yes	
DAVID WILLIAMS PHYSICIAN RECRUITMT		X	400,000	320,000		No	Yes		Yes	
DAVID WILLIAMS PHYSICIAN RECRUITMT		X	250,000	225,000		No	Yes		Yes	
ISAAC KOHANE PHYSICIAN RECRUITMT		X	85,550	85,550		No	Yes		Yes	
Total ▶ \$ 1,050,550										

Part III Grants or Assistance Benefitting Interested Persons

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

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

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

<div>SCHEDULE O</div> <div>(Form 990)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div>	<div>Supplemental Information to Form 990</div> <div>► 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.</div>	OMB No 1545-0047
		2008
	<div>Name of the organization</div> <div>Children's Hospital Pediatric Associates Inc</div>	

Identifier	Return Reference	Explanation
FORM 990, SUPPLEMENTAL INFORMATION		<p>PART VI, QUESTIONS 1A & 1B A MAJORITY OF THE CHILDREN'S HOSPITAL PEDIATRIC ASSOCIATES, INC (FOUNDATION) BOARD MEMBERS ARE PHY SICIANS WHO ARE NOT INDEPENDENT FROM THE FOUNDATION HOWEVER, THE FOUNDATION IS A PART OF AN INTEGRATED DELIVERY SYSTEM WITH CHILDREN'S HOSPITAL OF BOSTON (HOSPITAL) WHICH DOES HAVE A COMMUNITY BOARD THE FOUNDATION WAS ORGANIZED IN 2002 AT THAT TIME, THE BOARD WAS COMPOSED ENTIRELY OF PHYSICIANS, A BOARD STRUCTURE THAT WAS APPROVED BY THE INTERNAL REVENUE SERVICE THE FOUNDATION HAS SINCE ADJUSTED THE BOARD STRUCTURE TO MAKE IT MORE RESPONSIVE TO THE HOSPITAL BY ADDING PHYSICIANS' ORGANIZATION (PO) AS A MEMBER SEE SCHEDULE O, PART VI, QUESTION 12 FOR MORE DETAILS OF THE PO'S RIGHTS PART VI, QUESTION 3 THE PHYSICIANS' ORG AT CHILDREN'S HOSPITAL BOSTON (PO) IS A CLASS "C" MEMBER OF CHILDREN'S HOSPITAL PEDIATRIC ASSOCIATES, INC (FOUNDATION) THE PO IS RESPONSIBLE FOR ALL 3RD PARTY CONTRACTING FOR THE FOUNDATION THE PO HAS THE POWER TO SELECT THE INDEPENDENT AUDITOR AND LEGAL COUNSEL OF THE FOUNDATION FROM AN APPROVED LIST OF FIRMS AND MUTUALLY AGREED TO BY THE PO AND THE FOUNDATION THE PO ALSO HAS THE RIGHT TO REVIEW, BUT NOT TO APPROVE, THE ANNUAL OPERATING BUDGET AND ALL CAPITAL BUDGETS OF THE FOUNDATION LASTLY, THE PO HAS THE RIGHT TO REVIEW FOR COMPLIANCE WITH APPLICABLE LAW, THE GENERAL TERMS OF AND ANY MODIFICATION TO PHY SICIAN AND BENEFIT PLAN FOR ALL PHY SICIAN EMPLOYEES OF THE FOUNDATION THE PO IS CONSIDERED THE COMPENSATION COMMITTEE OF THE FOUNDATION PART VI, QUESTION 6 THE CHILDREN'S