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Short Form
Return of Organization Exempt From Income TaxUnder 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 \$500,000 and total assets less than \$1,250,000 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

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending

B Check if applicable	Please use IRS label or print or type See Specific Instructions.	C Name of organization EL PASO CHILDREN'S HOSPITAL CORPORATION Number and street (or P O box, if mail is not delivered to street address) 109 N. OREGON ST., FL. 12 City or town, state or country, and ZIP + 4 EL PASO, TX 79901	D Employer identification number 26-3075429
			E Telephone number (915) 521-7195
			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) ►H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ► N/A

J Tax-exempt status (check only one) 501(c)(3) ► (insert no) 4947(a)(1) or 527K 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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$

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
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4
	5 a Gross amount from sale of assets other than inventory	5a
	b Less cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	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 \$ _____ of contributions reported on line 1)	6a
b Less direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7 a Gross sales of inventory, less returns and allowances	7a	
b Less cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) ► RECEIVED	7c	
8 Other revenue (describe ►)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	
Expenses	10 Grants and similar amounts paid (attach schedule)	10
	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
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe ►) ATTACHMENT 1	16
	17 Total expenses. Add lines 10 through 16	17
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18
	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
	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

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	ATTACHMENT 2	76,755.	22 34,494.
23 Land and buildings			23
24 Other assets (describe ►)			24
25 Total assets		76,755.	25 34,494.
26 Total liabilities (describe ►)			26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		76,755.	27 34,494.

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

	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	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	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 why the organization did not report the income on Form 990-T	35a	X
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35b	N/A
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.	37b	X
b Did the organization file Form 1120-POL for this year?	38a	X
38 a 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 outstanding at the end of the period covered by this return?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations Enter	39b	
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40 a 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.	40b	X
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40c	
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.	40d	
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► 0.	40e	X
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		
41 List the states with which a copy of this return is filed ► TX,		
42 a The organization's books are in care of ► MICHAEL NUNEZ Telephone no ► (915) 521-7886 Located at ► 4815 ALAMEDA AVE.; EL PASO, TX ZIP + 4 ► 79905	42b	X
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)? 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.	42c	X
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 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 ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	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	45	X

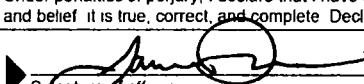
Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

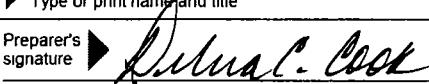
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
46	.....	46	X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's 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"		

(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				
f Total number of other employees paid over \$100,000	..... ►	NONE		

51 Complete this table for the organization's 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		
d Total number of other independent contractors receiving over \$100,000	..... ►	NONE

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		
	► 	8-12-10	Date
	► Lawrence DUNCAN, CEO	Type or print name and title	

Paid Preparer's Use Only	Preparer's signature ► 	Date 8-6-10	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► KPMG LLP 210 PARK AVE., SUITE 2850 OKLAHOMA CITY, OK 73102	EIN ► 13-5565207	Phone no ► 405-239-6411	

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

Form 990-EZ (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

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

Name of the organization

EL PASO CHILDREN'S HOSPITAL CORPORATION

Employer identification number

26-3075429

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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 checked="" type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
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 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).							
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							
	a <input type="checkbox"/>	Type I	b <input type="checkbox"/>	Type II	c <input type="checkbox"/>	Type III - Functionally integrated	d <input type="checkbox"/>	Type III - Other	
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	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							<input type="checkbox"/>	
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?							Yes	No
	(ii) A family member of a person described in (i) above?							11g(i)	
	(iii) A 35% controlled entity of a person described in (i) or (ii) above?							11g(ii)	
	(iv) A person described in section 509(a)(3) above?							11g(iii)	
h	Provide the following information about the supported organization(s)								

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test - 2009. 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 - 2008. 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 - 2009. 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 - 2008. 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"/>		

