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Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

**2009**

**Open to Public Inspection**

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type See Specific Instructions.

C Name of organization CHILDREN'S HEALTHCARE ADVOCATES, INC.

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 3246 PACES MILL ROAD

Room/suite

City or town, state or country, and ZIP + 4 ATLANTA, GA 30339

D Employer identification number 83-0508963

E Telephone number (770-841-2666

G Gross receipts $ 0.00

F Name and address of principal officer

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: [X] 501(c) ( )◀ (insert no ) [ ] 4947(a)(1) or [ ] 527

J Website: ▶

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 2008

M State of legal domicile GA

## Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE HEALTHCARE RESOURCES TO UNINSURED CHILDREN & TO RAISE AWARENESS OF HEALTHCARE ISSUES FOR UNINSURED CHILDREN

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

| | | | |
|---|---|---|---|
| Activities & Governance | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 |
| | 5 | Total number of employees (Part V, line 2a) | 5 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 |
| | 7a | Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a |
| | b | Net unrelated business taxable income from Form 990-T, line 34 | 7b |

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| | | | Prior Year | Current Year |
|---|---|---|---|---|
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | 0 | 0 |
| | 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) | | |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 0 | 0 |
| | 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) ▶ | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | | |
| | 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | |

| | | | Beginning of Current Year | End of Year |
|---|---|---|---|---|
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 0 | 0 |
| | 21 | Total liabilities (Part X, line 26) | | |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | |

## Part II Signature Block

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

Sign Here

▶ Shamima Amin — Signature of officer — Date 5-20-10

▶ SHAMIMA AMIN — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-employed ▶ [ ] | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ | EIN ▶ | Phone no ▶ ( )

May the IRS discuss this return with the preparer shown above? (see instructions) [ ] Yes [ ] No

SCANNED NOV 03 2010