HOSPITAL PEDIATRIC ASSOCIATES, INC (FOUNDATION) HAS FOUR CLASSES OF MEMBERS THE PEDIATRICIAN-IN-CHIEF OR ANY ACTING PEDIATRICIAN-IN-CHIEF, AS CHIEF OF THE DEPARTMENT OF MEDICINE OF THE CHILDREN'S HOSPITAL IN BOSTON, IS A CLASS "A" MEMBER ANY PERSON WHO (I) IS A PHY SICIAN-EMPLOYEE OF THE FOUNDATION WITH AN ACTIVE MEDICAL STAFF APPOINTMENT FROM THE HOSPITAL, AN (II) EITHER (A) IS A DIVISION CHIEF OF A DIVISION OF THE DEPARTMENT WHOSE FACULTY ARE ON THE FOUNDATION PAY ROLL, OR (B) FUNCTIONS AS A DIVISION CHIEF OF A DIVISION OF THE DEPARTMENT WHOSE FACULTY ARE NOT ON THE FOUNDATION PAY ROLL, OR (C) HAS A FACULTY APPOINTMENT FROM HARVARD MEDICAL SCHOOL SHALL BE A CLASS "B" MEMBER THE PHYSICIANS' ORGANIZATION AT CHILDREN'S HOSPITAL BOSTON IS A CLASS "C" MEMBER ALL OTHER INDIVIDUALS WHO HOLD HARVARD APPOINTMENTS OTHER THAN THE CLASS "A", CLASS "B" MEMBERS SHALL BE CLASS "D" MEMBERS PART VI, QUESTION 7A THE PEDIATRICIAN-IN-CHIEF OR ANY ACTING PEDIATRICIAN-IN CHIEF, AS CHIEF OF THE DEPARTMENT OF MEDICINE OF THE CHILDREN'S HOSPITAL CORPORATION IS THE CLASS "A" MEMBER OF THE CHILDREN'S HOSPITAL PEDIATRIC ASSOCIATES, INC (FOUNDATION) ACCORDING TO THE ARTICLES OF ORGANIZATION, THE CLASS "A" MEMBER APPOINTS THE BOARDS MEMBERS OF THE FOUNDATION FOR A 3-YEAR TERM AT THE FOUNDATION'S ANNUAL MEETING PART VI, QUESTION 7B THE PHYSICIANS' ORGANIZATION AT CHILDREN'S HOSPITAL BOSTON (PO) IS A CLASS "C" MEMBER OF CHILDREN'S PEDIATRIC ASSOCIATES, INC (FOUNDATION) THE PO IS RESPONSIBLE FOR ALL 3RD PARTY CONTRACTING FOR THE FOUNDATION THE PO HAS THE POWER TO SELECT THE INDEPENDENT AUDITOR AND LEGAL COUNSEL OF THE FOUNDATION FROM AN APPROVED LIST OF FIRMS MUTUALLY AGREED TO BY THE PO AND THE FOUNDATION THE PO ALSO HAS THE RIGHT TO REVIEW BUT NOT TO APPROVE, THE ANNUAL OPERATING BUDGET AND ALL CAPITAL BUDGETS OF THE FOUNDATION LASTLY, THE PO HAS THE RIGHT TO REVIEW COMPLIANCE WITH APPLICABLE LAWS, THE GENERAL TERMS OF AN ANY MODIFICATION TO PHY SICIAN COMPENSATION AND BENEFITS PLAN FOR ALL PHY SICIAN EMPLOYEES OF THE FOUNDATION THE PO IS CONSIDERED THE COMPENSATION COMMITTEE OF THE FOUNDATION AS A CLASS "C" MEMBER OF THE FOUNDATION, THE PO ATTENDS THE FOUNDATION'S ANNUAL MEETING AND HAS CERTAIN VOTING RIGHTS THE PO AS A CLASS "C" HAS ONE OF THE 18 VOTES PART VI, QUESTION 10 THE DETAILED REVIEW WILL BE CONDUCTED BY THE PRESIDENT OF THE FOUNDATION, GARY R FLEISHER AND THE CHIEF FINANCIAL OFFICER, WILLIAM