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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 through 5						
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 \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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)						
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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33 1/3 % support tests - 2009. 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 % support tests - 2008. 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 explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. See instructions

Part I Liquidation, Termination, or Dissolution(continued)

Note If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-

c If "Yes," describe in Part III how the organization defensed or otherwise settled these liabilities if "No," explain in Part III

Part II **Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets.** Complete this part if the organization answered "Yes" to Form 990 Part IV line 32, or Form 990 EZ line 26. **Line 100 Schedule N-1 if additional space is needed**

Yes to Form 990, Part IV, line 32, of Form 990-EZ, line 38 Use Schedule N-1 If additional

1		(a) Description of asset(s) distributed or transaction expenses paid		(b) Date of distribution		(c) Fair market value of asset(s) distributed or amount of transaction expenses		(d) Method of determining FMV for asset(s) distributed or transaction expenses		(e) EIN of recipient			
ORDINARY EXPENSES		VARIOUS		4/2/261		COST		VARIOUS		VARIOUS			
												(g) IRC section of recipient(s) (if tax-exempt) or type of entity	
												(f) Name and address of recipient	
												2a	
												2b	
												2c	
												2d	
												Yes	
												No	
2		Did or will any officer, director, trustee, or key employee of the organization										.....
a		Become a director or trustee of a successor or transferee organization?										.....
b		Become an employee of, or independent contractor for, a successor or transferee organization?										.....
c		Become a direct or indirect owner of a successor or transferee organization?										.....
d		Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?										.....
e		If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III										.....

2 Did or will any officer, director, trustee, or key employee of the organization

a Become a director or trustee of a successor or transferee organization?

b Become an employee of, or independent contractor for, a successor or transferee organization?

c Become a direct or indirect owner of a successor or transferee organization?

d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?

e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III

Schedule N (Form 990 or Form 990-EZ) 2009

Part III Supplemental Information. Complete to provide the information required by Part I, lines 2e, 7c, Part II, line 2e, and any additional information

SUPPLEMENTAL STATEMENT 1

SCHEDULE N, PART II

THE FILING ORGANIZATION'S NET ASSETS WERE REDUCED BY MORE THAN TWENTY

FIVE PERCENT FROM THE PRIOR YEAR AS A RESULT OF EXPENSES PAID IN THE

CURRENT YEAR IN EXCESS OF CURRENT YEAR INCOME. PLEASE SEE FORM 990-EZ

PART I FOR DETAIL OF EXPENSES.

EL PASO CHILDREN'S HOSPITAL CORPORATION

26-3075429

ATTACHMENT 1

FORM 990EZ, PART I - OTHER EXPENSES

PURCHASED SERVICES	27,173.
INSURANCE	15,075.
BANK CHARGES	13.
 TOTAL	 <u>42,261.</u>

ATTACHMENT 2FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	76,755.	34,494.
TOTALS	<u>76,755.</u>	<u>34,494.</u>

EL PASO CHILDREN'S HOSPITAL CORPORATION

26-3075429

ATTACHMENT 3

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PROVIDE MEDICAL AND HOSPITAL CARE TO CHILDREN

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTSATTACHMENT 4PROGRAM SERVICE ACCOMPLISHMENT 1

EL PASO CHILDREN'S HOSPITAL IS STILL IN THE START-UP PHASE OF A NEW HOSPITAL IN EL PASO OFFERING SERVICES TO CHILDREN. IT WILL INCLUDE A MULTI-SPECIALITY MEDICAL STAFF DEVOTED TO THE CARE OF CHILDREN FROM BIRTH THROUGH LATE ADOLESCENCE. 2009 WAS A YEAR OF CONTINUED PLANNING AND PREPARATION AS THE CONSTRUCTION CONTINUES. ACCOMPLISHMENTS IN 2009 INCLUDED:

- *BOARD APPOINTMENTS & BOARD COMMITTEES
- *BOARD RETREAT
- *ENGAGEMENT KEMP SMITH AS COUNSEL
- *ENGAGE UMC FOUNDATION AND CHILDREN'S MIRACLE NETWORK FOR FUNDRAISING
- *INITIATE CEO RECRUITMENT AND SELECTION PROCESS
- *INITIATE PHYSICIAN IN CHIEF RECRUITMENT

EL PASO CHILDREN'S HOSPITAL CORPORATION

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

26-3075429

ATTACHMENT 5

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
SAM LEGATE 109 N. OREGON ST., FL. 12 EL PASO, TX 79901	CHAIRPERSON 1.00	0.	0.	0.
JOHN GUGGEDAHL, M.D. 109 N. OREGON ST., FL. 12 EL PASO, TX 79901	VICE CHAIR/TREASURER 1.00	0.	0.	0.
SADHANA CHHEDA, M.D. 109 N. OREGON ST., FL. 12 EL PASO, TX 79901	SECRETARY 1.00	0.	0.	0.
CARLOS GUTIERREZ, M.D. 109 N. OREGON ST., FL. 12 EL PASO, TX 79901	DIRECTOR 1.00	0.	0.	0.
STEPHEN DEGROAT 109 N. OREGON ST., FL. 12 EL PASO, TX 79901	DIRECTOR 1.00	0.	0.	0.
ANNE SEMMER-GRIESHOP 109 N. OREGON ST., FL. 12 EL PASO, TX 79901	DIRECTOR 1.00	0.	0.	0.
THOMAS A. SPIECZNY 109 N. OREGON ST., FL. 12	DIRECTOR 1.00	0.	0.	0.

EL PASO CHILDREN'S HOSPITAL CORPORATION

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

26-3075429

ATTACHMENT 5 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS	EXPENSE ACCT. AND OTHER ALLOWANCES
			TO EMPLOYEE BENEFIT PLANS	
EL PASO, TX 79901				
DAVID OSBORN 109 N. OREGON ST., FL. 12 EL PASO, TX 79901	DIRECTOR 1.00	0.	0.	0.
MARY LOU CAMARENA 109 N. OREGON ST., FL. 12 EL PASO, TX 79901	DIRECTOR 1.00	0.	0.	0.
ROSEMARY CASTILLO 109 N. OREGON ST., FL. 12 EL PASO, TX 79901	DIRECTOR 1.00	0.	0.	0.
KRISTEN COX 109 N. OREGON ST., FL. 12 EL PASO, TX 79901	DIRECTOR 1.00	0.	0.	0.
CYNTHIA VIZCAINO-VILLA 109 N. OREGON ST., FL. 12 EL PASO, TX 79901	DIRECTOR (EX-OFFICIO) 1.00	0.	0.	0.
JAMES N. VALENTI 109 N. OREGON ST., FL. 12 EL PASO, TX 79901	DIRECTOR (EX-OFFICIO) 1.00	0.	0.	0.

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PAGE 17

ATTACHMENT 5

EL PASO CHILDREN'S HOSPITAL CORPORATION

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

26-3075429

ATTACHMENT 5 (CONT'D)

NAME AND ADDRESS
 PHILLIP RIVERA
 109 N. OREGON ST., FL. 12
 EL PASO, TX 79901

TITLE AND AVERAGE
 HOURS PER WEEK
 DEVOTED TO POSITION
 DIRECTOR (EX-OFFICIO)
 1.00

MANUEL DE LA ROSA, M.D.
 109 N. OREGON ST., FL. 12
 EL PASO, TX 79901

TITLE AND AVERAGE
 HOURS PER WEEK
 DEVOTED TO POSITION
 DIRECTOR (EX-OFFICIO)
 1.00

GRAND TOTALS

COMPENSATION
 0.

CONTRIBUTIONS
 TO EMPLOYEE
 BENEFIT PLANS
 0.

EXPENSE ACCT.
 AND OTHER
 ALLOWANCES
 0.