TARVAINEN AN ELECTRONIC COPY WILL BE PROVIDED TO THE BOARD ALONG WITH A HARD COPY OF FORM 990 PRIOR TO FILING THE DETAILED REVIEW WILL BE CONDUCTED BEFORE FILING THE RETURN WITH THE INTERNAL REVENUE SERVICE PART VI, QUESTION 12C THE PHY SICIANS' ORGANIZATION (PO) AT CHILDREN'S HOSPITAL AT BOSTON ADMINISTERS AN ANNUAL CONFLICT OF INTEREST DISCLOSURE PROCESS TO ALL OF ITS MEMBER FOUNDATIONS, WHICH ASKS PHY SICIANS (OFFICERS, TOP MANAGEMENT, AND HIGHLY COMPENSATED EMPLOYEES) AND SELECTED FOUNDATION STAFF TO DISCLOSE POTENTIAL CONFLICTS A DISCLOSURE STATEMENT WILL BE CIRCULATED ANNUALLY TO MEMBERS OF THE PO THE PO AUDIT COMMITTEE SHALL DETERMINE THOSE INDIVIDUALS (INCLUDING MEDICAL STAFF MEMBERS) WHO SHALL BE REQUIRED TO COMPLETE THE DISCLOSURE STATEMENT THE PO AUDIT COMMITTEE, AT THE DISCRETION, MAY EITHER 1) REFER ANY OR ALL DISCLOSURE STATEMENT TO THE BOARD OF DIRECTORS, 2) APPOINT AN AD HOC COMMITTEE TO REVIEW AND RESOLVE ANY CONFLICTS OF INTEREST ISSUES, OR 3) REVIEW AND RESOLVE ANY CONFLICT OF INTEREST ISSUES PERSONALLY, OR THROUGH A DESIGNEE(S) ANY PERSON NOT RECEIVING A DISCLOSURE STATEMENT NEVERTHELESS HAS AN AFFIRMATIVE OBLIGATION TO DISCLOSE TO THE PO PRESIDENT, PO GENERAL COUNSEL, OR HIS/HER SUPERVISOR WHENEVER HE/SHE BELIEVES HE/SHE HAS OR MAY HAVE A CONFLICT OF INTEREST SIMILARLY, EACH PERSON COMPLETING A DISCLOSURE STATEMENT HAS AN AFFIRMATIVE OBLIGATION TO UPDATE THE STATEMENT ANY TIME CIRCUMSTANCES CHANGE AND/OR HE/SHE BELIEVES THAT A CONFLICT OF INTEREST MAY EXIST IN THE EVENT A CONFLICT OF INTEREST IS FOUND TO EXIST, THE FOUNDATION PROHIBITS THE MEMBER FROM VOTING ON ANY MATTER TO WHICH THE CONFLICT RELATES OR OTHERWISE INFLUENCES THE VOTING ON SUCH MATTER PART VI, QUESTIONS 13 AND 14 CURRENTLY, THE FOUNDATION DOES NOT HAVE A WHISTLEBLOWER POLICY OR WRITTEN DOCUMENT DESTRUCTION POLICY, HOWEVER THE BOARD COMMITTEE HAS PLANS TO DEVELOP THESE POLICIES IN THE NEXT YEAR PART VI QUESTIONS 15A AND 15B ALL THE PHYSICIANS (TOP MANAGEMENT, OFFICERS AND HIGHLY COMPENSATED INDIVIDUALS) FALL UNDER COMPENSATION GUIDELINES DETERMINED BY HARVARD UNIVERSITY, WITH LIMITATIONS ESTABLISHED FOR CERTAIN POSITIONS/RANKS WITHIN THE MEDICAL SCHOOL ANNUALLY, COMPENSATION IS REVIEWED AND REPORTED TO THE HOSPITAL'S BOARD OF TRUSTEES TO ENSURE TOTAL DIRECT AND INDIRECT COMPENSATION DOES NOT EXCEED THE PRE-DETERMINED GUIDELINES OF HARVARD UNIVERSITY ANY NEW INDIRECT BENEFIT PLAN REQUIRES APPROVAL BY THE FOUNDATION'S BOARD OF DIRECTORS, WHICH THEN MUST BE REVIEWED AND PERMITTED BUT THE HOSPITAL MAJOR PROCEDURES OF THE APPROVAL PROCESS INVOLVE COMPARING COMPENSATION DATA OF PHY SICIANS WITHIN THE COMPARABLE FIELD OF MEDICINE, INDIRECT COMPENSATION CURRENTLY BEING OFFERED, AND THE FINANCIAL STABILITY OF THE FOUNDATION THIS PROCESS WAS FOLLOWED FOR YEAR ENDED 9/30/2009 THE PHY SICIANS' ORGANIZATION AT CHILDREN'S HOSPITAL, INC (PO) IS CONSIDERED THE COMPENSATION COMMITTEE OF THE FOUNDATION PART VI, QUESTION 19 THE FOUNDATION MAINTAINS ALL FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, AND GOVERNING DOCUMENTS AT ITS MAIN OFFICE AT 20 OVERLAND STREET, BOSTON, MA 02215-3309 THE DOCUMENTS ARE AVAILABLE UPON REQUEST SCHEDULE L, PART II THE FOUNDATION HAS DEVELOPED A RECRUITMENT LOAN PROGRAM FOR ELIGIBLE EMPLOYEES AS INCENTIVE FOR QUALIFIED EMPLOYEES TO RELOCATE TO CERTAIN FACILITIES AS DEMANDS OF THE FOUNDATION'S PRACTICE ARISE THE LOAN PROCEEDS ARE TO BE USED FOR THE PURCHASE OF A PRINCIPAL PERSONAL RESIDENCE THE LOANS ARE SECURED BY A PROMISSORY NOTE AND SECOND MORTGAGE ON THE RESIDENCE THE FOUNDATION HAS PROVIDED FIVE LOANS TO FOUR MEMBERS OF THE BOARD, HOWEVER THE FOUNDATION HAS PROVIDED DEMAND LOANS TO OTHER EMPLOYEES THE LOANS WERE MADE FOR RECRUITMENT AND RELOCATION PURPOSES, TO ASSIST PHY SICIAN EMPLOYEES IN THE PURCHASE OF THEIR PRIMARY RESIDENCE THE AMOUNTS FOR THE RECRUITMENT LOANS WERE ORIGINALLY FUNDED BY RESTRICTED DONATIONS PROVIDED BY CHILDREN'S HOSPITAL FOR USE IN RECRUITMENT THE LOANS WILL BE FORGIVEN OVER THE TERMS OF THE NOTES IF THE RECIPIENTS REMAIN EMPLOYED AT THE FOUNDATION OR ITS AFFILIATES IF ANY, BORROWER TERMINATES THEIR EMPLOYMENT THE REMAINING BALANCE BECOMES IMMEDIATELY DUE THE AMOUNT OF THE LOANS FORGIVENESS WILL BE INCLUDED WITH ACCRUED INTEREST, IF APPLICABLE, AS COMPENSATION IN THE YEAR FORGIVEN</p>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization Children's Hospital Pediatric Associates Inc	Employer identification number 43-1987409
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Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations					
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
CHILDREN'S HOSPITAL CORPORATION 300 LONGWOOD AVE BOSTON, MA02115 04-2774441	HOSPITAL	MA	501(C)(3)	3	NA
PHYSICIANS' ORG AT CHILDREN'S HOSPITAL 300 LONGWOOD AVE BOSTON, MA02115 04-3266103	PHYSICIAN ORG	MA	501(C)(3)	11	NA

Part III

Identification of Related Organizations Taxable as a Partnership

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

Part V

Transactions with Related Organizations

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

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

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

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

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

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

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

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

Yes

No

No

No

No

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

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

Schedule R (Form 990) 2008

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

[illegible]

Additional Data

Software ID:
Software Version:
EIN: 43-1987409
Name: Children's Hospital Pediatric Associates Inc

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GARY R FLEISHER MD , PRESIDENT	60 0	X		X				478,284	0	87,467
WILLIAM E HARMON MD , TREASURER/CLERK	60 0	X		X				305,622	0	86,840
S JEAN EMANS MD , TRUSTEE	60 0	X						268,550	0	86,241
RAIF S GEHA MD , TRUSTEE	60 0	X						237,333	0	81,041
CRAIG GERARD MD , TRUSTEE	60 0	X						227,853	0	70,816
STELLA KOUREMBANAS MD , TRUSTEE	60 0	X						367,967	0	75,010
ALAN LEICHTNER MD , TRUSTEE	60 0	X						349,050	0	75,402
WAYNE LENCER MD , TRUSTEE	60 0	X						323,866	0	73,898
JOSEPH MAJZOUN MD , TRUSTEE	60 0	X						262,037	0	52,329
LEONARD RAPPAPORT MD , TRUSTEE	60 0	X						307,136	0	69,944
MARK SCHUSTER MD , TRUSTEE	60 0	X						418,465	0	69,297
MICHAEL SHANNON MD , TRUSTEE	60 0	X						351,105	0	36,469
WILLIAM TARVANIEN , TRUSTEE	60 0	X		X				281,306	0	76,536
MICHAEL WESSELS MD , TRUSTEE	60 0	X						290,966	0	75,840
DAVID WILLIAMS MD , TRUSTEE	60 0	X						545,608	0	70,251
STEPHEN HARRISON MD , TRUSTEE	2 0	X						0	0	0
CHRISTOPHER WALSH MD , TRUSTEE	2 0	X						0	0	0
PHYSICIANS' ORG AT CHILDREN'S HOSP , INSTITUTIONAL TRUSTEE	2 0		X					0	0	0
MICHAEL AGUS MD , PHYSICIAN	60 0					X		335,418	0	60,870
VINCENT CHIANG MD , PHYSICIAN	60 0					X		310,872	0	56,413
STEPHEN GELLIS MD , PHYSICIAN	60 0					X		345,697	0	54,306
ISAAC KOHANE MD , PHYSICIAN	60 0					X		313,604	0	55,018
KENNETH MANDL MD , PHYSICIAN	60 0					X		385,563	0	54,829
SAMUEL LUX MD , FORMER TRUSTEE	60 0						X	189,294	0	34,472
JUDITH PALFREY MD , FORMER TRUSTEE	60 0						X	78,530	0	9,242

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a NET PATIENT SERVICE REVENUE	621,300	133,347,780	133,347,780		
b TEACHING, ADMIN & SUPERVISION REVENUE	611,710	2,494,047	2,494,047		
c REIMBURSED REVENUE	900,099	21,488,192	21,488,192		
d CONTRACT REVENUE	900,099	9,935,667	9,935,667		
e SERVICE, RESEARCH & OTHER MISC REVENUE	611,710	8,883,592	8,883,592		

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

THE FOUNDATION PROVIDES MEDICAL AND HEALTH CARE SERVICES PRIMARILY TO PATIENTS AT CHILDREN'S HOSPITAL, AND OTHER HEALTH CARE PROVIDERS AT SATELLITE LOCATIONS. THE FOUNDATION CARRIES ON AND PROMOTES BASIC AND APPLIED MEDICAL RESEARCH AND EDUCATION IN THE FIELD OF PEDIATRIC CARE BY TEACHING STUDENTS AND OTHER MEDICAL AND SCIENTIFIC PERSONNEL. THE FOUNDATION ALSO PROVIDES CARE FOR PATIENTS IN MASSACHUSETTS REGARDLESS OF THEIR ABILITY TO PAY.

Software ID:

Software Version:

EIN: 43-1987409

Name: Children's Hospital Pediatric Associates Inc

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Cent America/Caribbean	FUNDS FOR TECHNOLOGY	6,725	N/A		N/A	N/A